

**Health & Adult Social Care Select Committee**

12 March 2015 – 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, Mr Sheldon, Mrs Smith and Mr Turner (West Sussex County Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Edwards (Arun District Council), Cllr Mr Hotton (Adur District Council), Cllr Mr Ward (Crawley Borough 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, Mr Sutcliffe and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Dr Mercer (Worthing Borough Council), Cllr Dr Skipp (Horsham District Council)

**Absent:** Mrs Rapnik

**Declarations of Interest**

127. Mr Sheldon declared a personal interest in respect of Item 5 (West Sussex Proactive Care Services Update) as the relative of someone receiving Proactive Care services) and Ms Kennard declared a personal interest in respect of Item 7 (Adult Mental Health Services) as a governor of Sussex Partnership NHS Foundation Trust.

**Minutes**

128. With reference to minute 97 (Musculoskeletal Services Update) the Chairman informed the Committee that Coastal West Sussex Clinical Commissioning Group (CCG) had decided to halt the existing Musculoskeletal Services procurement process following the withdrawal of the preferred bidder, Bupa CSH.

129. With reference to minute 102 in which the Committee queried how much it was expected that deferred payments would cost the Council in the first year following introduction of the Care Act, the Chairman told the Committee that deferred payments should not impose any additional costs upon the County Council.

130. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 21 January be approved as a correct record and that they be signed by the Chairman.

**Response to Recommendations**

131. The Committee considered responses from the Cabinet Member for Adult Social Care and Health to recommendations made by the Committee at its January meeting regarding the Care Act, and from Coastal West Sussex CCG to recommendations made by the Committee at its January meeting regarding Pressure on A&E Services and the GP Out of Hours Service.

132. The Chairman also reported that Brighton & Sussex University Hospitals NHS Trust, Crawley CCG and Horsham & Mid Sussex CCG had responded to recommendations made by the Committee at its January meeting regarding Pressure on A&E Services saying they were happy to participate in any way which would be helpful in the future with Continuing Healthcare, NHS 111, Availability of residential and nursing home places and A&E admissions from residential and nursing homes.

133. Resolved – That the Committee notes the responses.

### **West Sussex Proactive Care Update Reports**

134. The Committee considered reports by Crawley and Horsham & Mid Sussex CCGs and Coastal West Sussex CCG(copies appended to the signed minutes): -

135. The Crawley and Horsham & Mid Sussex CCGs report was introduced by Alex Miller, Programme Manager – Proactive Care, West Sussex County Council, who told the Committee that: -

- Staff from Sussex Community NHS Trust (SCT), Sussex Partnership NHS Foundation Trust and the County Council were co-located in nine multi-disciplinary teams in the area covered by the two CCGs
- The area had a budget for Proactive Care of £2.99m for 2014/15 – next year the budget would come from the Better Care Fund and be £2.43m,
- To ensure the BCF release the funds for Proactive Care, the service would need to achieve a reduction in non-elective admissions, and an overall quality, innovation, productivity, prevention (QIPP) of £2.14m. Over 2,000 patients in the area received Proactive Care
- The number of conveyances to hospitals by the South East Coast Ambulance Service (SECAmb) of people receiving Proactive Care was reducing
- Admissions to hospital of people receiving Proactive Care had also decreased
- Only 13 people receiving Proactive Care were admitted to hospital during the time that winter pressures on hospitals were at their peak

136. Sue Braysher, Chief Officer, Horsham & Mid Sussex CCG; Chief Operating Officer, Crawley CCG added that: -

- It was pleasing that multi-disciplinary teams had been introduced without the need for restructuring
- The way staff had worked together was key to the success of the teams
- Some savings had been made on investments, but improved patient experience was the aim of the service

137. The Coastal West Sussex CCGs report was introduced by Ed Cassidy, Senior Commissioning Manager Proactive Care, Coastal West Sussex CCG(CWS), who told the Committee that: -

- There were now 13 multi-disciplinary teams in the CCG area that got 400 – 500 referrals a year and there were now 3,800 people receiving Proactive Care
- Carers and people with dementia were also covered by Proactive Care
- A survey showed that 90% of people were happy with their Proactive Care services – the CCG was working on raising the figure

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- The area had a budget for Proactive Care of £7.08m for 2014/15 – next year the budget would come from the Better Care Fund and be £8.08m - the QIPP target for the Coastal CCG was £3.7m
- Admissions to, and length of stay at hospitals had decreased
- Better case management should reduce the number of people using primary and acute services
- Information was available to paramedics to enable better outcomes for 999 calls
- Conveyance to hospitals had reduced by 30% - the aim was for an admittance rate of 10% of those getting Proactive Care
- The In Reach project aimed to get Proactive Care patients discharged from hospital as soon as they were medically fit, to improve bed use
- Multi-disciplinary teams needed to be shaped to fit the demographics of the area they covered and to be adequately resourced to do their job effectively

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

- Satisfaction with Proactive Care was not as strong in the Worthing, Shoreham and Lancing areas –SCT had begun working with primary care services to meet the specific needs of people in those areas e.g. the high demand in central Worthing from people in care homes – the team in Worthing was one of the newer ones and needed time to bed in
- The two services were hard to compare using the details in the reports, more simplicity and clarity was requested.
- The comments from service users quoted in the report were uplifting but it was hard to be convinced. Felt HASC should review at a later date.
- Communication to the public on how to contact Proactive Care needed to be clearer - In 2015/16 CWS CCG would look at the best way of sharing information with the emergency services, NHS 111 and the Out of Hours service so all would have the correct details if a patient rang any of the services
- It was hard to see how avoidance of admission was measured - Admission avoidance was calculated by comparing patient activity before and after involvement in Proactive Care – the most robust information came from SECAMB
- It was hard to understand who the front line person delivering the service was
- Not all residents of care homes received Proactive Care, but some teams did go to care homes and more support to nursing teams in care homes was envisaged
- 4% to 5% of the over 65 population in the CWS area received Proactive Care – it was hoped to increase this to 10% (around 12,000 people) which would need good case management and substantial investment
- It would take three to five years for the full savings benefit of Proactive Care to be realised as more people used the service
- The development of Proactive Care would increase the integration of health and social services
- Each CCG area could learn best practice from each other by sharing experiences
- Risk stratification software was used to identify people who were likely to need acute care, this information was sent to GPs who decided whether or not a person should be referred to Proactive Care. Alternatively, anyone could refer someone to Proactive Care
- Proactive Care teams were virtually fully staffed now, but recruitment could be a problem in future as the service grew, so creative ways of attracting new staff were being sought –the challenge of attracting people into the workforce and supporting them once there was one of the three key areas being looked at by the Health & Wellbeing Board

- Noted that secondary care was more expensive in the Coastal area
- Questioned whether there was monitoring so that people whose health had improved would come off of contingency plans - Proactive Care was a preventative service, not a crisis intervention service
- Were there problems recruiting staff? – SCT were aware of staffing risk
- A breakdown by area of the take-up of Proactive Care would be provided to members of the Committee, to include Worthing and Crawley

139. Resolved - That the Committee: -

- i. Agrees that the West Sussex Proactive Care Programmes are supporting service delivery and giving good patient experience and outcomes. It gives its support for the Proactive Care Programme in the transformation of health and social care services across the county to a more community based model; and
- ii. identifies the following areas for continued improvement: appropriate information to service users to ensure that care pathways into Proactive Care were understood, and the development of Proactive Care work within care homes; and
- iii. requests that local level performance data be supplied – to include Crawley and Worthing; and
- iv. more widely, it gives support for work to assist Proactive Care in respect of better data sharing systems and the development of the market to ensure appropriate care staff can be recruited.

### **Update on the West Sussex Better Care Fund – Development and Plans**

140. The Committee considered a report by the Director of Public Health & 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 told the Committee that: -

- The Better Care Fund (BCF) was about transforming local services to improve the quality of care and was financed by Health & Social Care funding money
- The West Sussex BCF Plan was approved by NHS England in January
- Four key areas were: -
  - Support in the community through Proactive Care
  - Dementia services
  - Jointly commissioned services such as telecare
  - Domiciliary care
- A BCF co-ordinator had been appointed
- A Section 75 agreement was being drawn up to develop governance and monitoring arrangements – existing Transformation Boards, Proactive Care Boards and System Resilience Groups would be used and would report to the Joint Commissioning Strategic Group and the Health & Wellbeing Board (HWB)
- There would be continued engagement with stakeholders
- £14m of the £58.6m allocated to the BCF for 2015/16 was related to avoiding admissions to hospitals, if this £14m was spent on community services and admissions were not avoided, the CCGs would have to pay £14m to hospitals – a risk-sharing agreement would be put in place to mitigate this

- Avoiding admissions would also be difficult as people could decide to present themselves to hospitals, and the local target was double the national one
- The acute hospitals needed to be on board - the HWB was creating a provider forum to consider liaison arrangements with providers
- Commitment and investment was needed to develop IT and a community workforce
- Services needed to be in place by 1 April, this should be achieved as schemes were already in place

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

- Mental Health services would also benefit from the BCF
- the importance of 'picking up the pace' to ensure services in place to help with admission avoidance acknowledged
- West Sussex target of admission avoidance was above the 3.5% national target,
- important to work closely with the acute sector, this was being addressed by the HWB
- felt that the acute sector was in agreement with direction of travel
- noted that In Reach and Out Reach projects would support the work.

142. Resolved - That the Committee: -

- i. Welcomes the development of the West Sussex Better Care Fund
- ii. Agrees that the Better Care Fund plans support the transformation of the West Sussex health and social care system to an integrated community-based model
- iii. Notes the work with providers that the Health and Wellbeing Board is taking forward
- iv. Wishes to review the Better Care Fund Plan in a year's time or sooner if anything urgent arises

### **Adult Mental Health Services**

143. The Committee considered a report by Sussex Partnership NHS Foundation Trust (SPFT) (copy appended to the signed minutes). The report was introduced by Samantha Allen, Director of Strategy and Improvement (SPFT) who told the Committee that: -

- The Better by Design programme set out a five year improvement plan for mental health services
- Following consultation on the Better by Design Programme in 2010, hospital beds for adults with mental health problems in West Sussex were reduced by 55 to 162, and community services were enhanced
- Mental health practitioners were introduced in GP surgeries, crisis team hours were increased and new pathways established
- Street triage had recently been introduced in Crawley and Worthing in conjunction with the police, and enabled people to be taken to a place of safety and reduced the numbers going to A & E – the Richmond Fellowship in Horsham had also helped in this respect

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- To improve services for those with dementia, the Memory Assessment Service (MAS) was set-up, dementia crisis teams were introduced and opportunities for integration with social care were explored via Proactive Care
- A four week waiting time target was introduced in 2011 – the current average waiting time for routine appointments for adults was 18 to 22 days for assessment
- A Sussex Recovery College had been introduced to promote self-management of issues and there are two campus sites in West Sussex
- SPFT faced the following challenges: -
  - Staff recruitment in Crawley – recruitment and retention premiums were being investigated
  - Consistent quality and variations in service levels and experience
  - Treating people with increasingly complex needs
  - Access to accommodation , nursing home and residential care to support timely discharge from hospital
  - Pressure on psychiatric intensive care units
  - Length of hospitals stays – problems with accommodation, residential care and nursing homes
  - The homeless and those with drink problems
- Public engagement feedback showed that when SPFT got things right the service was good, but there were still variations in patients' experiences and confusion about what services SPFT provided
- More needed to be done on joining-up physical and mental health needs and preventative services

144. Derek Baker, Capital Project, made the following points on behalf of service users: -

- Services users were keen to have more preventative measures in place and support at home instead of being admitted to hospital
- Once in hospital, people felt that their rights had gone
- Not all people had care plans which meant they didn't get the help they needed
- Demand for the 'Time to Talk' service was high with a waiting time of two to three months between referral and seeing a professional
- Promises to return phone calls were not always kept, which lead to people feeling unimportant
- A&E didn't have time to deal with mental health patients
- There was not enough publicity of recovery colleges
- A pilot scheme in Brighton with community psychiatric nurses working with police had reduced the number of people being sectioned/admitted to hospital by 40%

145. Jonathan Beder, Service Director – North West Sussex (Adult Services) SPFT updated the Committee on the situation at Langley Green hospital, Crawley: -

- Following concerns raised by the Care Quality Commission (CQC) admissions to Langley Green hospital were closed in late December and an independent review undertaken, as a result, five areas for improvement were identified - admissions were later re-opened and another CQC inspection in January found there was nothing that raised concerns
- SPFT was working to sustain improvements for the future and to react to problems arising sooner.

146. Mike Burdett, Healthwatch West Sussex, told the Committee that: -

- Mental health issues were the highest ranking subject that Healthwatch heard about, often relating to quality of care, access, medication and post-discharge care plans
- Healthwatch engagement has included interviewing patients at Langley Green hospital, Healthwatch felt that improvements had been planned but it was too early to know if they have yet been achieved
- Mental health patients felt strongly that they should be involved in developing their own care pathways, but often felt ignored

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

- The Assertive Outreach Team worked with people that did not want help – people might be detained against their will if they were judged to be a risk to themselves or others
- Parity of esteem must be kept at the forefront in development of services
- Housing issues had a large influence on mental health
- Early intervention was key as was patient feedback
- SPFT worked closely with police in custody suites so that its staff could intervene early, otherwise it would have to wait for police to report an arrest before it could act
- SPFT would refer to national guidelines on single/mixed sex wards in relation to Langley Green hospital and consult clinicians on their views – the matter would then be discussed at the Trust's quality summit
- The situation at Langley Green hospital would be monitored monthly
- There was disappointment that local councillors had not been kept informed of events at Langley Green hospital, also delays experienced by those accessing the Time to Talk service, Ms Allen undertook to arrange a member visit to Langley Green. Ms Braysheer undertook to respond on the point about the Time to Talk Service.
- assessments for people diagnosed with dementia before the MAS was introduced were on a different timescale for assessments than those diagnosed with dementia since its inception – Ms Allen undertook to respond on this point outside the meeting
- persons bailed pending a medical report were often held up by difficulties getting that report. SPFT worked very closely with the police and the Police Criminal Justice Liaison Team and undertook to pick up this point outside the meeting.

148. Resolved - That the Committee: -

- i. Identifies that the following issues that were discussed should continue to be addressed, in respect of Adult Mental Health generally, to ensure:
  - provision of a consistent first response to patients to avoid variable service;
  - better support for more complex cases and intensive care provision;
  - continued response to changing demographics;
  - support for services which help to keep people in their own homes;
  - increased provision of 'Time to Talk' service;
  - support for plans for specialist nurses to be available in A&E
- ii. and specifically in relation to Langley Green:
  - better support for recruitment and retention of staff

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- that arrangements are in place to keep patients informed on their own case, particularly when they are in hospital;
  - that individual care plans are in place and understood by all staff; and
  - support for sufficient staff resource to meet demand, particularly in responding to service users phone calls.
- iii. The Committee undertook to include discussion of the points raised on Adult Mental Health at a future Seminar Day which will also focus on Child and Adolescent Mental Health.

(Possible dates for the Seminar are 26 November or 4 December)

- iv. Requests that local members are kept informed of any future performance issues arising at Langley Green hospital, Crawley.

### **Sussex Partnership NHS Foundation Trust – Quality Account and Report 2014/15**

149. The Committee considered the report.

150. Resolved that the Committee:

- i. Notes the process and timeframe for providing feedback on the draft Quality Account/Report between 10 April and 15 May 2015

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

151. The Committee considered the Forward Plan of Key Decisions for April to July (copy appended to the signed minutes)

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

### **Date of Next Meeting**

153. The next scheduled meeting is on 11 June at County Hall, Chichester

The meeting ended at 13.05Chairman.