

Health & Adult Social Care Select Committee

11 June 2015 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Bradbury, Mrs Evans (Chairman), Mr Griffiths, Mr Hillier, Ms Kennard, Mrs Rapnik, Mr Sheldon, Mr Turner and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Hotton (Adur District Council), Cllr Mr Ward (Crawley Borough Council) and Cllr Mr Wye (Worthing Borough Council)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adult Social Care) and Mrs Field (Cabinet Member for Community and Wellbeing (and Deputy Leader))

Apologies: Mrs Jones and Mrs Smith (West Sussex County Council), Cllr Mr Blampied (Arun District Council) and Mr Burdett (Healthwatch West Sussex)

Absent: Mr Sutcliffe (West Sussex County Council) and Cllr Dr Skipp (Horsham District Council)

Chairman's Introduction

1. The Chairman welcomed Cllr Tom Wye of Worthing Borough Council to the Committee and thanked the following people who will no longer be involved with the committee, for their hard work over the years: Cllr Dr Heather Mercer (Worthing Borough Council) and Cllr David Edwards (Arun District Council), Judith Wright, Amanda Rogers and Helen Kenny (West Sussex County Council), Noah Curthoys (Coastal West Sussex CCG).

Committee & Business Planning Group Membership

2. Resolved – That the Committee notes the new co-opted members of the committee: Cllr George Blampied (Arun District Council) and Cllr Tom Wye (Worthing Borough Council)

3. Resolved – That the Committee agrees the membership of its Business Planning Group for 2015/16 to be: Mrs Evans, Mr Griffiths, Ms Kennard, Mrs Rapnik and Dr Walsh

Declarations of Interest

4. Mr Turner declared a personal interest in respect of item 7 (Access to Primary Care) as a pharmacist.

Urgent Matters

5. There were no urgent matters, however the Chairman gave the following updates to the Committee:

- Musculoskeletal Services: Coastal West Sussex Clinical Commissioning Group was continuing to work with local providers to achieve the improvement in

patient pathways, to achieve a more integrated service model, and improve patient experience and better outcomes. These discussions are on-going.

- Sussex Partnership NHS Foundation Trust: Members of the Committee had received a copy of the Care Quality Commission report outlining some specific areas where the Trust was underperforming. The Trust's Action Plan, which it was drawing-up in response to the Care Quality Commission recommendations, would be discussed at the July Business Planning Group meeting with a view to scheduling scrutiny of that plan.

Minutes

6. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 12 March be approved as a correct record and that they be signed by the Chairman

Response from Coastal West Sussex Clinical Commissioning Group to Recommendations

7. The Committee was disappointed that local level performance data on Proactive Care had not been supplied

8. Resolved – That the Committee requests that Coastal West Sussex Clinical Commissioning Group supplies local level performance data on Proactive Care

Response from Sussex Partnership NHS Foundation Trust to Recommendations

9. Resolved – That the Committee notes the response

Forward Plan of Key Decisions

10. The Committee considered the Forward Plan of Key Decisions for July to October (copy appended to the signed minutes)

11. Resolved – That the Committee notes the Forward Plan of Key Decisions

Access to Primary Care

12. The Committee considered presentations and reports by Healthwatch West Sussex, West Sussex Joint Strategic Needs Assessment Team, NHS England, Horsham & Mid Sussex Clinical Commissioning Group and Coastal West Sussex Clinical Commissioning Group (copies appended to the signed minutes.)

13. The Healthwatch West Sussex presentation was given by Katrina Broadhill, Consumer Champion & Healthwatcher, who told the Committee that: -

- Patients provided more detail in reports of negative experiences than in reports of positive ones
- Restrictive time slots for appointments were difficult for working people
- Patients often had to wait beyond their appointment time to see a doctor
- The hard of hearing had difficulty with telephone appointment booking

Agenda Item No. 2

- Practice managers should monitor staff attitudes, as it was important to get the start of the patient journey right
- Patients needed to learn how to take part in informal conversations with GPs about diagnostics
- Medication prescribing was a whole system issue that could be improved with better use made of pharmacists
- Healthwatch West Sussex would engage with local practices to share information so that everyone could learn from the reported range of experiences

14. Summary of responses to Members' questions and comments: -

- The information from Healthwatch West Sussex was taken from around 600 comments it received over a year, not a survey, and was intended to report common themes
- Patients needed more information to understand how appointment systems worked
- Local problems might be solved by practice managers

15. The West Sussex Joint Strategic Needs Assessment Team presentation was given by Jacqueline Clay, Principal Manager – Public Health Research Unit, who told the Committee that: -

- Housing projections were taken into account in the modelling used to forecast population growth – the projections were regularly refreshed
- Developments of all sizes could be problematic – NHS England and local clinical commissioning groups would look at local issues
- Population growth by age group varied across the county, but the 85+ group continued to see the biggest increase
- The rising trend in number of GP consultations could be caused by the increasing number of older patients, who also tend to visit their GP more often
- data showed there were fewer GPs to spread the load

16. Summary of responses to Members' questions and comments: -

- The GP Patient Survey could provide sample sizes (some were small)
- Qualitative research was also important so that voices of hard to reach groups were heard

17. The NHS England report was introduced by Sarah MacDonald, Director of Commissioning, who told the Committee that: -

- NHS England recognised that some practices had problems with recruitment and premises that were no longer fit for purpose
- Government had realised £250m for investment in Primary Care premises
- Population demographics and increasing housing development also presented capacity challenges.
- A new deal for GPs had been published and was critical to underpin NHS England's ten key priorities – getting primary care right would help other parts of the system
- Ways would be sought to provide access to GP services from 8am to 8pm and at weekends, and some pilots were being run across the area
- There was an excess of qualified pharmacists who could help with primary care

- GPs sharing medical records with pharmacists might help patients and ways to do this safely were being explored
- NHS England would like clinical commissioning groups to take on some commissioning of primary care
- Telephone and Skype consultations could be piloted

18. Summary of responses to Members' questions and comments: -

- Agreeing where GP practices should be in regard to new housing developments was difficult as they were individual businesses

19. The Horsham & Mid Sussex Clinical Commissioning Group (HMS CCG) presentation was given by Dr Minesh Patel, Chair for Horsham and Mid Sussex clinical commissioning groups, who told the Committee that: -

- The Health & Social Care Act had not helped ease the high number of primary care consultations
- It was estimated that there would be a 20% - 40% shortfall in general practitioners by 2020 – more funding for generalist training was needed
- New ways of working in the HMS CCG area could include: -
 - teams of mixed skills (e.g. community services, district/practice nurses, care co-ordinators) to deliver services differently
 - Co-commissioning
 - A Commissioning Development Team
 - A Primary Care Development Scheme
 - A more team-based approach to delivering primary care with specialist staff being shared amongst teams
 - More work to develop primary care at A&E
 - Improvements in stroke prevention, early diagnosis of cancer
 - a menu of care offered to the less active to enable them to become more engaged in their care
 - need to motivate professionals to work differently
- HMS CCG had been working on ways to deliver services differently in the community before the introduction of the New Deal and was developing the 5 Communities Plan
- HMS CCG had bid for funding to develop infrastructure under the New Deal, but might not get sufficient money to put all the capital schemes it would like in place – it would like to start projects before winter 2015

20. Summary of responses to Members' questions and comments: -

- HMS CCG has a programme called ACE for early diagnosis of cancer by GPs and raising awareness of specific cancers to enable increased positive outcomes
- Variations of integrated primary and acute care were being developed around the country – the involvement of social care would be critical in all models
- New data being collected would help show if new approaches were successful in reducing the burden on primary care
- Peer support between patients with similar illnesses could be a way to help those with certain conditions
- Many practices prioritised appointments for young children
- Practices needed to work together, learn from each other and get the public on board

21. The Coastal West Sussex Clinical Commissioning Group (CWS CCG) report was introduced by Marie Dodd, Chief Operating Officer, and Dr David Hobson. Ms Dodd told the Committee that: -

- CWS CCG was working with NHS England on co-commissioning and would put shadow arrangements in place so that it was ready to commence on 1 April 2016
- CWS CCG was also developing pathways around urgent care, A&E and stroke services and had a Challenge Vanguard pilot scheme in Adur for extended hours and seven day access to GPs and practice nurses

22. Dr Hobson told the Committee that: -

- CWS CCG needed to see how national policy would work locally, taking into account the mixture of areas of deprivation in both rural and urban areas
- General Practitioner vacancy rates were at about 30%
- Best practice should be extended through the workforce by creating hubs that contained services that couldn't be based in GP practices
- There should be more consultants available in the community and a move towards common budgets
- The Coastal CCGs 'Adapt and Thrive' conferences would help develop new ways of working and would involve all stakeholders

23. Summary of responses to Members' questions and comments: -

- Prescribing pharmacists should be included in the multidisciplinary community teams Electronic Transfer of Prescriptions had been very slow to take off, but was starting in some areas
- Hubs should be accessible by public transport
- There was a vision to build on existing good practice and fill any recognised gaps
- CWS CCG had commissioned interviews with patients from vulnerable groups to get their views

24. Resolved - That the Committee: -

- i. Notes the Joint Strategic Needs Assessment data concerning need for primary care services in West Sussex and the patient stories of service user experience
- ii. Highlights the following areas that the Committee feels should be of particular focus and taken forward in the plans of NHS England and Crawley and Horsham & Mid Sussex Clinical Commissioning Groups and Coastal West Sussex Clinical Commissioning Group
 - a) Recruitment and retention support for GPs, general practice nurses and therapists
 - b) Identification of and support for geographical areas where large numbers of GPs appear likely to retire at a similar time
 - c) Support for GP practices that are under performing

And asks

- d) To learn more about the work of multi-speciality co-commissioning practitioners
 - e) That more information be provided on measures to see how access to primary care is improving
 - f) How pharmacists can be included in primary care
 - g) To learn what public health messages are planned to support wellbeing
 - h) The use of electronic prescriptions is encouraged
 - i) The right primary care services are put in the right places in new housing developments
 - j) The examples heard of the Patient Voice are considered in primary care planning
 - k) There is a more specific vision for future services in West Sussex
- iii. Requests that representatives from NHS England, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups and Coastal West Sussex Clinical Commissioning Group give updates on their plans, taking into account the points at ii where appropriate, for improving access to primary care at a Health & Adult Social Care Select Committee Business Planning Group meeting in six to nine months time

Total Performance Monitor – Outturn 2014/15

25. The Committee considered a report by the Executive Director Corporate Resources and Services (copy appended to the signed minutes). The report was introduced by Chris Salt, Principal Manager – Finance, who advised the Committee to focus on the performance aspect of the report as the budget was close to being balanced.

26. Summary of responses to Members' questions and comments: -

- One reason that the target for health checks for people with learning difficulties had not been met was that not all GP practices had signed-up to give them – the Council would continue to work with partners to improve outcomes for patients
- Noted that this target was one not wholly within the County Council's control to meet
- The County Council budget for assistive technology was underspent. This had not been planned and was due to demand for equipment being lower than the budget could have afforded. The County Council wanted more people to make use of it to support people to remain independent in their own homes and had provided additional funding for this area of activity in the 2016/17 budget
- Due to a higher level of deaths in residential care homes than expected last winter, there was less expenditure in this area than anticipated. Noted that the higher number of deaths amongst older people was reflected across the population, not only in residential care homes, and that more information on the reasons for this was wanted
- The historic debt within Adult Services for both residential and non-residential charges was in regard to unpaid customer contributions towards the cost of social care
- Noted that there had been coordination and staff handover issues causing difficulty in debt recovery work

27. Resolved - That the Committee: -
- i. Requests further information to its Business Planning Meeting on the reasons behind increased deaths in older people during the winter of 14/15 and work to support Champions for those with Learning Difficulties and information on pathways to support annual health checks
 - ii. considers that debt recovery for residential and non-residential care charges should be seen as a corporate risk and referred to the Performance and Finance Select Committee for further investigation on preventing this happening in the future
 - iii. Agrees to scrutinise the end of year Total Performance Monitor Outturn Report each year

Business Planning Group Report

28. The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed minutes).

29. Summary of responses to Members' questions and comments: -

- The Health & Wellbeing Board would performance manage/monitor progress with the Better Care Fund – it was also on the Committee's work programme for March 2016
- Deprivation of Liberty Safeguards – A recent high court judgement means that more people are being referred for Best Interest Assessments and there is currently a shortage of people qualified to carry them out

30. Resolved that the Committee endorses the contents of the report, and particularly the Committee's Work Programme at appendix A

Meals on Wheels Task & Finish Group

31. The Committee considered a report by the Chairman of the Meals on Wheels Task & Finish Group

32. Resolved that the Committee notes the recommendations of the Meals on Wheels Task & Finish Group

Date of Next Meeting

33. The next scheduled meeting is on 1 October at County Hall, Chichester

The meeting ended at 12.54

Chairman.