

## Health & Adult Social Care Select Committee

8 March 2017 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

**Present:** Mr Evans, Mr Griffiths, Mrs Jupp, Ms Kennard, Mrs Rapnik, Mr Sheldon, Mrs Smith, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mrs Neville (Chichester District Council), and Mr Pickering (Healthwatch West Sussex).

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

**Apologies:** Mrs Jones and Mr Sutcliffe (West Sussex County Council), Cllr Mr Barton (Adur District Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Blampied (Arun District Council) and Cllr Mrs Sudan (Crawley Borough Council).

**Absent:** Mr Peters

### Declarations of Interest

137. The following interests were declared: -

- Cllr Mr Belsey declared a personal interest in respect of item 7 (Facilitation of Hospital Discharge – Intermediate Care) as a governor of Sussex Community Foundation NHS Trust

### Minutes of the last meeting of the Committee

138. The following amendments to the minutes were agreed by the Committee: -

- Minute 115, bullet point three replace 'The outsourcing of the service **and** been done...' with 'The outsourcing of the service **had** been done...'
- Minute 118 – add the following bullet point 'An officer expressed an opinion that members could not be further involved in the contracting process as they were not well enough equipped to deal with the complexities – although members did not agree with this view'
- Minute 119, bullet point three replace 'A delay **till** March...' with 'A delay **until** March...'
- Minute 127, delete bullet point seven
- Minute 132, replace '...**developed** of the STP' with '...**development** of the STP'

139. Resolved that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 18 January 2017, with the amendments above, be approved as a correct record and that they be signed by the Chairman.

### Response to Recommendations

140. Resolved – that the Committee notes the response.

## Forward Plan of Key Decisions

141. The Committee considered the Forward Plan of Key Decisions for March 2017 to June 2017 (copy appended to the signed minutes).

142. Resolved - that the Committee notes the Forward Plan of Key Decisions

## Patient Transport Service

143. The Committee considered a report by NHS High Weald Lewes Havens Clinical Commissioning Group (copy appended to the signed minutes) which was introduced by Maninder Singh Dulku, Patient Transport Services Programme Director, High Weald Lewes Havens Clinical Commissioning Group who told the Committee that: -

- A Transition Plan incorporating lessons learned from audit of the the previous contract was in place to help with the transition from Coperforma to South Central Ambulance Service NHS Foundation Trust (SCAS)
- No challenges were made to the decision to award the contract to SCAS – details of the contract were being discussed
- The transition would be done in two phases: -
  1. SCAS took over patient transport primarily for discharges and transfers on 1 March
  2. SCAS would take over transport for outpatient appointments, day cases including surgery, renal/oncology treatment, and other including admissions from 1 April
- A Programme Board consisting of representatives of the seven clinical commissioning groups (CCGs), auditors, patients, provider trusts, SCAS and Coperforma met monthly and was responsible for the overview and scrutiny of the transition
- A transition and contract group met weekly to discuss the transition plan, escalate any risks identified, inform the development of the service specification, contract and key performance indicators (KPIs)
- A series of workstreams to look at communications, IT, finance, HR, estates, quality and contracting were underway
- The Patient Forum and Trust Group met with Coperforma and SCAS monthly to ensure performance was maintained until handover
- A Patient Transport Service Specialist Advisor, Programme Director and Programme Manager have been put in place to help with the transition
- Many Docklands Medical Services (DMS) staff were transferring to SCAS under a 'TUPE like' arrangement - they were paid by the CCGs till the end of February then by SCAS
- A stakeholder event had been held to learn lessons from the previous procurement and mobilisation; in addition an independent audit was conducted – the main themes were: -
  - The new delivery model had not been tested enough
  - Monitoring by the CCGs during the mobilisation period was not robust
  - The high number of calls to the service initially had not been anticipated
  - Coperforma's capacity to cover such a large area had not been tested
  - The booking system for hospital staff was not ready soon enough
- Key recommendations included: -
  1. An independent Patient Transport Service Advisor to be engaged
  2. Contingency arrangements

3. A phased approach to service transition
4. Robust monitoring and governance and a mobilisation plan to provide assurance that service would be ready to operate
5. More evidence that providers were ready to take on a service
6. Terms of Reference for the Patient Transport Services Board to be agreed at its first meeting
7. An agreement for High Weald Lewes Havens CCG to act as lead commissioners on behalf of all CCGs affected
8. Consult more widely with the market regarding KPIs, service model etc prior to any procurement/transition
9. A robust communications plan

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

- The CCGs had paid DMS staff via a third party payroll provider till the end of February at which time SCAS took over responsibility for paying staff.
- The money paid by the CCGs would be billed back to Coperforma
- Members of the public could raise concerns through representatives on the Patient Forum and the Programme Board
- It might be possible for lay representatives to take part in any task & finish groups
- Data had been reported against the original KPIs for the contract with Coperforma which were unrealistically high – KPIs for the new contract would be modified
- Capacity had been challenging for SCAS through the mobilisation period, but staff were being taken on under TUPE rules and the contract would have its own management team – SCAS was confident it had the capacity and experience to deliver the service
- The CCGs were confident that the new governance structure was robust
- Staff joining SCAS received training on SCAS systems, had driving and Disclosure Barring Service checks, were very patient-focussed and would be helped during the transition period by existing SCAS staff
- 70 DMS staff had transferred to SCAS by 1 March
- The number of staff joining SCAS from Coperforma wouldn't be known till 1 April, but SCAS could use private providers to support the service and back-fill with some of its own staff to help on the contact centre side till new staff are bedded in
- Two out of three of Coperforma's call centres would remain, the other would be replaced by an existing SCAS centre
- SCAS was not legally obliged to offer TUPE terms to staff from DMS, South East Coast Ambulance Service NHS Foundation Trust (SECamb) or Langfords, but was doing so at the request of the CCGs
- The various strategic and operational groups were meeting separately due to the complexities of the transition and detail of issues to be covered, but it was expected that changes to the governance structure would be made post April allowing some groups to merge leading to less meetings
- Better monitoring of the mobilisation plan would have picked up issues with data passed from SECamb to Coperforma, so better preparation could have been made for the high level of calls experienced when Coperforma took over the contract
- Coperforma did not have the infrastructure for such a large contract
- Through a remedial action plan, Coperforma had improved and stabilised performance, but was seeking to leave the contract on economic grounds

- Initial feedback on SCAS providing the service for discharge and transfers was positive with a few problems around the online booking system – it was expected that the second phase would be more challenging
- SCAS saw the Patient Transport Service as a core element of the ambulance service
- Members felt that an update on the mobilisation of the new contract should include how the service was bedding down, the governance structure and statistics on patient numbers

145. Resolved - that the Committee requested: -

- i. Regular feedback from the Patient Forum going forward and that lay members are included throughout the governance process of the new contract
- ii. An update in six months time on the mobilisation of the new contract

### **Intermediate Care**

146. The Committee considered a report by the Executive Director Children, Adults, Families, Health and Education and the Director Adults Operations (copy appended to the signed minutes).

147. A statement from Western Sussex Hospitals NHS Foundation Trust (WSHFT) was read out by the Chairman covering the following points: -

- For those aged 85+, A&E attendances were up by 5% compared to the same period in 2016 – and by 11% for those who then required hospital admission
- Overall in the first two weeks of January 2017, A&E attendances were at times 30% higher than the same period in 2016
- WSHFT has remained one of the highest performing trusts in the country for seeing, treating, admitting or discharging patients attending A&E within four hours – this was due to the efforts of staff across its hospitals, in the community, primary care services and the response from partners in social care
- The introduction of Discharge to Assess (D2A) had made a significant difference, as had the commitment and response at times of high system escalation, with social care teams expanding their capacity and working flexibly to maximise benefits for the system, to support appropriate and timely discharge

148. Mark Howell, Director of Adult Operations told the Committee told the Committee: -

- The efforts by hospital staff and social work teams was ongoing
- Delayed transfers of care were measured from the point that a patient has been assessed as ready for discharge from hospital, not fit for discharge
- Although the Council was performing well, there were still issues such as accessing care packages in Mid Sussex
- Sussex Community NHS Foundation Trust might be able to help ease capacity problems
- D2A was being analysed and was looking promising
- The Council commissioned a million hours of domiciliary care a year as well as residential care and telecare

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

- The A&E Delivery Board ensured that the system worked efficiently and discussed ongoing problems
- 7pm to 2am has been a particularly busy time for A&E
- People were still going to A&E unnecessarily – more needed to be done to discourage this
- The A&E Delivery Board's discussions could be reported to the new committee including lessons learned and plans for the future
- The Council's performance could only be measured against its peer group otherwise the comparison would not be like for like
- Patient flows through hospitals were being looked at
- Sustainability Transformation Plans would propose big system changes
- The Council complied with national eligibility criteria for adult social care and ran universal and targeted services (including preventative services) to help people stay in their own homes as long as possible
- Wider solutions were needed to build a system fit for the future
- The Council was exploring the possibility of reablement beds in the north of the county similar to the set-up at Majorie Cobby House in Selsey
- Micro recruitment events for the care sector had proven successful and more were planned
- Local growth plans needed to support affordable housing to help many people, including carers and those working in the care sector
- All organisations had to be aware that actions they took might have knock-on effects on others
- Mental health staff worked with police to triage people with mental health problems and direct them to the most appropriate service so they were less likely to go to A&E – self-harmers may present themselves to A&E
- Acute hospitals aimed to keep delayed discharges below 3.5% whereas the target for community hospitals was below 7.5% - parity was required
- On average it was estimated that 30% of patients were in the wrong setting – this was compounded by domiciliary/residential care not being available
- The Council had daily figures for delayed transfers and every day staff tried to find places for people to go with frontline staff performing well in A&E, on acute wards and in community hospitals
- The number of patients medically fit for discharge was higher than those who had been assessed as medically ready for discharge
- As there was no lead organisation, partnership working was essential to reduce delayed discharges and therefore costs to hospitals
- The Health & Wellbeing Board could have a quality assurance role and the A&E delivery boards were responsible for flow through the system
- Transit lounges such as those used in Sheffield might help the discharge process if appropriate for patients

150. Resolved - that the Committee: -

- i. Asks that following the May elections, the Health & Adult Social Care Select Committee considers the system-wide response to the demands on the health and social care system at its earliest opportunity, including further information on the initiatives in place to move patients out of acute settings when ready to do so
- ii. Acknowledges the excellent work of frontline staff in health and social care in the current challenging circumstances

## **Community Reablement Service**

151. The Committee considered a report by the Executive Director Children, Adults, Families, Health and Education (copy appended to the signed minutes) which was introduced by Martin Parker, Head of Integrated Adult Care Commissioning who told the Committee: -

- Thirty organisations expressed an interest in running the service, fourteen came to the soft market testing day with nine staying all day
- The pathway model would be circulated later to the Committee, the instigator of the call-in request and UNISON

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

- Officers were confident that a competitive tender process could proceed in the next two weeks and that several providers were capable of delivering the service
- The contract would be awarded in June

153. Resolved - that the Committee: -

- i. Supports the continuation of the current re-procurement plan based on the positive outcome from the market testing event
- ii. Asks for more information once the contract has been let

## **Business Planning Group Report**

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

155. It had been hoped to have an item on Radiotherapy Services at the March meeting of the Committee, but this was not possible – this would now be in July

156. Resolved - that the Committee endorses the contents of the report, in particular the Committee's Work Programme.

## **Brighton & Sussex University Hospitals NHS Trust Care Quality Commission Report Monitoring**

157. The Chairman told the Committee that: -

- The working group last met on 14 February and when approved, the notes of the meeting would be circulated to members of the Committee
- The working group would meet again on 30 March and plans to focus on progress of the Quality Improvement Plan, outpatients' issues which were highlighted by the Care Quality Commission and how these have been/are being addressed, an update on the management arrangement with Western Sussex Hospitals NHS Foundation Trust and consider the Trust's Quality Account.

158. Resolved - that the Committee notes the update.

### **Possible items for future scrutiny**

159. The Sustainability Transformation Plan was suggested as an item for future scrutiny by the committee.

160. The Committee agreed to look at specific issues regarding service change that might come out of the Sustainability Transformation Plan and was reminded that any member could observe meetings of the Health & Wellbeing Board when the Sustainability Transformation Plan was on the agenda.

### **Date of Next Meeting**

161. The next scheduled meeting is on 8 July County Hall, Chichester

The meeting ended at 13.10

Chairman