

Health & Adult Social Care Select Committee

4 July 2012 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mrs Bennett, Mr Blampied, Mr Bradbury, Mr M Dunn, Mr R Dunn, Miss Hendon, Mrs Jupp, Mrs Mills, Mrs Richards, Mr Sheldon, Dr Walsh, Mrs Whitehead (Chairman) and Mr Wilkinson (West Sussex County Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mrs Jones (Mid Sussex District Council), Cllr Dr Skipp, (Horsham District Council) and Miss Smith (Local Involvement Network).

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adults' Services), Dr Bloom (Deputy to the Cabinet Member for Health and Adults' Services) and Mr Tyler (Deputy to the Cabinet Member for Health and Adults' Services).

Apologies for absence were received from Mrs Knight (West Sussex County Council), Cllr Mrs Turner (Worthing Borough Council).

Absent: Cllr Mr Brown (Arun District Council)

Annual Review of Membership and NHS Liaison

21. The Committee considered a report by the Head of Legal and Democratic Services that listed the membership of the Committee and Business Planning Group, and gave details of the liaison member arrangements. Liaison member appointments were made to the Coastal West Sussex Clinical Commissioning Group and the Horsham & Mid Sussex Clinical Commissioning Group. Vacancies remained for the Voluntary Sector, Crawley Clinical Commissioning Group and Sussex Community NHS Trust.

Resolved – That the Committee

- i) Agrees the County Council membership of the Committee
- ii) Confirms the appointments of co-opted members of the Committee
- iii) Notes the appointment of the Chairman to the Business Planning Group
- iv) Confirms the liaison member arrangements and makes the following appointments:
 - Dr Walsh to fill the vacancy as liaison member for the Coastal West Sussex Clinical Commissioning Group
 - Cllr Dr Skipp to fill the vacancy as liaison member for the Horsham & Mid Sussex Clinical Commissioning Group

Minutes

22. The minutes of the Health & Adult Social Care Select Committee meeting held on 24 April be approved as a correct record and that they be signed by the Chairman.

Western Sussex Hospitals NHS Trust Update on Service Redesign for Quality

23. The Committee considered a report by Western Sussex Hospitals NHS Trust (WSHT) and Coastal West Sussex Clinical Commissioning Group (CWS) (copy appended to the signed minutes) which was introduced by Dr Phillip Barnes, Medical Director, WSHT, and Steven Pollock, Interim Managing Director CWS, who highlighted the following:

- The Service Redesign for Quality (SRfQ) was a programme of service change endorsed by the former West Sussex Health Overview and Scrutiny Committee in June 2011.
- SRfQ was a collaboration between the acute sector and the clinical commissioning groups, and its implementation also showed strong partnership working between health and adult social care.
- There is a need for greater flexibility in terms of the 20 additional community beds due to be provided through SRfQ, but there is still a clear need for this extra capacity.
- The CWS community bed review is a process that will identify the need for and best use of community beds across the area. Based on an assessment of need and usage, an options appraisal for the future configuration of community beds will be produced in Summer 2013.
- WSHT was seeking one year funding for step-down beds from the Joint Commissioning Management Group (JCMG) – the operational arm of the Joint Commissioning Board which used NHS fund for Social Care money for the benefit of West Sussex residents.
- Building the Ophthalmic satellite clinic at Southlands Hospital, Shoreham-by-Sea, would begin this financial year, and would be completed in 2013/14. The single outpatient unit would be refurbished at the same time
- The temporary transfer of elective orthopaedic surgery for knee and hip operations from Southlands to Chichester will become permanent, with St. Richard's Hospital becoming the centre for major orthopaedic surgery. Pre- and post-surgery care would still take place near where patients lived. This is due to improved clinical outcomes and patient experience, with reduced waiting times and length-of-stay for patients resulting from the necessary critical mass of clinicians in one location. Day elective orthopaedic surgery will continue to be carried out at Worthing and Southlands hospitals, and both Worthing and St. Richard's Hospitals will continue to deliver emergency orthopaedic care.
- A new Enhanced Recovery Programme introduced at Worthing and Chichester hospitals should reduce patients' stay by a day, save money, require fewer bed days and mean less complications for patients.
- With Barrow and Beacon Wards open at Worthing hospital together with a new Outpatient wing, the old outpatient area will be developed as an Emergency Floor to provide more beds and allow new ways of handling emergency admissions.
- In terms of the future of the Harness Block (inpatient building at Southlands Hospital), WSHT has set a deadline of 20 July 2012 for more information from the parties that have expressed an interest in using this building in the future.

24. The following points were covered in discussion:

- The number and use of community beds needed would become clearer after a year, and would be reviewed on an ongoing basis with the aim of having

suitable provision to reduce admission to acute hospitals. Community beds are also key to improving the discharge process and improving reablement (enabling people to stay at home).

- It would be important to understand why the rate of acute admissions is rising, even though this is a national trend. CWS is carrying out some analysis of this.
- SRfQ was driven by the desire to improve quality of care, but the introduction of One Call One Team and Proactive Care would also bring about efficiency savings.
- Dedicated transport would be introduced for patients needing to travel to Southlands Hospital for eye treatment.
- Whilst the Committee understood the rationale for centralising all elective hip and knee operations at St. Richard's, it would be important to ensure that residents/the public were aware of this change (and likewise any future service changes affecting patients).
- That it was important for the Committee to monitor the financial implications of health service developments to the whole health and social care system, and particularly services that are jointly commissioned.
- Overall, the Committee welcomed the positive developments in terms of patient experience and outcomes and felt that good progress had been made on many of the aspects of SRfQ, particularly ophthalmology, services for the frail & elderly and orthopaedics.

26. Resolved – That the Committee is satisfied with the progress report, but agrees that: -

- i) The Western Sussex Hospitals NHS Trust liaison members will monitor developments, especially orthopaedic surgery and ophthalmic clinics, and report back to the Committee as appropriate;
- ii) Western Sussex Hospitals NHS Trust is asked to keep the Committee's Business Planning Group updated on the future of Harness Block, Southlands Hospital, Shoreham-by-Sea;
- iii) The Committee will scrutinise plans for community services at its November meeting, particularly in terms of admissions avoidance, discharge processes and reablement;
- iv) Western Sussex Hospitals NHS Trust and Coastal West Sussex Clinical Commissioning Group are asked to ensure that changes and developments to services are communicated clearly to the public; and
- v) The Committee will take into account the financial implications for both the NHS and County Council of any substantial health service changes.

Proactive Care - The Future Model of Services for the Frail Elderly

27. The Committee considered a report (copy appended to the signed minutes) by the Executive Director of Health and Social Care, Dr Mike Sadler, who highlighted the following:

- Three key points were:
 - More people with complex needs were living longer so would need care for longer
 - As the numbers of those needing care increased, strain would be put on the number of people available to care for them

- Quality of care was currently affected by the lack of a joined-up approach from agencies, leading to unnecessary acute admissions and lack of efficiency
- Proactive Care would integrate services early, support self-care, stop duplication of services, prevent gaps in care and make best use of limited resources
- A number of historic barriers need to be overcome, including; cultural, financial and organisational (e.g. different organisations with different recording systems and staffing structures)
- There was wide support for Proactive Care, with non-recurrent money from the NHS Funds for Social Care available for the transformation of services
- The Joint Commissioning Board (JCB) and the Joint Commissioning Management Group (JCMG) would have key roles in how funds were spent to ensure value for money
- The Proactive Care programme would put in place a number of multi-disciplinary care teams across the north and south of the county, with two “pioneer sites” in Littlehampton and Bognor Regis to be established from autumn 2012. These will transform and reshape community care, integrating services from health and social care under new leadership.
- Transformation would begin slowly so that learning from localities could be incorporated in changes enabling all parties to work together

29. The following points were covered in discussion:

- There was a need for the Committee to have relevant financial information for outcomes on the Proactive Care programme, and particularly more detail on the resource implications, including:
 - How much pump priming investment would the Proactive Care programme require – and how would this be allocated?
 - How would value for money be measured?
 - What short-term savings have been identified?
 - How would the financial impacts be monitored across all organisations as the programme rolled out?
- There will be variations in the approach to Proactive Care across the County, reflecting the different health and social care needs that exist within West Sussex
- The JCB would have around £3m over two years for transformation purposes that would be spent on specific sustainable issues supported by business cases via the JCMG
- High patient experience/satisfaction with Proactive Care services was vital and would be evaluated using relative quality of life measures
- Patient groups have been involved in developing the Proactive Care model, but there is always potential to do more/better, and this will be explored in future.
- GPs have been involved in the design of Proactive Care and were at the centre of commissioning and were kept informed of developments as much as possible
- No decision had been made on the physical location of the new multi-disciplinary teams, and this will be explored through the pioneer sites.
- There is a need for an agreed definition of intermediate care across health and social care, to ensure resources are being directed appropriately
- It is important that the Committee monitors the implementation of this programme, and particularly the impact at grass roots level on service users and their families/carers

30. Resolved – That the Committee

- i) Supports the approach to Proactive Care and the overall direction of travel;
- ii) Asks for a written response to questions on the resource implications/value for money of the programme be provided and circulated to Committee members;
- iii) Agrees that where appropriate future reports to the Committee should include relevant financial information to enable it to carry out its role; and
- iv) Asks for progress report on the Proactive Care programme at a date to be agreed by its Business Planning Group to enable the Committee to monitor implementation and impact on service delivery

Total Performance Monitoring Report to 31 March 2012

31. The Committee considered a report by the Executive Director Finance, Director of Adults' Services, Director of Joint Commissioning and Director of Public Health (copy appended to the signed minutes). The report was introduced by Chris Salt, Finance and Performance, who told the Committee that the budget outturn for 2011/12 was balanced, and all Delivery Plan targets had been met. He provided an update on the latest budget and performance data that had been presented to the Cabinet on 3 July 2012, which showed that there are no budgetary issues of strategic concern, and that all performance targets are on track and heading in the right direction. An update on the 2012/13 position would be available at the Committee's October meeting.

32. The following points were covered in discussion:

- The way the monthly measure for the percentage of customers who leave Regaining Independence Service with reduced or no care needs was reported was felt to be confusing
- The Committee was concerned at the high risk to Continuing Healthcare and was told that proposals would go to the Joint Commissioning Board to address this. Continuing Healthcare is on the Committee's draft work programme for 2012-13, and Business Planning Group will consider how and when this should be scrutinised further.
- Demographic pressure and demand was likely to be challenging as it had been in recent years
- £10m of savings had to be made from the Adults' Services budget this year
- Committee members would benefit from seeing telecare equipment in use, to understand its role in helping people and reducing admissions to hospitals
- The Committee was concerned at the underspending on carers during 2011-12

33. Resolved – That the Committee asks its Business Planning Group to consider:

- i) What supporting or additional information the Committee requires to fulfil its role in performance monitoring; and
- ii) How and when Continuing Healthcare should be scrutinised by the Committee

Business Planning Group Report

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

35. Resolved – That the Committee
- i) Agrees that the topics allocated for inclusion in its draft work programme for 2012-13 represent the top priorities for scrutiny by the Health and Adult Social Care Select Committee, based on information available at this time
 - ii) Agrees the cross cutting topics included in the draft work programme, and prioritises them as follows:
 - Carers – High
 - Transition from Children's to Adults' Services – Medium
 - Gypsies and travellers - Medium

Forward Plan of Key Decisions

36. The Committee considered extracts of the Council's Forward Plan July – October 2012 (copy appended to the signed minutes).

37. Resolved – That the Committee notes the Forward Plan.

Date of Next Meeting

38. The next scheduled meeting is on 3 October at 10.30 am at County Hall, Chichester.

The meeting ended at 12.40pm

Chairman.