

HEALTH SCRUTINY – 11<sup>TH</sup> JULY 2019

Notes to members of West Suffolk Overview and Scrutiny Committee

In discussion with the Chair of WSO&S, it has been proposed that you will receive a copy of the HOSC papers as soon as they are published, for you to consider and to inform me of any concerns or suggestions you would like me to take forward to the SCC HOSC on your behalf, relevant to the topics under discussion.

I understand that you received the papers relating to the Meeting of 11<sup>th</sup> July and I will therefore refer to those in this report on the outcomes from that Meeting.

Notes:

The papers formed the entire presentation. It is important to note that this was to consider the future arrangements for delivery of Home Care Services in Suffolk. I refer you to Evidence Set 1 which details the actions completed since this topic was last discussed in July 18.

The new system will operate from September 2019. The Portfolio Holder commented that the current system does not meet the needs of patients who have complex care requirements and is subject to failure. Therefore, different levels of care will be provided within the new system and is intended to support the new re-ablement initiative.

Currently there are 85 service providers but following the Tender process only 48 have been successful. Details of this risk are identified on page 25, paragraph 44.

From this presentation a number of questions were asked of the presenting panel:

1. Is there a standardised Training Programme for Carers and do they have a transferable portfolio between providers.  
ANSWER: No each provider has their own, broadly similar, training package with add-ons determined by client need (for example end of life care).  
Steve Dunn CEO from WSH offered for Service Providers to access the Training Programmes at WSH which would give a standardised platform of training.
2. Is there a standardised Care Plan for patients (for ease of reference by other care providers such as the ambulances)  
ANSWER: No each provider has their own. In addition some care agencies use IPADS to record data on the patient which is then removed from the home. My concern was that in the event that this patient become unwell, valuable information that can support a diagnosis is not readily available.
3. Is there contingency in the new system to accommodate emergency cover when Carers are delayed.  
ANSWER: Yes this has been considered and there is a system in place although it is accepted this is a difficult situation as Carers can often be with a patient for many hours if they have fallen and waiting for an Ambulance (Carers

are not allowed to attempt lifting of patients). Suffolk does not currently have a specialist Falls Team (Paramedic and Physiotherapist).

4. Assurance was given that clients who are under the care of Providers who have not yet achieved success in the tendering process will be able to remain with those providers. It was not intended to destabilise these relationships.
5. It was suggested that a Register of Care Staff would be helpful. This was noted.

### **The Draft (not yet approved) recommendations that were proposed by the Committee are:**

- Work should take place with the home care providers to ensure that Carers have clear guidance and understanding to recognise and escalate clinical concerns with particular reference to falls.
- The committee would like to see monitoring of the re-ablement initiatives and to receive a report on the success of this in 9 months time.
- The Committee were enthusiastic about the greater use of technology to support home care and asked for this to be considered
- The Committee would like there to be greater emphasis on training and development of Care staff in health and social care.
- The Committee commended the use of the Early Intervention Vehicle available in Yarmouth and Waveney.
- Further information was requested on :
  - The outcome of Phase 2 Procurement which would re-open the opportunity for providers to bid.
  - The outcome of Healthwatch surveys
  - The outcome of the Trusted Assessment Pilot which shares data between health and social care and is operating in Ipswich and East
  - The reasons for the underspend on the Disabled Facilities Grant
  - Details of the current waiting list for Home Care Provision including those patients who remain in hospital pending discharge.

At this meeting, Committee Members were allocated as observers to the various strategic health bodies with a remit to report back any items that they feel are of particular importance to scrutinise:

I have been allocated:

CCG EXECUTIVE BOARD MEETINGS - OBSERVER

WEST HOSPITAL BOARD MEETINGS - OBSERVER

THE NHS AMBULANCE SERVICE TRUST – SUBSTITUTE OBSERVER

It is recognised that this is a demanding schedule and that it will not always be possible to have an observer present.

In addition, the Joint Health and Scrutiny (West, East and North East Essex) requires a representative from West and I have been nominated as the representative on this (to be ratified by the SCC HOSC at the next meeting).

Councillor Margaret Marks  
19 August 2019