

Health and Adult Social Care Scrutiny Committee

22 November 2023 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Wall (Chairman)

Cllr Cooper	Cllr O'Kelly, Left at 13.48	Cllr Khan
Cllr Ali, Left at 13.58	Cllr Patel	Cllr Long
Cllr Dunn	Cllr Pudaloff	Cllr McGregor
Cllr Forbes, Left at 14.46	Cllr Walsh	Cllr Peacock
Cllr Johnson, Arrived at 11.30 approximately	Cllr Bevis	Zoehy Harries
Cllr Nagel	Cllr Glynn-Davies, Left at 14.52	

Apologies were received from Cllr Atkins

Absent: Cllr Hastain

Also in attendance: Cllr A Jupp and Cllr Lanzer

Part I

22. Declarations of Interest

22.1 There were no declarations of interest.

23. Minutes of the last meeting of the Committee

23.1 Resolved – that the minutes of the meeting held on 14 June 2023 are approved as a correct record and are signed by the Chairman.

24. Responses to Recommendations

24.1 The Committee considered the responses to recommendations (copy appended to the signed minutes) and felt that its request to receive further information on how long people are waiting in hospital for an assessment had not been adequately answered.

24.2 Resolved – the Committee requests

- i. That a response be provided ahead of the next meeting to this question which covers the range, shortest, longest and average figures
- ii. That the other responses are noted

25. End of September 2023 (Quarter 2) Quarterly Performance and Resources Report

25.1 The Committee considered a report by the Chief Executive and Director of Finance and Support Services (copy appended to the signed minutes).

25.2 Summary of responses to members' questions and comments: -

Adults

- Although the Prevention Assessment Team is important in supporting people it is not the only method of early support in place
- Reviews of individuals' care needs are carried out on a priority basis due to finite resources available and if requested by individuals as their needs change
- Specific teams do strength-based reviews which are longer in duration – strength-based reviews concentrate on community-based support with a focus on individuals, putting their strengths/interests first and looking at what is available in the community e.g. lunch clubs, community centres –
Action: - Adults' Services to work on a definitive definition of strength-based reviews
- Family members may provide support in some cases reducing the amount of support required
- The Service is looking at reviewing people in high-cost residential placements to see if they can move to supported living
- A lot of reviews are carried out where people may have left hospital or have had short term packages for a reablement service for up to 12 weeks and these reviews are not included in the current definition of reviews to be counted
- Some people have multiple reviews which makes data less accurate
- The Council is not far off the south-east average for reviews in 12 months (64%)
- A new indicator is required and will be developed that shows how the Council meets people's needs with reviews being one element
- The Council regularly lobbies government and local MPs over funding for social care
- Some savings have rolled over from prior years, mainly in lifelong services and will be reprofiled for future years
- The Service has recently got a better understanding of the rationale behind the proposed savings - what is deliverable and what is not – and is committed to deliver the overall savings target, but maybe not in the exact way in the report as the savings are reprofiled - this will be shared with the committee when completed
- There is an opportunity to develop a range of services that will improve outcomes for people by helping them live independently rather than institutional care and at better value for money
- The Service is also looking at alternatives if there are further savings gaps
- The Council does a lot of work supporting providers in the recruitment and retention of their staff e.g. by giving them inflationary uplifts so they can pay staff reasonable wages

- There is no intention to reduce the external workforce, but there will be a small reduction over two years of the internal workforce
- More people are being recruited now to deliver the improvement programme which will determine what level of staffing is needed going forward
- The Council has difficulty in recruiting social workers and staff in mental health services so is developing a workforce strategy to support staff to enable them to do their jobs better, be valued and feel good about what they do and focusing on recruitment and retention
- The Council has employed 35 social workers from South Africa, Zimbabwe, India, Australia, Jamaica, Trinidad, Grenada and Canada and has a plan around specialist mental health staff and approved mental health professionals, and also a recruitment and retention plan
- Senior practitioner staff and team managers tend to come from within the Service as internal promotion and development opportunities
- The vacancy for rates for social workers and occupational therapists compare well with other authorities

Public Health

- KPI 35 - Number of people completing evidence-based falls prevention programmes
 - The falls prevention pathway is a range of different interventions e.g. eyesight checks, not wearing loose slippers and removing trip hazards in the home
 - Falls lower confidence and the ability of people to stay in their home, serious fractures can lead to hospitalisation and change lives
 - Public Health works with the Fire & Rescue Service on its Safe & Well visits which cover falls prevention
 - Strength and balance exercises help prevent falls and Public Health is working with the NHS on this and seeing improvements
 - Around 5% of falls lead to fractures and hospital admissions
 - In 2021-22 there were 5,125 hospital admissions for falls in people aged 65 and over in West Sussex, and 1,190 hospital admissions specifically for hip fractures in people aged 65 and over - considerable importance is given to reducing those
- KPI 53 - Mental health – self-reported wellbeing – people with a high anxiety score
 - The data in this KPI is specific to people aged over 16
 - There are not many KPIs comparable, but this reflects the level of need in the population
 - Public Health is carrying out an old people public mental health needs assessment to develop a much clearer picture and understanding of what the level of need is in the population and to give a breakdown between young and old people

- KPI 54 - HIV late diagnosis in people first diagnosed with HIV in the UK and KPI 55 - Chlamydia – proportion of 15 – 24-year-olds screened
 - The figures for both KPIs are reported annually so those in the report are from 2022
 - Public Health is due to recommission sexual health services and is exploring needs and how people access services e.g. online services are more popular with young people
 - Public Health commissions a specialist integrated sexual health clinic with outreach services in Worthing through University Hospitals Sussex NHS Foundation Trust - it also commissions services from GPs and pharmacies
 - Older people have different needs to younger people, so trying to incorporate all that is difficult and things change very quickly
 - Part of the reason HIV figures are low is down to some of the monitoring and reporting mechanisms where all the data hasn't been captured, but a plan is needed to make further improvements
 - There was a query about sexual health services in Worthing and whether they would be part of a new health facility in the town – **Action:** Director of Public Health to provide a more detailed on sexual health services including those in Worthing

- Key Performance Indicator (KPI) 61 - Smoking prevalence in adults (18+) – current smokers (APS) - to achieve Smokefree 2030 prevalence of 5% or below
 - Public Health has been advising the education sector on how to deal with illicit vaping
 - South-east guidance has been published to help schools with vaping policies and Public Health has held a school surgery to give advice to head teachers on this subject – this will continue as part of the tobacco control strategy
 - Two new posts have been created in Trading Standards to deal with illicit vapes, the illicit content of vapes and also illicit tobacco
 - The four actions listed against this KPI will have a beneficial effect, but the government's smoke free generation policy will do more – the Cabinet Member for Public Health and Wellbeing has co-signed a cross-party letter responding positively to consultation on this policy
 - It is important to manage illicit and underage sales and supply of vapes and tobacco through education and marketing as described in the tobacco control strategy It is also important to prevent people from starting to smoke
 - A comprehensive approach is needed to smoking cessation that meets people's needs
 - Public Health is seeking to increase the number of people using stop-smoking services
 - Not everybody chooses to use a quitting service, but prevalence levels are plateauing, so it's important that the right services are in place

- The current model delivers services through GP practices, pharmacies, and wellbeing hubs with a target of 600 people quitting each year based on the last three years
 - These services are the most evidence-based and where people are most likely to quit, but Public Health hope to review the model to see if there are better ways of delivering it and reaching people
- The Council would like to see the Public Health Grant maintained in real terms and the Cabinet Member for Public Health and Wellbeing would be happy to make comments to that effect in the right places but is not anticipating any cuts linked to this in the forthcoming year
 - Public Health is encouraging people to have flu and covid vaccinations
 - There was a query about the uptake of defibrillator training

25.3 Resolved – that the Committee asks that Adults’ Services: -

- i. Provides it with a clear definition of “strength-based assessment and practice”
- ii. Reviews Key Performance Indicator 38 to develop an indicator that better demonstrates impact
- iii. Ensures appropriate communications around financial challenges in the service are managed well by the Council

And that Public Health

- iv. Considers whether a further Key Performance Indicator on prevalence of smoking in children and young people is required
- v. Provides further information on Key Performance Indicator 55 and work being undertaken to the Committee
- vi. Provides figures on the level of community take-up of defibrillator training
- vii. Clarifies whether, as part of Key Performance Indicator 35, there is evidence of fracture presentation

26. Update on the delivery of the two-year improvement programme 2023-25 to assist the delivery of the Adult Social Care Strategy 2022-25

26.1 The Committee considered a report by the Director of Adults and Health and Assistant Director – Improvement and Assurance (copy appended to the signed minutes).

26.2 Summary of responses to members’ questions and comments: -

- The Council takes on apprentices in a number of roles including administration, management, social workers and occupational therapists, but needs the right number of supervisors to oversee their work
- The Council is exploring using people from the voluntary sector with the right skills and training as part of the West Sussex Partners in Care Trusted Assessors for Care Homes model

- When the Council outsourced services to Carers' Support West Sussex, it retained responsibility for assessments meeting required standards
- Independent contractors/care providers are monitored by the Care Quality Commission – domiciliary care is covered this way with all the Council's contractors rated as either good or outstanding
- If the Council hears of any concerns it feeds these back to the provider
- The Council has a statement of works to co-produce work with Roretti consultants which is monitored by weekly informal meetings and monthly formal meetings to mitigate any identified risks and delays – this is fed through to the Improvement Assurance Board
- The Council is working with partners on a programme to let the public know where they can go for support at the earliest opportunity rather than coming to adult social care at a later date
- The Council is also developing a provider portal for quality concerns for partners, so they understand the difference between quality concerns and safeguarding issues so only the right concerns are reported to the safeguarding hub
- Routes for care assessments will be made clearer through the early support strand of the improvement programme

26.3 Resolved – that the Committee requests: -

- i. An updated report to be provided to the Committee at its meeting in March 2024
- ii. Adults' Services to advise if there are diagrams or flow charts available to demonstrate how Strength-based Oversight Group works with the smaller working groups as detailed in Paragraphs 1.6-1.8 of the report

27. Update on Council Plan, Medium-Term Financial Strategy and Preparations for 2024/25 Draft Budget

27.1 The Committee considered a report by the Director of Finance and Support Services and Director of Law and Assurance (copy appended to the signed minutes).

27.2 Summary of responses to members' questions and comments: -

- The Council has been working on a project called 'The Great Care Employers Scheme' which has released £170k in the budget by changing the way the Council supports care providers in the recruitment and retention of staff
- The carers' information, advice, assessment and support contract is ending – providers will now have more flexibility over how they deliver carer support and this may lead to a new provider working with the Council
- Providers are responsible for their own staff, including recruitment and retention
- There will be key performance indicators that measure the outcomes the Council is seeking in the new contract – the same

level of support as before is expected meaning a 10% efficiency saving

- The review of the Quality Practice and Development Team to refocus and prioritise assurance work around practice related to the improvement programme will be met by not filling vacancies
- The saving for 2025-26 in the Commissioning Team is based on a need to increase its budget due to the amount of new work it will do over the next couple of years to support the delivery of the improvement programme. Once that is delivered, the amount of funding needed for the Commissioning Team can be reduced
- The Council is reviewing its section 75 agreement with the NHS, this is commercially sensitive at the moment, so further information will come to the Committee in the future
- The 'Accelerated Reform Fund' will give a one-off sum of money (£300k - £1m) to each integrated care area, one element of bidding for this money is around unpaid carers
- There is no legislation to allow the Adult Social Care precept on Council Tax to continue beyond 2024-25 and the Council can only plan its budget around known factors
- Information given to Members at the informal session on the budget will be made available to local MPs so that they see what pressures the Council will be under

27.3 Resolved – that the Committee requests: -

- i. Advice on whether scrutiny ahead of the procurement award could be undertaken in relation to the decision on the care information, advice, assessment and support contract
- ii. For further information to be provided on the review of commissioning contracts at an appropriate time to the Committee

28. Sussex System Winter Plan 2023-24 - November 2023

28.1 The Committee considered a report by NHS Sussex (copy appended to the signed minutes).

28.2 Summary of responses to members' questions and comments: -

- Sussex Partnership NHS Foundation Trust has an aim that no patient should wait more than three days for a bed, at the moment it is between seven and eight days
- The current average length of stay in a mental health bed is 57 days, it is hoped to bring this down to 46 by maximising the use of havens, changing how crisis resolution teams operate, working with the local authority to implement discharge to assess beds and establishing community integrated teams
- The High Intensity Users Programme has been successful in Brighton and a pilot is planned for West Sussex, but may not be the same as the two populations differ
- Guidance for this year's vaccination programme was delayed and more complicated than previous rounds
- There have also been challenges at GP level which meant the flu vaccination couldn't always be offered

- 365,000 vaccines have been delivered with flu take-up at 51% compared to 46% nationally
- Mobile vaccination units will be used in Worthing and Chichester until 15 December
- To increase uptake, translation services, community champions and free travel to vaccination centres in rural areas will be used
- It is not known why the 111 services is used less in West Sussex than in other areas as it is encouraged
- There is a coordinated communications plan for winter between health and care partners that includes signposting to the right services, encourages positive use of services and has information about supporting people to stay healthy and well
- The communications plan also shares information about what the NHS is doing with a weekly focus on different themes - November focused on prevention, including vaccination, in December the focus will be operational plans
- The plan uses mainstream media, social media, websites, partner newsletters and is working with the community and voluntary sector
- NHS Sussex has received money from NHS England for a project in Arun to understand people's digital exclusion from health services and the barriers to health literacy by engaging with communities
- The project has identified around 75 people who are being helped to develop proactive, personalised care plans. If successful, this programme could be rolled out across Sussex
- There is an Access Recovery Plan to address primary care issues such as access, capacity and disparity by offering more appointments and triaging by a clinician using the modern GP model
- Key themes for primary care are access, safe working in general practice, sufficient staff to meet demand and patients being empowered to self-help using technology where possible (e.g. cloud telephony) and self-referral pathways looking at utilising community services
- Some GP practices are receiving support through an improvement programme to help them function more effectively
- There are additional roles coming into practices and primary care networks, including training hub retentions, recruiting GPs and GP trainees
- NHS Sussex is investing in estates in some current GP practices and will look to use section 106 and community infrastructure levy money to invest in new builds for new developments – this is partly driven by the Primary Care Network estates toolkit which highlights where new practices are needed
- Sussex Community NHS Foundation Trust (SCFT) has instigated online meetings at noon everyday to view live data of patients who are waiting for a category 3 or 4 call back from South East Coast Ambulance Service NHS Foundation Trust (SECAMB) - these patients are predominantly frail and may have fallen and can't get up
- If they have capacity, SCFT's Community Response Teams (CRTs) will be despatched to these patients within two hours
- SCFT has added nurses, physiotherapists, occupational therapists and some GPs to CRTs

- Last winter all CRTs were trained to use the device that lifts patients from the floor without the need for manual handling freeing-up SECAMB to focus on category 1 and 2 calls
- SCFT will soon have direct access to a web portal enabling SECAMB to send category 3 or 4 patients to it that are waiting for an ambulance and will respond to those patients safely
- If SCFT does not have capacity, patients will not lose their place in the queue for an ambulance

28.3 Resolved – that the Committee is assured that the approach taken by NHS Sussex responds adequately to expected pressures this winter.

29. Forward Plan of Key Decisions

29.1 Resolved – that the Committee notes the Forward Plan of Key Decisions.

30. Work Programme

30.1 Resolved – that the Committee asks for Primary Care to be considered at the next Business Planning Group meeting for possible inclusion in the Committee's Work Programme.

31. Date of Next Meeting

31.1 The next meeting of the Committee will be held on 10 January 2024 at 10.30 am at County Hall, Chichester.

The meeting ended at 2.53 pm

Chairman