

**Health & Adult Social Care Select Committee**

29 September 2016 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

**Present:** Mr Griffiths, Mrs Jones, Ms Kennard, Mr Peters, Mrs Rapnik, Mr Sheldon, Mrs Smith, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Plant (Chichester District Council), Cllr Mrs Sudan (Crawley Borough Council).

**In attendance by invitation:** Mr Catchpole (Cabinet Member for Health & Adult Social Care).

**Apologies:** Mr Evans, Mrs Jupp and Mr Sutcliffe (West Sussex County Council), Cllr Mr Barton (Adur District Council), Mr Pickering (Healthwatch West Sussex), Mrs Field (Cabinet Member for Community Wellbeing (and Deputy Leader))

**Absent:** Cllr Mr Britten (Horsham District Council)

**Declarations of Interest**

63. The following interests were declared: -

- Mr Griffiths declared a personal interest in respect of item 8a (Central Sussex Stroke Services) as someone who had used the service
- Mrs Smith declared a personal interest in respect of item 10 (Adults' Services Transformation Project) as a carer of someone who accessed adult social care

**Minutes**

64. Resolved – that the minutes of the Health & Adult Social Care Select Committee meeting held on 2 September be approved as a correct record and that they be signed by the Chairman.

**Liaison Membership**

65. Resolved – that the Committee appoints Cllr Mrs Sudan as liaison member for Crawley and Horsham & Mid Sussex clinical commissioning groups.

**Forward Plan of Key Decisions**

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

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

**South East Coast Ambulance Service NHS Foundation Trust Quality Summit**

68. The Committee received a verbal update from the Chairman who told the Committee that: -

- South East Coast Ambulance Service NHS Foundation Trust (SECAmb) had been rated as inadequate overall by the Care Quality Commission (CQC) and NHS Improvement had placed the Trust in special measures
- The CQC emphasised that paramedics and call handling staff displayed intense patient empathy and support
- The Trust will be asked to focus on three priorities over the next six months: patient safety; leadership and governance; and organisational culture
- Scrutiny Chairmen had agreed, subject to committee approval, that representatives from each HASC/HOSC would meet on a two monthly basis, to seek assurance from the CQC, NHS Improvement and the Trust that developments were being made against the three key priorities and against the Trust's final recovery plan
- The Chairman proposed that he and the Vice Chairman would attend these meetings, and reports would be shared with the committee virtually and any member queries would be raised at these meetings
- A summary of the two monthly discussions would also be shared with the committee

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

- SECAmb showed a positive attitude and was keen to move forwards – money was available to help with this
- There was no evidence of patient harm
- The clinical commissioning groups had a Quality Surveillance Group that was also monitoring SECAmb's progress
- Suggested that all members be involved in the scrutiny of the Trust at some stage

70. Resolved - that the Committee agreed that the Chairman and Vice Chairman attend the two monthly meetings.

### **Central Sussex Stroke Services**

71. The Committee considered a report by the Central Sussex Stroke Programme Board (copy appended to the signed minutes) which was introduced by Caroline Huff, Programme Director for Central Sussex and East Surrey Alliance with additional comments from Dr Nicky Gainsborough, Lead consultant on stroke at Brighton & Sussex University Hospitals NHS Trust (BSUH), Oliver Phillips, Service Strategy Director BSUH, Dr Minesh Patel, Chairman, Horsham and Mid Sussex Clinical Commissioning Group and Dr Terry Lynch, Clinical Lead for Stroke, Horsham and Mid Sussex Clinical Commissioning Group: -

- The next steps identified at the Committee's 2 September meeting had been implemented
- Public Health analysis supported the position of the Programme Board
- A final view from all the clinical commissioning groups should be known in October
- Ambulance crews rang ahead to inform hospitals that stroke patients were on their way – patients were then met and taken to the stroke unit. This transfer time at the Royal Sussex County Hospital (RSCH), Brighton was below the national average
- The Princess Royal Hospital (PRH) did not get enough stroke patients to attract the staff required whereas RSCH did

- Although outcomes had improved, they were not as good as they could be
- A smooth pathway from prevention to supported discharge was the aim

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

- The RSCH was already accepting stroke patients temporarily diverted from PRH so would be able to cope on a permanent basis – performance was improving with workload and there would be investment in Allied Health Professionals, such as occupational therapists and speech & language therapists, which would help reduce patients' time in hospital
- Every stroke was treated the same as the severity couldn't be known till later
- London was getting better outcomes for stroke patients after reducing its hyper acute stroke units from 24 to 8
- Stroke patients in the north east of the county would continue to go to East Surrey Hospital (ESH) in Redhill – the Committee wanted assurances that these patients would get the same level of care as those going to Brighton
- Surrey was also having a review of stroke services – ESH would have a hyper acute stroke unit

73. Resolved - that the Committee: -

- i. Notes the evidence provided detailing the benefits and risks of the Central Sussex Stroke Programme Board's recommendation to centralise Hyper Acute Stroke services and Acute Stroke services at the Royal Sussex County Hospital, Brighton
- ii. Agrees that the proposal not to re-commence the stroke service at Princess Royal Hospital, Haywards Heath, but to centralise Hyper Acute Stroke services and Acute Stroke services at the Royal Sussex County Hospital, Brighton is not a substantial service change, however asks for assurance that those stroke patients who go to the East Surrey Hospital, Redhill will receive the same level of service as those that go to the Royal Sussex County Hospital, Brighton

### **Coastal West Sussex Stroke Services**

74. The Committee received a verbal update from Marie Dodd, Chief Operating Office, Coastal West Sussex Clinical Commissioning Group (CWS) who told the Committee that: -

- There was agreement that the model of a single site outlined for central Sussex stroke services was the right model, however, stroke services would only move to one site when the clinical conditions were right – at the moment, having a hyper acute stroke unit at either Worthing hospital or St Richard's hospital, Chichester, would put pressure on either the Royal Sussex County hospital, Brighton, or the Queen Alexandra hospital, Cosham at a time when their respective trusts were going through a difficult period
- CWS had concerns about ambulances operating across county borders, especially into Hampshire
- CWS wanted to improve preventative services, outcomes for stroke patients and assess and quality in community services

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

- The number of stroke patients per year needed for a hyper acute unit to be viable was 600, Worthing hospital was currently in the region of 500 and St Richards hospital in the region of 400
- Stroke services at both Worthing and St Richard's hospitals had improved according to Sentinel Stroke National Audit Programme (SSNAP) data
- It was hoped that move to one site would be possible within five years

76. Resolved - that the Committee notes the update.

### **Sussex Patient Transport Service**

76. The Committee considered a report by Coastal West Sussex Clinical Commissioning Group, Crawley Clinical Commissioning Group and Horsham & Mid Sussex Clinical Commissioning Group (copy appended to the signed minutes).

77. Ian Thomson, Sussex Business Unit Manager, Coperforma told the Committee: -

- Coperforma's remedial action plan was signed-off in June and meetings have been taking place every two weeks to monitor improvements
- The main key performance indicators (KPIs) were being met
- Area plans had been implemented for the east, west, central and northern areas
- A plan was in place with Sussex Community NHS Foundation Trust and it was hoped others would be developed for other partners

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

- Coperforma was performing better against KPIs than the previous operator – eight main KPIs were being met, three (reagarding call handling) were not
- Docklands Medical Services (DMS) had been paid by Coperforma, but this money had not been passed to staff – the NHS was covering staff pay and investigating
- Coperforma would not pay for work without evidence that it had been done
- Coperforma was helping DMS staff find other jobs
- When the contract for the service was put to tender, only Coperforma was deemed appropriate
- The service is better now than at the same time last year under the previous operator
- Some of the sub-contractors used by Coperforma were also used by the previous operator
- The clinical commissioning groups were monitoring Coperforma's contract and holding it to account
- Coperforma had changed the way it worked, especially with renal patients
- All Coperforma staff were trained and had to meet objectives on score cards
- Work is ongoing on the recommendations from the independent report on Coperforma's performance
- Coperforma worked with voluntary organisations, and might work with community groups in the future
- A patient transport expert had been employed by the commissioners, to work alongside Coperforma on their behalf to help improve the service

79. Resolved - that the Committee: -

- i. Consider further details regarding the Patient Transport Service contract, including confidential financial information, at its next meeting
- ii. Receive evidence to demonstrate that patients are receiving a better service now than when Coperforma first took over the service on 1 April 2016

### **Adults' Services Transformation Project**

80. The Committee considered a report and presentation by the Executive Director for Care, Wellbeing & Education and Director of Adult Operations (copy appended to the signed minutes) which were introduced by Mark Howell, Director of Adult Operations, who told the Committee that: -

- The current model was too assessment-/process-driven with crises pushing people into social care
- The new model took into account best practice, pressures on the service (e.g. an increasing number of older people with complex needs) and would focus on outcomes
- Teams would be based closer to communities with earlier contact with customers and build on preventative work
- Customers would be told about universal services e.g. from the voluntary sector, and there would be pop-up centres around the county
- Teams would act quickly, minimise waiting times and have long-term involvement with customers
- Teams would speak to customers about prevention, early engagement and long-term engagement
- Social care needs would be met with a more reablement approach including the use of telecare
- Teams would need good local knowledge
- Up to seven trial sites would be set-up in autumn across the county and there would be four innovation sites from January 2017 before the service went live in 2018

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

- Integration between health and social care at a local level would help the services move forward in line with the Sustainability Transformation Plan (STP)
- Costings were not given as the change was about working differently for better outcomes, not saving money,
- Younger old people would be treated differently to older old people
- The emphasis would be on prevention, rehabilitation and recovery
- Services would not be off-loaded onto the voluntary sector
- Traditional services would remain where appropriate
- Technology could help staff and carers
- Staff had reacted well in workshops to the proposal
- The Committee had concerns over
  - hidden costs for carers e.g. laundry, special food
  - reliance on technology that did not replace care
  - possible duplication of services
  - difficulties with recruitment
  - financial pressures in social care and health
- The STP should help ease financial pressures
- Frontline social care/health staff were being integrated, but professionals would keep their roles with standards maintained

82. Resolved - that the Committee welcomes the direction for delivering Adult Social Care in West Sussex and asks: -

- i. That work continues with partners to focus on provision for older residents and end of life care
- ii. That further consideration be given to the location of innovation sites
- iii. That the use of technology be encouraged
- iv. That a small number of representatives from the committee liaise with officers on an ongoing basis to monitor the development of the project
- v. That the vision is formed and shared before it is subject to a final decision in Autumn 2017

**Date of Next Meeting**

83. The next scheduled meeting is on 10 November at County Hall, Chichester

The meeting ended at 14.11

Chairman