

Health and Adult Social Care Scrutiny Committee (HASC)

Report by Cllr Andy McGregor – Adur District Council representative on HASC

1 Summary

1.1 Areas Scrutinised

The county council spends approximately 34% of its total budget on adult and health services. HASC scrutinises that expenditure.

The Health and Adult Social Care Scrutiny Committee is responsible for the overview and scrutiny of the Cabinet portfolios areas set out below;

- Adults Services portfolio
- Public Health and Wellbeing portfolio relating to both adults and children
- Review and scrutiny of the planning, provision and operation of health services in West Sussex

N.B. The health functions of the Health and Adult Social Care Scrutiny Committee arise under Part I of the Health and Social Care Act 2001

This report reviews the objectives and strategies of the services listed above and resolutions made by HASC over the last twelve months.

2. Adults Services Portfolio

2.1 Adults Services – Strategy for 2022-2025

“The Life You Want to Lead”

There are five priority areas.

Priority 1 - Building relationships and connections - People are the most important asset that we have in West Sussex. It is the relationships – between family and friends, between the cared for and the carer, within communities, and between businesses, employees, and customers - that has the biggest impact on people’s lives.

- Families and close support networks– support families and friends to access support and tackle social isolation.
- Help and support – join-up services which put relationships at the centre.
- Wider social networks – increase opportunities for people to get involved in their communities, promote inclusion, and enhance the role of peer support.

Priority 2 – Empowerment - People want to be equal partners or take the lead when making decisions about what happens in their lives.

- Put people at the centre of care – care plans developed with people, based on their strengths and vision of a good life, with flexible support.

- Information, advice and guidance – make sure people have the right information and advice when they need it.

- Paid work – support more people who access care and support to find paid employment.

- Decision making power of frontline staff and role of positive risk taking – ensure collaborative and timely decision making which supports people to lead fulfilling lives.

Priority 3 – Home - People need a home which is safe, warm and accessible, but also one which is connected to the people they care about and their local community.

- Living in their own home – support more people to live well in their own home for longer.

- Living with others – increase the use of alternative accommodation models such as extra-care and supported housing, and help traditional residential care align with what is important to people.

- Moving out of the family home – help young people move out of their family home in a planned way.

Priority 4 – Addressing gaps - There are four key areas which were identified as key gaps to be addressed.

- Shortage in care workers – develop local solutions to attract and retain more social care workers.

- Potential gaps in understanding and support - explore and address potential gaps for autistic adults and people with an acquired brain injury.

- Moving from Children’s to Adults’ Services (transitions) – ensure young people in their transition into adulthood continue to feel supported.

- Paying for care - support people to plan for the cost of care. This should focus on early information, transparency of costs and fairer charging.

Priority 5 – Inclusion and tackling inequalities - People want to be valued and included, but not everyone has the same access to information, services and support.

- Inclusion for people facing multiple disadvantage – building on the good work already started, work to prevent people facing multiple disadvantage; involving people in designing and commissioning services which they access; and exploring alternative accommodation models.

- Diversity - understand and improve access to services for diverse communities.

- Digital inclusion and technology – promote digital inclusion and the use of assisted technology.

2.2 HASC Committee Resolutions and Findings – Adult’s Services

January 2023 – Adult Social Care Strategy - Living the Life You Want to Lead – HASC:

i. Requests further information on Extra Care Housing relating to the Crawley area

ii. Asks the Cabinet Member for Adults’ Services to ensure that the issues of adult social care funding continues to be on the agenda for the recurring meetings with local MPs

iii. Share information requested at December’s County Council meeting relating to the total monies owed to the Council by social care funders to the Committee

iv. Agrees that an annual update on the Adult Social Care Strategy be added to the work programme

June 2023 – Performance Report.

ACTION: Adults' Services to develop a new local measure and bring it to a future meeting

- Measures relating to delayed transfer of care were being removed as national indicators and although the Council does not have any corporate indicators for this, the Adults' Services Directorate does, and monitors the situation closely
- Regarding Core Measure 38 (CM38), the Council will prioritise reviews so the figure of those assessed won't change
- Reviews will be based on social services' knowledge of people and their circumstances · The resources are not available to undertake reviews annually
- CM38 is a national measure so benchmarking against other authorities is possible

9.3 Resolved – that the Committee: -

- i. supports the removal of the Key Performance Indicator relating to adults with learning disabilities in paid employment and welcomes a future proposal on how this can be best monitored
- ii. supports the revision of key performance indicators referred to in the report detailed in Appendix F
- iii. recognises the proposed changes as detailed in Appendix E relating to changes in national reporting and welcomes any benchmarking data that is available
- iv. receives data on the total number of reviews undertaken within a year as part of the next policy and resources report for Core Measure 38
- v. for the Cabinet Member for Public Health and Wellbeing to consider if future reporting could include data on water/sea pollution and measures to report safety levels for the public

September Meeting HASC Resolved – that the Committee asks for: -

- i. Clarity on "mental health services" and that it relates solely to West Sussex social care services
- ii. The language in the self-assessment be aimed at a wider audience, particularly on areas for improvement
- iii. The Service to consider whether work with the police concerning mental health should be included as part of the Care Quality Commission self-assessment, or considered as part of wider work for the Committee
- iv. Its Business Planning Group to consider the approach scrutiny may wish to take in terms of challenge to the service as ahead of the Care Quality Commission inspection

November Meeting HASC 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 communitybased 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

3. Public Health and Wellbeing

3.1 Public Health and Wellbeing Strategy 2019 – 2024

Start Well– Live Well – Age Well

Starting Well

Good mental health for all children

Improved mother and baby health and wellbeing, especially for those in most need

Children and young people leaving care are healthy and independent

Children growing in a safe & healthy home environment with supporting and nurturing parents and carers

Living and Working Well

Individuals, families, friends and communities are connected

People are able to look after their own health

People have access to good quality homes providing a secure place to thrive and promote good health, wellbeing and independent living

People live, work & play in environments that promote health and wellbeing

Ageing Well

Fewer older people feel lonely or socially isolated

Older adults stay healthier, happier and independent for longer

There is a reduction in the number of older people having falls

People receive good quality end of life care and have a good death

3.2 Resolutions of HASC – Health and Wellbeing Portfolio

June 2023 June 2023 – Performance Report.

ACTION:

- There were concerns that polluted sea and river water posed a risk to public health and a query as to whether the Cabinet Member for Public Health & Wellbeing could discuss this with the water authorities
- Treatment for drug and alcohol addiction came from the Public Health Grant and other sources – the Council's substance misuse services are currently being re-commissioned – ACTION: Alison Challenger, Director of Public Health, to provide more information

Resolved – that the Committee: -

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- v. for the Cabinet Member for Public Health and Wellbeing to consider if future reporting could include data on water/sea pollution and measures to report safety levels for the public

September meeting HASC

Resolved

- v. For the Cabinet Member for Public Health and Wellbeing to make enquiries regarding possible district and borough council enforcement powers around sales of illegal vaping products

November HASC Meeting Public Health

- Number of people completing evidence-based falls prevention programmes – The falls prevention pathway includes 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 West Sussex Fire & Rescue Service on its Safe & Well visits which includes 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

- Mental health – self-reported wellbeing – people with a high anxiety score – The data in this KPI is specific to people aged over 16 reflecting the level of need in the population – Public Health is carrying out an all-age public mental health needs assessment, to develop a much clearer picture and understanding of what the level of need is in the population, providing a breakdown between young people and older people

- - 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 population needs and how people access services e.g. online services are more popular with young people – Public Health commissions a specialist integrated sexual health service with outreach services in Worthing, Crawley, Chichester, Horsham and Bognor Regis through University Hospitals Sussex NHS Foundation Trust – Public Health also commissions some sexual health services from GPs and pharmacies in West Sussex – Older people have different needs to younger people, so trying to incorporate all that is difficult and things can change very quickly – Part of the reason HIV figures are low is due to some data reporting issues; 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 update on sexual health services including those in Worthing

- Key Performance Indicator - 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 underage vaping and illicit vapes. – Advice and guidance has been developed by the South East Public Health Tobacco Control Network to help schools with vaping policies and Public Health has held a vaping surgery to give advice to head teachers on this subject – this will continue as part of the tobacco control strategy – Two new enforcement posts have been created in the West Sussex Trading Standards Service to deal with the sale of illicit vapes, the illicit content of vapes and 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 local 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 to meet population need. – The current model delivers services through GP practices, pharmacies, and the West Sussex Wellbeing Programme 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-19 vaccinations
- There was a query about the uptake of defibrillator training

4. Review and Scrutiny of Planning, Provision and Operation of Health Services in West Sussex

4.1 Reports and Resolutions of HASC

January 2023 – Stroke Services in West Sussex

- Fully supports the current proposal for acute stroke centres
- Requests further data on travel times to be provided as part of the consultation process
- Requests that information on the decision-making process for residents on which stroke centre they will be transferred to be included as part of the FAQs in the consultation process
- Agrees that the changes proposed constitute a substantial variation on services
- Asks to be engaged formally as part of the consultation process via email, and a central response from the Committee will be collated
- Asks that all county and district/borough councillors affected by this proposal be consulted as part of the consultation process

March 2023 – South East Coastal Ambulance Service; Resolved – that the Committee

- Has received assurance on the improvement journey and the ongoing improvement relating to response and handover times
- Requests data on the number of people using walk in services and those that make their way to A&E using private transport
- Requests a further report to its Business Planning Group at an appropriate time.

March 2023 - Dentistry in West Sussex - Feedback from Evidence Gathering Session

The Committee considered a report by the Director of Law and Assurance (copy appended to the signed minutes). 56.2 Summary of responses to members' comments and questions: -

- The NHS works with the charity Dentaaid to provide free dental treatment to a range of people including those struggling to access a dentist
- NHS Sussex has been working with Healthwatch to develop a web page which provides information on dental services
- The 'Prevention and Treatment Plan' will develop local KPIs and update the oral health needs assessment

Resolved – that the Committee asks: -

- For a letter to be drafted to West Sussex MPs and the Secretary of State for Health in consultation with the Cabinet Member for Public Health & Wellbeing and the Leader to set out concerns raised through the evidence gathering session
- For NHS England to enhance its communications, through the use of performance indicators, to ensure residents are aware of the current challenges in dentistry in West Sussex and
- Agrees that all other recommendations in the report be taken

November HASC Sussex System Winter Plan 2023-24

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