Health & Adult Social Care Select Committee

21 January 2015 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Bradbury, Mrs Evans (Chairman), Mr Griffiths, Mr Hillier, Ms Kennard, Mrs Rapnik, 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 Dr Mercer (Worthing Borough Council), Cllr Mr Ward (Crawley Borough Council) and Mr Burdett (Healthwatch)

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

Apologies: Mrs Jones and Mr Sheldon (West Sussex County Council), Mrs Field (Cabinet Member for Community and Wellbeing (and Deputy Leader)), Cllr Mr Edwards (Arun District Council), Cllr Mr Hotton (Adur District Council), Cllr Dr Skipp (Horsham District Council)

Absent: Mrs Smith (West Sussex County Council)

Declarations of Interest

96. Mr Griffiths declared a personal interest in respect of Item 5 (Care Act) as a registered carer.

Minutes

97. At the 5 December meeting, the Committee asked for an update on musculoskeletal services and the outcomes of the joint assessment to be provided to today's meeting. Mrs Evans explained that, as contractual negotiations were still underway, no substantive update was available. Depending on when negotiations concluded, and their outcomes, either a special meeting of the Committee could be arranged in February, or the item could come to the next scheduled meeting of the Committee on 12 March.

98. Cllr Dr Mercer requested, and the Committee agreed, that the following bullet point be added to minute 81: 'Members queried the additional costs of re-admissions'

99. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 5 December, with the addition above, be approved as a correct record and that they be signed by the Chairman.

Response to Recommendations

100. The Committee noted the response from NHS Sussex Collaborative to recommendations made by the Committee at its 5 December meeting regarding Stroke Services.

Care Act

101. The Committee considered a report by the Director of Adults' Services and Director of Public Health and Commissioning of Health and Social Care (copy appended to the signed minutes) which was introduced by Amanda Rogers, Director of Adults' Services and Rachel Potts, Senior Commissioning Manager, who gave a presentation (copy appended to the signed minutes) highlighting the following points: -

- There would be little flexibility in the way the Council implemented the Care Act as most aspects were governed by government guidance
- Implementation would take place at a time when the Adults' Services budget was being reduced
- Only two out of 74 pieces of existing relevant legislation would remain
- Implementation of the Act would begin on 1 April, but change would be incremental, so customers would not see an immediate change
- Local authorities would have a duty to promote wellbeing at an individual level in conjunction with communities and partners
- It was estimated that an extra 10,000 needs assessments would have to be carried out in the first year after the Act became law, but that the numbers would level off after that
- The Council was consulting people on the following four proposals: -

    1. Assessments for people with care and support needs to be met within existing arrangements
    2. Carers' assessments to be done by an independent provider with their financial positions considered when deciding on grants or funded support
    3. Advocacy to be delivered through an independent provider
    4. Charging: -
        - People would be able to take deferred payments so that they didn't have to sell their homes in their lifetimes – the Council already offered this
        - Interest would be charged on deferred payments
        - There would be an administration charge for deferred payments
        - The independent advocacy service would be free for the first year, then reviewed
        - People with savings or investments above the national threshold of £23,250 would be charged for arranging services

- There had been 400 responses to the consultation – all would be evaluated by March
- The Council had allocated lead officers to the following six themes: -

    1. Wellbeing, Prevention, Information and Advice – the Council was already working on these
    2. Assessments and meeting social care needs – interim measures would be put in place, and the Council would increase its capacity to meet needs
    3. Charging and Financial Assessments
    4. Provider Failure and Market Shaping – work was under way on this theme
    5. Integration and Cooperation – integration would take place if there was a benefit to residents - the Council was working with the clinical commissioning groups
    6. Safeguarding – Safeguarding Adults Boards would become statutory, the Council already has one - and investigations would become enquiries

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

- The cost of implementing the Act against a backdrop of an 8.5% reduction in budget could be partly offset by money from the government via the Department of Health and Better Care Fund, however, a shortfall of £5m was noted as a risk
- The Council currently carried out 11,000 assessments a year, in the first year of the Act an estimated extra 15,000 assessments would have to be carried out, including 5,000 for carers
- Customer assessments would be carried out by social workers, occupational therapists and possibly multi-disciplinary teams (which could include clinicians); carers' assessments would be carried out by the independent sector, monitored by the Council
- Assessments would be planned to allow time for them to be done well
- Financial targets would not constrain the number of assessments
- The maximum anyone would pay for care was £72k based on the Council's assessed costs of an individual's eligible care needs – if people wanted care valued above that, they would have to pay the extra costs themselves
- Carewise was a system that helped people plan and pay for care
- People born with disabilities would not pay for care, those who acquired a disability would pay a reduced amount (further details on this will be forthcoming from the Department of Health)
- The Council could take legal action if people moved assets to avoid having to pay for care
- Deferred payments took into consideration all those living in a property
- If a person's needs changed, they would be re-assessed
- The Act would allow better early care planning
- The Council would work with the Department of Work and Pensions
- All frontline staff would get two days training relevant to Care Act duties before April, more if they would be involved in safeguarding – all future training would cover Care Act duties
- There would be two training sessions for care home managers and the possibility of e-learning was being explored for those in Public Health
- Staff were already working with Ford prison on prevention, information and advice to prisoners – only a few prisoners were eligible for care support, but plans needed to be in place for those who developed needs – work had already been done nationally by Age UK in this area
- The number of appeals might increase, but the Council was confident that its processes were robust enough to handle this
- The independent chairman of the Safeguarding Adults Board was appointed by a panel of various organisations, including Healthwatch West Sussex
- Based on the latest census and Public Health information, there were around 84,000 carers in West Sussex
- Some of the new statutory duties were very similar to existing non-statutory duties
- A national awareness campaign would be launched to explain Care Act changes to the public
- Work had already been done on integrated care pathways on e.g. therapies and rehabilitation
- The average time a person would stay in a care home has been estimated at two years, but for many it would take 3.5 to 5 years to reach the cap

- Qualified advocates from existing providers would be used till a procurement process for a permanent provider could be organised
- Members queried how much deferred payments were expected to cost the Council in the first year following introduction of the Care Act, and what funding the Council could expect from central government for different aspects of the Care Act – an answer would be circulated to the Committee

103. Resolved - That the Committee:

i. Endorses the steps taken and the plans put in place by the County Council to implement the Care Act from April 2015
ii. Asks that Adults' Services monitors assessments on carers carried out by independent organisations
iii. Asks the Performance & Finance Select Committee to continue to monitor the corporate financial risk to the Council of implementation of the Care Act
iv. Agrees to scrutinise the impact of the Care Act in six to twelve months from April 2015, and to involve Performance & Finance Select Committee in this as appropriate

Pressure on A&E Services

104. The Committee considered a briefing by Coastal West Sussex, Crawley and Horsham & Mid Sussex Clinical Commissioning Groups and the Director of Adults' Services (copy appended to the signed minutes).

105. Amanda Rogers, Director of Adults' Services, told the Committee that the national surge in demand for A&E services over the New Year period had a big impact on the Health and Social Care systems. An informal meeting of the Health & Wellbeing Board had reviewed the effectiveness of local Winter Plans and would be monitoring lessons learned.

106. Dr Katie Armstrong, Chief Executive, Coastal West Sussex Clinical Commissioning Group (CWS) made the following points: -

- A&E could be seen as a barometer for system-wide demand
- Contributing factors to the problems encountered were the ageing population with more complex needs, financial pressures across both the NHS and social care and work force issues – CWS had a Winter Plan that tried to address increased seasonal demand
- The demand was difficult to deal with as hospitals were already very full and there were problems discharging patients
- It was hard to fully staff the holiday period over Christmas and New Year
- CWS had activated its escalation plans and had good cooperation from partner organisations to deal with the problems
- Although the situation was calmer at present, the next few months were normally the busiest of the year

107. Tina Wilmer, Programme Director, Crawley Clinical Commissioning Group and Horsham & Mid Sussex Clinical Commissioning Group (HMSx) told the Committee that: -

- Crawley and HMSx had experienced the same issues as CWS and put extra capacity in place

- Patient flow through hospitals (both acute and community) was a key issue to be addressed
- Crawley and HMSx had worked with social care and the community provider to facilitate discharge from community hospitals which, in turn, allowed patients to be discharged from acute hospitals – learning from this would be used to ensure better cooperative working in the future

108. Rob Haigh, Chief of Medicine, Western Hospitals NHS Foundation Trust (WSHFT) informed the Committee that: -

- The number of attendees at WSHFT A&E departments (Worthing Hospital and St Richard's Hospital, Chichester) wasn't unprecedented, but the case mix of patients made things difficult
- Although developments were in hand, they could not be implemented quickly enough to sufficiently reduce the number of older people coming to A&E
- Overall admittances to A&E this year had risen by 7% with a 15% increase in the number of people aged 85 or over
- Almost 150 acute beds were occupied at one point by older people no longer requiring acute hospital care – at present there were 80 at Worthing and 50 at Chichester who needed access to community care or alternative care settings

109. Michael Wilson, Chief Executive, Surrey & Sussex Healthcare NHS Trust (SaSH) told the Committee that: -

- East Surrey Hospital had seen unprecedented demand, with high occupancy rates and needed more resources such as hospital-based social workers
- Continuing Health Care was not performing well with some patients spending three months in hospital
- There was a lack of residential, nursing and care home places in the north of the county
- The scale of the challenges faced required more resources

110. Matthew Kershaw, Chief Executive Brighton & Sussex University Hospitals NHS Trust (BSUH) informed the Committee that: -

- Comprehensive work had been carried out before Christmas, but BSUH was looking to bring on further capacity to create more flexibility
- The bed occupancy rate has been over 97% since December
- Long-term plans to keep/get people out of hospital might still not be enough to meet demand and therefore work was required on capacity and demand plans
- Primary care, acute care and social care services needed to continue to work together to meet on-going challenges
- The long-term vision for the integration of health and social care and a re-balancing of resources from acute to community was supported, but the scale and pace of change was causing difficulties

111. Jane Mules, Deputy Chief Operating Officer - Adult Services, Sussex Community NHS Trust (SCT) told the Committee that: -

- System-wide escalation plans were not sufficient to meet the levels of demand experienced
- SCT had been on escalation since the start of the year prioritising patient flow and admissions

- Frail patients and family choice have meant that flow has slowed through the community hospitals

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

- Integrated primary care and out of hours services in hospitals as well as the Crawley Urgent Treatment Centre had helped, but did not solve the problem of demand for A&E services
- Several care homes in the north of the county had been closed on quality grounds
- Even with the Out of Hours Service and NHS 111, patients were still confused about where to go for advice – this needed to be made clearer
- SECAmb had seen a large increase in demand – acute hospitals needed to work closely with SECAmb to ensure the best decisions were made for patients e.g. there should be a positive benefit for those taken from nursing homes to hospitals
- The re-development of the Royal Sussex County Hospital included plans to create space to maintain capacity during the work
- BSUH would like an extra 40 sub-acute beds to be available for step-down patients
- WSHFT had instigated three internal patient diverts from Worthing Hospital to St Richard's Hospital, Chichester, over a short period of a few hours only – patients that needed follow-up hospital care were quickly moved back to Worthing
- Healthwatch West Sussex had received roughly equal amounts of good and bad feedback on A&E services, but had concerns over the lack of care home places

113. Resolved - That the Committee:

i. Recognises that all organisations are doing their best to deal with the pressure on A&E services
ii. Asks its Business Planning Group to consider the following possible areas for future scrutiny by the Committee: -
    a) Continuing Health Care
    b) NHS 111
    c) Availability of residential and nursing home places
    d) A&E admissions from residential and nursing homes

GP Out of Hours Service

114. The Committee considered a briefing by Crawley and Horsham & Mid Sussex Clinical Commissioning Groups (copy appended to the signed minutes).

115. Tina Wilmer, Programme Director, Crawley Clinical Commissioning Group and Horsham & Mid Sussex Clinical Commissioning Group, told the Committee that: -

- The first six months with IC24 operating the service were similar to the first six months when Harmoni ran the service – a bedding-in time
- Numbers as well as percentages could be presented in future performance data
- A service development improvement programme was in place and Clinical Commissioning Groups recognised the need to support the Out of Hours Service to improve performance over holiday periods i.e. Christmas and Easter

116. Gemma Smith, Deputy Director of Operations, IC24 reported that: -

- IC24 had based its rotas on call figures it was given, but actual activity in the Coastal West Sussex area was 40% higher than this – extra shifts were introduced but clinicians were not available – activity levels had dropped, but were still above the contracted rate
- Peak demand times were also different than predicted activity levels – at times when clinicians were not on duty
- Urgent cases were at 40%, when 20% was normal
- More home visits were also required

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

- There had been high staff turnover in June because this was when staff that did not want to transfer from Harmoni to IC24 could leave the service
- NHS 111 planned for 500 calls over the Christmas period, but took 800 – this would have had a knock-on effect on the Out of Hours service
- IC24 monitors the quality of services and patient outcomes, with performance reporting covering customer feedback - 80% to 90% rated the service as good
- The first 10 calls that clinicians dealt with were audited and fed back to the Clinical Commissioning Groups
- IC24 had increased rota hours, including overnight, and home visits
- IC24 regularly met with A&E departments and were alerted to high levels of activity by NHS 111, allowing it to increase triage staff as required
- A lot of time had been spent working with NHS 111 on winter resilience

118. Resolved - That the Committee:

i. Requests that more flexibility be built into the service
ii. Asks IC24 to provide an update to the Committee's Business Planning Group in July 2015

Proposals to change primary care services in Crawley

119. The Committee considered a briefing by Crawley Clinical Commissioning Group and NHS England (Surrey and Sussex) (copy appended to the signed minutes) regarding services currently provided at Crawley Health Centre, which was introduced by Shelley Eugene, GP Contract Manager, Surrey and Sussex Area Team, who told the Committee that the area team had spoken to individual local councillors and county local committees about the proposed changes. The Committee also considered a briefing by NHS England (Surrey and Sussex) concerning Saxonbrook Medical Practice's proposal to move its Northgate Surgery to Cross Keys House.

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

- There was some concern over transport and access issues if Saxonbrook Medical Practice moved its Northgate Surgery to Cross Keys House, which should be discussed by the Clinical Commissioning Group and NHS England with Crawley Borough Council
- Patients would still be able to access a surgery within two miles of the current location of Northgate Surgery

121. Resolved - That the Committee:

i. Agrees, with the exception of Councillor Ward, that the proposed service changes to both Crawley Health Centre and Northgate Branch Surgery do not constitute substantial variations in service, as services will continue to be provided locally
ii. Asks that there is engagement with local councillors (County and Borough) on changes to both Crawley Health Centre and Northgate Branch Surgery, including through the county local committees as appropriate
iii. Asks the Committee Members from Crawley (Mrs Smith and Mr Ward) to monitor both processes, and feedback any issues of concern to the committee's Business Planning Group
iv. Requests that scrutiny of the strategic issue of countywide access to primary care should be included in the committee's work programme for 2015/16

Business Planning Group Report

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

123. Resolved – That the Committee: -

i. Endorses the contents of the report and the Committee's Work Programme.

Forward Plan of Key Decisions

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

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

Date of Next Meeting

126. The next scheduled meeting is on 12 March at County Hall, Chichester

The meeting ended at 13.31

Chairman.