

Health & Adult Social Care Select Committee

26 June 2013 – At a meeting of the Committee held at 11.00 a.m. at County Hall, Chichester.

Present: Mr Hunt, Mrs Jones, Ms Kennard, Mr Lanzer, Mrs Rapnik, Mrs Smith, Mr Sutcliffe and Mrs Whitehead (Chairman) (West Sussex County Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mrs Hamblin (Adur District Council), Cllr Mr Wilde (Arun District Council) and Mr Liley (Healthwatch)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adults' Services), Mrs Field (Cabinet Member for Community Wellbeing and Deputy Leader) and Mr Tyler (Deputy Cabinet Member for Adults' Services)

Apologies for absence were received from Ms Goldsmith (Leader, West Sussex County Council), Mr Bradbury, Mr Turner, Dr Walsh and Mr Wilkinson (West Sussex County Council), Cllr Mrs Dignum (Chichester District Council), and Cllr Mrs Turner (Worthing Borough Council)

Chairman's Announcement

1. The Chairman welcomed new members of the Committee, and thanked those who were no longer on the Committee for their contributions to its work. She also thanked Dr Mike Sadler, Director Health & Social Care, who would soon be leaving the Council, for his input into the Committee.

Committee Membership

2. Resolved – That the Committee notes the County Council appointments to the Committee and approves the co-opted membership, whilst recognising that appointments were yet to be made by Horsham District Council and Mid Sussex District Council.

Declarations of Interest

3. No pecuniary or personal interests were declared.

Minutes

4. The Chairmen reported that,

- In relation to minute 139, last bullet point: information on the development of health and wellbeing hubs had been circulated to the old Committee
- In relation to minute 142, second bullet point: regarding the timeline for delivery of the direct payments project, the following response had been received – The Council was promoting Direct Payments as part of the 'choice and control' element of Service Redesign and it would be part of the training of the redesigned end-to-end process which would be implemented in early 2014

5. The Committee agreed the suggested amendment to minute 141, first bullet point, by Dr Mike Sadler, Director Health & Social Care: The Department of Health had made available NHS support for social care funds to improve the interface

between health and social care, and these funds were being used by the Council and Clinical Commissioning Groups to deliver transformational change.

6. Resolved – That, with the amendment to minute 141 above, the minutes of the Health & Adult Social Care Select Committee meeting held on 14 March, be approved as a correct record and that they be signed by the Chairman.

Terms of Reference

7. Resolved – That the Committee notes its Terms of Reference

Implementation of NHS 111

8. The Committee considered a presentation by South East Coast Ambulance Service NHS Foundation Trust (SECAMB) and a report by the Sussex Collaborative Delivery Team (copies appended to the signed minutes).

9. The presentation was given by Geraint Davies, Director of Commercial Services SECAMB, who made the following points: -

- SECAMB and Harmoni (the service providers) had planned for an activity peak of 400 hundred calls, but the peak on the first weekend was 600 calls – this led to people abandoning calls and re-dialling, so the targets of meeting 95% of calls within one minute and having less than 5% abandoned calls were missed
- SECAMB, Harmoni, the Clinical Commissioning Groups' (CCGs) two area teams and the Department of Health discussed the issue and formulated a rectification plan to address the problem
- Between 150 and 160 extra staff were recruited to cover Saturday and Sunday morning peak times in shifts, so that the service could meet performance targets and be clinically safe
- There was a 5 to 6 week training period for new staff
- All call handling staff were supported by clinicians and paramedics
- A system existed to assess and address clinical concerns and complaints on a weekly basis
- CCGs were updated daily on Key Performance Indicators
- There had been no negative impact on other parts of the NHS, including A&E and GP Out of Hours services, in the local area
- The rectification plan was working as the number of abandoned calls were down to between 1% and 2% and complaints were at 0.08%

10. The report was introduced by Kate Parkin, Associate Director, Sussex Collaborative Delivery Team, who highlighted the following points: -

- The Sussex Collaborative Delivery Team had worked closely with SECAMB to make improvements and move towards a sustainable service
- Clinical governance was important, and was reviewed regularly so that lessons learned e.g. identification of gaps in overall service provision, were passed to the CCGs
- The CCGs would ensure that all aspects of the NHS 111 contract were met and that clinical governance was at the forefront of a robust system

11. Summary of responses to Members' questions and comments:

- The Sussex Collaborative Delivery Team had detailed reports on call handling
ACTION: Kate Parkin to forward reports to Helen Kenny/Rob Castle for circulation to the Committee
- All calls were recorded with call handlers audited daily
- If felt necessary, call handlers could transfer calls immediately to clinicians or the emergency service (999)
- If calls were in a queue for clinical advice they would be called back in ten minutes
- Supervisors investigated and dealt with complaints under the national NHS scheme whereby responses had to be given within 25 days
- At first, most complaints were about the time taken to answer calls, but this had now changed to outcomes, with patients not happy at being, for example, advised to go to walk-in centres or to their/out of hours GP when they expected to be sent to hospital or dealt with over the phone
- The Directory of Services was used to decide where patients could be best treated, if feedback from callers showed services were not where needed most, the CCGs would take this into account in future planning and may lead to changes in what services are commissioned locally
- If patients could not get to the services suggested, it could be arranged for a doctor to visit them at home
- Positive feedback now outweighed negative feedback
- There was concern about the promptness of calls forwarded to the County Council's Adults' Services Out of Hours Duty Manager.
ACTION: Geraint Davies to investigate and report back to the Committee via Helen Kenny/Rob Castle
- The predicted volume of calls was based on national guidance, data from three out of hours providers, NHS Direct and local information – this was vetted by the Department of Health and the CCGs before SECamb and Harmoni were allowed to launch the system
- The NHS Direct number would continue till the end of July, after which time calls to that number would automatically be transferred to NHS 111
- The rectification plan was based on the actual volume of calls received, as were future rotas
- SECamb and Harmoni had assumed that actual activity would be 5% greater than commissioned activity (as in the ambulance service) – 999 call handlers were now trained in NHS 111 so that they could help out during peak times, e.g. on Saturday/Sunday mornings, when 999 calls decreased and 111 calls increased
- National data stated that calls should last an average of eight minutes, during the first month of the service, calls were averaging eight minutes thirteen seconds – staffing levels had been based on eight minute calls, but this was increased in the rectification plan to allow for the longer call duration – calls were now averaging five minutes
- Part of each call had to comprise of statutory questions using an IT system called "NHS Pathways", about the patient's name, age, address, sex etc. to create a patient record to pass on to GPs and community services
- The service providers were paid by volume of work, not numbers of staff – so the additional costs of recruiting more staff would be absorbed by the providers. The contract would be reviewed later to see if any amendments were needed, taking into account financial implications and demand management issues
- In terms of overall performance, the service had moved from being in the bottom quartile in the country to the top quartile

- The public need to understand what the NHS 111 service is, and how best to access the right health services in the right place. There will be a full public launch of the service later in the summer.
12. Resolved – That the Committee requests that: -
- i. The Business Planning Group reviews the performance of NHS 111 in approximately four months, to include: complaints data; the interface with Adults' Services; and lessons learned by the service providers and commissioners
 - ii. The NHS 111 service commissioners and providers should work with the Council and other partners on a public education plan to raise awareness of the service

Sussex Community NHS Trust application for Foundation Trust Status

13. The Committee heard a presentation by Paula Head, Chief Executive, and Sue Sjuve, Chairman, Sussex Community NHS Trust (SCT) (copy appended to the signed minutes). Sue Sjuve gave the Committee some background information about SCT and Paula Head gave the presentation highlighting the following points: -

- SCT related to different communities and had listened to what people wanted – more support to stay in their own homes
- Gaining Foundation Trust (FT) status would lead to improved stability for staff and therefore better patient care
- Being an FT would give SCT more autonomy to decide its future and greater financial freedoms
- FT status would also improve local accountability between SCT and the people it serves, through Trust members and governors
- Governors would cover areas based on the demography of its population – staff groups and local authorities would be represented

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

- SCT had spoken to acute trusts that had gained FT status and community trusts that were at the application stage to gauge benefits, which would include: -
 - Any savings made would go back into local services, not into the national NHS pool as before
 - Showing the quality and effectiveness of care services provided
 - Giving good discipline in managing services
 - Greater attention given to local views
 - Using a hub and spoke model of care provision
 - Public accountability via public governors' board meetings - governors could remove the Chairman if unhappy with the Trust's performance
 - Multi-disciplinary teams would operate with one person visiting a patient on behalf of the whole team, and reporting back so that care could be co-ordinated efficiently
- SCT's application had been closely observed by Monitor (the health care regulator)
- SCT staff were committed to becoming part of an FT
- As an FT, SCT could face competition to provide services from other organisations
- SCT's lead commissioner would remain the same after FT status was gained

15. Resolved – That the Committee

- i. Supports Sussex Community NHS Trust's plans to become an NHS Foundation trust
- ii. Agrees with Sussex Community NHS Trust's proposals for public membership
- iii. Agrees with Sussex Community NHS Trust's proposals for staff membership
- iv. Agrees with Sussex Community NHS Trust's proposals for the council of governors

Proposal to Close Regnum Cottages

16. The Committee considered a report by Sussex Partnership NHS Foundation Trust (SPFT) (copy appended to the signed minutes).

17. The Committee thanked SPFT for the early notice of the proposal and was pleased to hear that patients and their families would be consulted.

18. Resolved – That the Committee

- i. Agrees that the proposal to close regnum Cottages does not constitute a substantial variation in service provision
- ii. Endorses the approach set out in the report and agrees that the proposed change can be implemented

NHS Short breaks for children with complex health needs and disabilities

19. The Committee considered responses to the recommendations it made in March on the future of short breaks for children with complex health needs and disabilities by Crawley and Horsham & Mid Sussex Clinical Commissioning Groups, Coastal West Sussex Clinical Commissioning Group and Sussex Community NHS Trust (copies appended to the signed minutes).

20. Dr Mike Sadler, Director Health & Social Care, told the Committee that all three respondents agreed that public consultation on the future of the services should begin as soon as possible (1 July). He suggested the consultation should run for 14 weeks, as opposed to the usual 12 weeks, allowing more time due to it running over the summer holiday period. This suggestion was supported by the Clinical Commissioning Groups and the Committee.

21. Aaron Gain, Principal Manager (Commissioning Children & Families, Health and Social Care Commissioning), told the Committee that the consultation would be on the following two options for the future of the service:

- Closure of Holly Lodge and The Cherries with individual packages of Community Children's Nursing care being subsequently offered to the children affected
- Inviting providers to develop new short break services in partnership, utilising all or part of the existing buildings, through an invitation to innovate

22. Summary of responses to Members' questions and comments:

- Experience showed that in general most consultation responses were received in the first and last few weeks of the process

- There would be an individually focused consultation programme, to include one-to-one sessions with the families of the children affected at convenient locations to them – special schools would also be involved in the process
- A review of the consultation would take place at the half way stage, and the consultation process would be refined accordingly
- An independent specialist advisor would be used to help run the consultation
- An initial batch of information would be sent to a range of providers as part of the invitation to innovate – this would enable them to assess whether or not they would be interested in running the service
- There would be open sessions where interested providers could ask questions and get more information
- All organisations would be given support in producing business cases

23. Resolved – That the Committee

- i. Notes the responses to its recommendations on the future of short breaks for children with complex health needs and disabilities by Crawley and Horsham & Mid Sussex Clinical Commissioning Groups, Coastal West Sussex Clinical Commissioning Group and Sussex Community NHS Trust
- ii. Agrees to reconvene the Task Force on short breaks for children with complex health needs and disabilities with Dr Skipp and Mr Hunt as new members of the group

Work Programme Planning

24. The Committee considered a report by the Director of Finance and Assurance and Head of Law and Governance (copy appended to the signed minutes)

25. Resolved – That the Committee approves the draft interim work programme

Appointment of Business Planning Group Members

26. The following members of the Committee were nominated to form the Business Planning Group: Mr Lanzer, Mrs Rapnik, Dr Walsh, Mrs Whitehead and Mr Wilkinson

27. Resolved – That the Committee agrees to appoint Mr Lanzer, Mrs Rapnik, Dr Walsh, Mrs Whitehead and Mr Wilkinson to its Business Planning Group

Appointment of Liaison Members

28. Cllr Burgess said that he did not wish to continue as liaison member for South East Coast Ambulance Service NHS Foundation Trust.

29. Resolved – That the Committee agrees that members interested in becoming liaison members should inform Helen Kenny of their intentions before the Business Planning Group meeting on 22 July.

Business Planning Group Report

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

31. Resolved – That the Committee endorses the content of the report.

Forward Plan of Key Decisions

32. The Committee considered the Forward Plan of Key Decisions for July to October (copy appended to the signed minutes) and was informed that the decision on the procurement of a telecare service had slipped to December.

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

Members' Items

34. Mrs Smith raised the issue of the recent closure of a BUPA care home in Crawley causing Council supported residents having to move at short notice. Members felt that the Committee may want to focus on:

- How the Council goes about monitoring the quality of such services it commissions
- Practice across the county, rather than specific facilities
- Lessons learned from this specific incident, and how it is informing the development of a new Care Governance Strategy

35. Resolved – That the Committee agrees that the Business Planning Group should look at the matter at its next meeting to determine if there were any areas for scrutiny that should come to the Committee

Date of Next Meeting

36. The next scheduled meeting is on 3 October at County Hall, Chichester

The meeting ended at 13.56

Chairman.