

## **Health & Adult Social Care Select Committee**

2 October 2014 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

**Present:** Mr Bradbury, Mrs Evans (Chairman), Mr Hillier, Mrs Jones, Ms Kennard, Mrs Rapnik, Mr Sheldon, Mrs Smith, Mr Sutcliffe, Mr Turner and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Edwards (Arun District Council), Cllr Mr Hotton (Adur District Council) and Mr Burdett (Healthwatch)

**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:** Mr Griffiths (West Sussex County Council) and Cllr Mr Ward (Crawley Borough Council)

**Absent:** Cllr Dr Mercer (Worthing Borough Council), Cllr Dr Skipp (Horsham District Council)

### **Declarations of Interest**

44. Mr Turner declared a personal interest in respect of item 6 (Musculoskeletal Services Update) as the husband of a governor of Western Sussex Hospitals NHS Foundation Trust.

### **Committee, Liaison & Business Planning Group Membership**

45. The Committee approved the appointments of Cllr Rod Hotton (Adur District Council), Cllr Heather Mercer (Worthing Borough Council) and Cllr Bill Ward (Crawley Borough Council)

46. The Committee was unable to appoint a second liaison member for Crawley Clinical Commissioning Group.

### **Minutes**

47. In relation to minute 28, the Chairman read the following statement by NHS Property Services regarding the disposal of Holly Lodge: -

- NHS Property Services has established contact with the School adjacent to Holly Lodge. As a result, discussions have commenced with West Sussex County Council - Capital & Infrastructure Department representatives over the processes and finance to enable a sale of Holly Lodge to the School.

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

### **Responses to Recommendations**

49. The Committee considered responses from

- a) The Cabinet Member for Adult Social Care and Health regarding the recommendation made at the Committee's January meeting on Adult Social Care: Choice and control, inclusion and advocacy.

and

- b) Brighton & Sussex University Hospitals NHS Trust regarding recommendations made at the Committee's June meeting on the Review of NHS 111 and Ambulance Service Performance, Brighton & Sussex University Hospitals NHS Trust Reconfiguration of Clinical Services.

50. Resolved – That the Committee notes the responses

### **Musculoskeletal Services Update**

51. The Committee considered a report by the Director of Law, Assurance and Strategy with appendices by Western Hospitals NHS Foundation Trust (WSHFT) and Coastal West Sussex Clinical Commissioning Group (CWSCCG) (copies appended to the signed minutes). The Chairman invited Dr Katie Armstrong, Clinical Chief Officer CWSCCG, to speak to the Committee. Dr Armstrong told the Committee that: -

- The process to redesign Musculoskeletal (MSK) Services had begun three years ago as patients said that improvement was needed
- Clinicians and patients had said that the service needed improving
- CWSCCG had run a fair, open and transparent process to choose a bidder that could best prove it could deliver the service required – the chosen bidder was Bupa CSH Ltd
- There had been no formal challenges to the process
- Because of the nature of the process, and the fact that WSHFT was part of one of the bids, some important components could only be agreed after the contract had been awarded – CWSCCG has been explicit in that it would not sign a contract until it was assured of secondary care provision
- Bupa CSH Ltd has remained clear that orthopaedic surgery would still be carried out by WSHFT in its current proportions
- CWSCCG took the concerns of the public and WSHFT seriously, and had no intention of destabilising services
- Contract negotiations were underway, and WSHFT and Bupa CSH Ltd had met several times with good progress being made
- If it emerged that significant changes to services were likely, CWSCCG would come back to the Committee

52. Summary of responses from CWSCCG to Members' questions and comments:

- The Sussex Collaborative had carried out a detailed impact assessment of the new MSK model and concluded that the procurement would not impact on Major Trauma Centres. However, the impact on local trauma units could only be fully assessed when the outcome of the contract negotiations were known. Sussex Collaborative had concluded that if all parties were engaged in the process, the impact on local trauma services would be limited
- If any concerns arose regarding the impact on local trauma units the matter would be brought to the Committee
- Bupa CSH Ltd intended to work with, and contract from, existing local providers, which would mean that WSHFT would continue to deliver elective orthopaedic

surgery. If this is the case, there would be no significant or substantial change in service

- Throughout the process, CWSCCG had been given assurances from local providers that they would be part of the change in MSK service delivery; however if this did not materialise CWSCCG would arrange for an independent assessment of the impact on services
- CWSCCG had taken legal advice and followed guidance on public engagement, it had complied with the Social Care Act and its process was reviewed by the Government's Cabinet Office
- If the contract could be successfully negotiated so that elective orthopaedic surgery continued at WSHFT, staff would continue to be employed by WSHFT and training for junior doctors would also continue as before
- CWSCCG did not want to destabilise any services and would not sign the contract till it was assured of core secondary services
- CWSCCG had looked at incidences of similar service change in other parts of the country
- Patients had been involved in redesigning the MSK Service and would be involved in the monitoring of the new service
- The intention was for operations to take place in the same locations as they do currently
- If a follow-up operation was required, the service provider would pay
- Any gaps in assessments were because negotiations were on-going
- The vote by CWSCCG's Clinical Commissioning Executive to award the contract to Bupa CSH Ltd had been carried out in accordance with CWSCCG's governance arrangements – all those with a conflicting interest were not allowed to vote and left the room, of those allowed to vote, all were in favour of awarding the contract to Bupa CSH Ltd - concerns were raised that only one third of the Board had actually been able to vote
- Regarding conflict of interest, CWSCCG was advised that those Clinical Commissioning Executive members with a conflicting interest could take part in discussions about what the new service should look like, but when it was decided to go for procurement, conflicted members were not involved in the detail of working through the procurement – CWSCCG assured the Committee that its processes were robust
- As a bidder for the contract, WSHFT had access to all information available
- The service change was about improving patient pathways, not about making savings, although it was possible that £6m could be saved over five years
- All bidders were consortia that included NHS providers
- If contract negotiations broke down, the service would continue as it is and CWSCCG would take advice as to whether it would have to start a new procurement process
- CWSCCG's Public Reference Panel met in private, but the agenda and minutes of its meetings were put on the CWSCCG website – Panel members included GP practice representatives, voluntary organisations and Healthwatch West Sussex

53. The Chairman invited Marianne Griffiths, Chief Executive WSHFT and Dr George Findlay, Medical Director, WSHFT to speak. Ms Griffiths told the Committee: -

- Guidance by Monitor said that no-one would be forced to put services out for tender and that before a Clinical Commissioning Group made a decision it must have looked at the balanced facts, including the wider impact on other services

## Agenda Item No. 2

- WSHFT had made objections about the whole commissioning process, saying it was essential that an impact assessment should be carried out before any award of a tender was made. The NHS England Area Team wrote to all Clinical Commissioning Groups to do that
- For the impact assessment, the Sussex Collaborative went back to an earlier paper the Area Team had carried out on a high level assessment, and didn't do the detailed assessment as required
- The impact assessment that was carried out found that there could be significant risks around less direct income for trusts, trusts could have no elective activity, which would compromise trauma services and there would be tipping points – suggested mitigation was reorganisation with trauma and elective surgery on one site and non-elective surgery on another – St Richard's Hospital was highlighted as being at risk
- Risks had not been tested with the current provider or shared with the public
- WSHFT had carried out its own impact assessment which demonstrated that it was essential to work as a system in partnership, and that losing the MSK services undermined the potential for running two trauma services (at St Richard's and Worthing Hospitals)
- There were four aspects to the contract: Orthopaedics, community physiotherapy, pain and rheumatology
- During the public consultation, groups only looked at the MSK issue, not the high level risks
- NHS England said that no contract should be let until a detailed impact assessment had been done

54. Dr Findlay told the Committee: -

- Even if some elective orthopaedic work was contracted back to WSHFT, there might not be enough to sustain 16 consultants on two sites
- MSK services were enmeshed in the hospital
- Bupa CSH Ltd wanted to carry out rheumatology, pain and physiotherapy services themselves, meaning staff would have to move to a non-NHS organisation
- Rheumatologists were part of the acute medical rotas on both sites, provided out of hours cover and were an integral part of the hospital
- Recruitment of staff had been affected by the news of the change to MSK services

55. Resolved – That the Committee asks Coastal West Sussex Clinical Commissioning Group to: -

- i. Consider all the concerns and issues raised at the meeting in taking forward the contractual negotiations, and to confirm that implementation of the new service will not take place until the Committee has received assurances with respect to local secondary care provision, including collaboration with local providers of trauma and hospital services
- ii. Consult with the Committee as soon as possible if it identifies that implementation of the new Musculoskeletal Service will lead to a substantial change to other health services in the area

- iii. Provide an update on the service implementation plans at the next meeting of the Committee on 13 November, or earlier at a special meeting of the Committee if necessary

**Health and Wellbeing Board: Update on the outcomes of the Health and Wellbeing Strategy 2013-2015**

56. The Committee considered a report by the Director of Public Health, Commissioner for Health and Social care, and Public Health Lead for Commissioning and Development (copy appended to the signed minutes) which was introduced by Catherine Scott, Head of Public Health, who highlighted the following: -

- The Joint Strategic Needs assessment was shaping the priorities of the strategy
- The Joint Health and Wellbeing Strategy for 2013-15 sets out three key priority areas - Children & Families, Workplace Health and Dementia
- A peer review said that the Strategy needed to identify and focus on specific outcomes
- The strategy is undergoing a process of review following a stakeholder event in September - and feedback from this will go to an informal HWB meeting on 16 October – themes will be developed during November and December, with a new Strategy to be presented to the Board in February 2015
- The Joint Health and Wellbeing Strategy would influence key health and social care commissioning plans

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

- Specific measures to deal with problems such as obesity, mental health and alcohol would be in the Public Health Plan
- The report reflected current priorities – work was being done on future priorities
- If an issue was not in the strategy, this did not mean it was not being addressed e.g. there were clinics for people who suffered from early onset dementia, the substance misuse service was being redesigned
- The cost of services commissioned jointly would be shared by the commissioners

58. Resolved - That the Committee identified the following priority issues for consideration by the Health and Wellbeing Board as part of the development of the new Joint Health and Wellbeing Strategy:

- Sexual health
- Obesity and weight management
- Alcohol and substance misuse
- Mental health (including dementia)

**Public Health: Update on the Better Care Fund**

59. The Committee considered a report by the Director of Public Health and Social Care Commissioning and Head of Integrated Adult Care Commissioning (copy appended to the signed minutes) which was introduced by Martin Parker, Head of Integrated Adult Care Commissioning, who highlighted the following:

- That the Better Care Fund is not new or additional money, as most of the funding would be from existing 2015/16 NHS England allocations to clinical commissioning groups

## Agenda Item No. 2

- The Better Care Fund would underpin a significant shift in the health and social care system, away from being reactive to proactive and from hospital-based services to community-based services where it was safe to do so
- There are four key areas for the Council and the clinical commissioning groups in taking forward the Better Care Fund Plan: -
  - Jointly managing crisis, discharge and short term interventions in the community (through the Sub-Acute Care Strategy)
  - Proactively managing long-term conditions in partnership
  - Developing dementia services in local communities
  - Integrated joint commissioning of services

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

- Support for carers was considered as a priority
- A number of ways were being looked at to support people in their own home, where safe and appropriate, instead of relying solely on hospital and / or community beds
- Coastal West Sussex Clinical Commissioning Group had carried out work that showed there was no need for more community beds in its area
- Staff training was recognised as being important
- The Care Act would bring significant changes to the way the public sector delivered safeguarding work, recognising most people live at home, by 'Making Safeguarding Personal'
- There was national guidance on seven day working – all health and social care organisations were committed to it, but it would be a challenge and was being introduced incrementally
- The Health and Wellbeing Board had a working group looking at end of life care

61. Resolved – That the Committee: -

- i. Supports the development of the West Sussex Better Care Fund, which is being driven by the Health and Wellbeing Board
- ii. Agrees that plans for the transformation of health and social care, as underpinned by the Better Care Fund are on course to:
  - Deliver the expected outcomes
  - Represent good value for money
  - Have the necessary systems and processes in place
  - Deliver the necessary service transformation
- iii. Wishes to review the progress against the Better Care Fund Plan to support the transformation of health and social care to a more integrated community-based model, alongside its review of Proactive Care at its March 2015 meeting

### Public Health

62. The Committee considered reports by the Director of Public Health, Commissioner for Health and Social Care and Public Health Lead for Commissioning & Development on an 'Update on the Public Health Plan (2012-2017): actions and outcomes' and 'The effectiveness of Public Health weight management and prevention programmes and of the Health and Wellbeing Hubs' (copies appended to the signed minutes). A presentation covering both reports was provided by the

Director of Public Health, Commissioner for Health and Social Care, the Public Health Lead, Commissioning and Development and the Health Development Manager, Chichester District Council (copy appended to the signed minutes). The presentation was introduced by Judith Wright, Director of Public Health, Commissioner for Health and Social Care and Elaine Thomas, Health Development Manager, Chichester District Council, who made the following points: -

- The Public Health Plan was a key document that aimed to empower and support partners
- Work on the Integrated Early Years assessment brought delivery partners together and supported the Early Help Action Plan – pilot schemes in Chichester and Bognor Regis were promising
- Parenting training was being widely delivered
- Peer mentoring took place in schools to increase resilience
- Healthy schools were well established and were being further developed across the county
- Health check targets had been met with hard to reach groups included – it was hoped more people could be reached, possibly by using community pharmacies
- Prevention was the focus for tobacco control
- Better pathways had been commissioned for weight management using health and wellbeing hubs with a good network across commissioners
- The Council aimed to be an exemplar employer for carers
- Stakeholder events were being held on ageing well
- Health and wellbeing hubs were now working with older teenagers and provided a consistent service across the county
- Welfare Benefits Assistants saw customers in GPs' surgeries and children & family centres on a one to one basis following self-referrals or referrals from GPs – people were sign-posted to relevant services
- Chichester had a central hub with wrap around services for families covering wellbeing programmes, activities for older people and cooking and eating
- The Chichester hub worked with other hubs to deliver wider projects, including supporting the unemployed back to work
- The Director of Public Health's annual report 2014 on the impact of housing on health, produced with partners, has just been published
- There was a 'Sensible on Strength' campaign in Littlehampton involving Arun District Council, West Sussex County Council, Sussex Police, local GPs, Littlehampton traders, Stonepillow and the Crime Reduction Initiative to reduce drinking in the town – the Committee was concerned that Sainsburys had refused to take part
- Health and wellbeing hubs were delivering evidence-based interventions as part of an outcomes model with many more people using them
- An example of marketing to extend the reach of public health programmes was advertising NHS Health Checks e.g. on buses, petrol pumps and train station barriers

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

- Excess weight was when someone was above the healthy weight threshold before reaching obesity
- Children's weight was only monitored in primary schools
- Data on modelling had come from GPs and clinical commissioning groups
- The aim was to stop people getting overweight with low level interventions, including through health and wellbeing hubs, and better data collection

- Many people were achieving the 5% weight loss target
- Work was going on with schools and communities to change attitudes to diet and activity for the whole family – not just the individual
- Data on drug abuse came from secondary services – data on alcohol abuse came from hospital stays and community surveys
- There were various projects to tackle social isolation and to help develop community resilience; examples of best practice on this would be shared with Members
- Effectiveness of schemes was measured using evidence e.g. the number of people losing weight
- Following concerns raised by Members regarding waiting times, the Committee's Business Planning Group had asked for performance data on the 'Time to Talk' service to help it consider whether further scrutiny of this should be carried out

64. Resolved – That the Committee: -

- i. Welcomes effectiveness of the Public Health Plan and programmes to address obesity, health and wellbeing hubs and preventative services and stressed the importance of maintaining the overall direction of travel and increasing impact
- ii. Supports the strategic direction of developing a healthy weight operational plan
- iii. Asks the Chairman to write to Sainsbury's to ask it to take part in the 'Sensible on Strength' campaign in Littlehampton
- iv. Will review the outcomes of the Public Health Plan again in approximately one year

### **Business Planning Group Report**

65. The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed minutes) and learnt that the Business Planning Group would receive an update on access to primary care at its December meeting.

66. Resolved – That the Committee endorses the contents of the report and the Committee's Work Programme.

### **Forward Plan of Key Decisions**

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

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

### **Date of Next Meeting**

69. The next scheduled meeting is on 13 November at County Hall, Chichester

The meeting ended at 13.40

Chairman.