

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

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

12 June 2014 – 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, 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 Mr Burgess (Crawley Borough Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Edwards (Arun District Council), Cllr Dr Skipp (Horsham District Council) and Mr Burdett (Healthwatch)

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

**Apologies:** Mrs Field (Cabinet Member for Community Wellbeing and Deputy Leader)

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

1. The Committee noted the appointment of Mr Sheldon to the Committee, approved Mr Hillier as liaison member for the South East Coast Ambulance Service NHS Foundation Trust and agreed to keep the existing Business Planning Group membership of Mrs Evans (Chairman), Mr Griffiths, Ms Kennard, Mrs Rapnik and Dr Walsh.

### **Minutes**

2. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 13 March, be approved as a correct record and that they be signed by the Chairman.

### **Urgent Matters**

3. Mrs Evans and Dr Walsh raised concerns over the closure of beds at Bognor Regis War Memorial Hospital and Salvington Lodge, Worthing, by Sussex Community NHS Trust (SCT).

4. Marie Dodd, Chief Operating Officer Coastal West Sussex Clinical Commissioning Group (CWS CCG) told the Committee that: -

- Extra beds that had been brought in to cover Winter pressure had been kept into May
- Due to problems finding enough staff (including from agencies) especially over the May holiday period, coupled with sickness, SCT had to act quickly on safety grounds and close beds
- Recruitment to a service that was already running over capacity would take time
- Quality of service and capacity in the system was maintained with help from partners

5. Richard Curtin, Chief Operating Officer SCT told the Committee that: -

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- SCT was working with CWS CCG and Western Sussex Hospitals NHS Foundation Trust (WSHT) on a multi-agency resilience plan to resolve issues, but it was thought it would take three to six months to recruit the necessary nursing staff in order to re-open the beds
6. Jane Farrell, Deputy Chief Executive WSHT told the Committee that: -
- The impact on St Richard's Hospital (Chichester) and Worthing Hospital was due to the suddenness of the decision at a time when there were unprecedented levels of emergency admissions, especially of the frail elderly
  - Better forecasting was required along with better engagement between partners to mitigate risks
  - The situation was improving with WSHT working well with social services
7. Summary of comments from witnesses and responses to Members' questions:
- If WSHT had been told earlier of SCT's staffing problems it could have managed risk better, as it was, WSHT had to run at unsafe levels
  - SCT was delivering a national and international recruitment programme to recruit staff to reduce reliance on agencies and improve its overall resilience, but the cost of living on the coastal strip meant recruitment was difficult
  - SCT used a variety of ways to advertise vacancies e.g. radio, banners and to retired nurses, and was looking for a system-wide solution
  - The public (and staff) needed to be told what was happening and why
  - Recruitment problems need to be raised at a national level
  - WSHT had less vacancies and used less agency staff than SCT, so might help when needed
8. Resolved – That the the Committee would like to see: -
- i. Better communications to the public and partners
  - ii. An update report to the Committee's Business Planning Group in September

## **Responses to Recommendations**

9. The Committee considered responses from
- a) The West Sussex Clinical Commissioning Groups to recommendations agreed at the meeting on 13 March 2014 regarding the Stroke Services Review
  - b) Surrey and Sussex Healthcare NHS Trust to recommendations agreed at the meeting on 13 March 2014 regarding the Stroke Services Review
  - c) Horsham & Mid Sussex Clinical Commissioning Group and Crawley Clinical Commissioning Group to recommendations made at the 2 October 2013 and repeated at the 13 March 2014 meetings regarding the Memory Assessment Service. And to the recommendations made at the 13 March meeting on Access to Primary Care and Proactive Care

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- d) Cabinet Member for Adult Social Care & Health to recommendations agreed at the meeting on 13 March 2014 regarding Proactive Care
- e) NHS England to recommendations agreed at the meeting on 13 March 2014 regarding Primary Care Services

10. Resolved – That the Committee notes the responses

### **Review of NHS 111 and Ambulance Service Performance**

11. The Committee considered a report by the South East Coast Ambulance Service NHS Foundation Trust (SECAMB) (copy appended to the signed minutes) which was introduced by James Pavey, Senior Operations Manager Brighton and Rother Operational Dispatch Area, who told the Committee that: -

- On average there were just fifteen Red 1 (cardiac arrest) calls per day across the whole SECAMB area (which covers Kent, Medway, Surrey and Sussex)
- SECAMB had the highest number of 'Hear and Treat' calls in England and the highest number of patients treated at the scene - it was hard to do more due to clinical risks
- SECAMB was working with acute hospital trusts over the problem of handover times, as this had an impact on ambulance performance and was a significant challenge
- SECAMB was working with its commissioners on a capacity review in order to understand how best to meet demand, which had increased and changed significantly over the past twelve months
- NHS 111 had improved overall, but there was still work to do and room for improvement

12. Summary of comments from witnesses and responses to Members' questions:

- Community First Responders were being used to improve response time in the rural areas of Chichester District and would be included in the capacity review
- The use of public access defibrillators was being explored, particularly in rural areas
- Handover delays were particularly challenging at the Royal Sussex County Hospital (RSCH) Brighton. SECAMB has responded to this through a process of "cohorting", whereby CAMB staff look after patients in A&E to reduce ambulance queuing –  
**ACTION:** Liaison members to monitor the effect of handover delays on performance
- Hospitals were fined for delayed handovers (£200 for 30 minute delays, £1,000 for 60 minute delays) – the Urgent Care Board decided where the money from fines would be spent
- SECAMB used data in a sophisticated way to aid planning, but in the last year demand for ambulances had changed seeing an increase on Saturdays, Sundays and weekday evenings – if this trend continued, resources would need to be refocused
- SECAMB's Hazardous Area Response Team (HART) only responded to other emergency calls at peak times

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- Whilst most feedback was positive, complaints were investigated and complainants visited so that lessons could be learned –  
**ACTION:** Liaison members to monitor patient experience
- NHS 111 used the same triage system as 999 and calls were transferred to clinicians when more expertise was required
- A Healthwatch survey found that 20% of patients did not know about NHS 111 – this should improve as the system became more well known
- GPs calling NHS 111 were asked different questions than members of the public - SECAMB was helping GPs understand the system and the impacts of misuse
- NHS 111 had problems contacting GP Out Of Hours providers –  
**ACTION:** This issue to be looked at by the Committee's Business Planning Group

13. Resolved – That the Committee: -

- i. Asks its acute hospital and ambulance service liaison members to discuss handover issues at their forthcoming meetings and report back to the Business Planning Group
- ii. Requests an update on handover performance and recruitment of community first responders to its 2 October meeting
- iii. Asks its Business Planning Group to look into how local authorities can help extend the use of public access defibrillators

### **Brighton & Sussex University Hospitals NHS Trust Reconfiguration of Clinical Services**

14. The Committee considered a report by the Programme Director for Major Trauma, Brighton & Sussex University Hospitals NHS Trust (BSUH) (copy appended to the signed minutes) which was introduced by Nikki Luffingham, Chief Operating Officer BSUH who told the Committee that: -

- Some patients were treated at the Royal Sussex County Hospital (RSCH) in Brighton then transferred to the Princess Royal Hospital (PRH) in Haywards Heath, other patients were immediately sent to London. To be fully compliant with the requirements of being a Major Trauma Centre, RSCH needed services on site, but lack of space meant that some services would be at PRH
- Clinicians and the clinical commissioning groups (CCGs) had been involved in developing the proposals and staff had been consulted – changes had to be implemented by October 2014

15. Simon Maurice, Programme Director for Major Trauma BSUH, added that only 228 patients would now be treated at PRH instead of RSCH for fractured neck of femur, and that there was a free bus service for patients between the two sites

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

- Initial and follow-up appointments would be as near to patients' homes as possible
- The overall building programme at RSCH was on schedule, and any further reconfiguration of services would only take place once work was complete
- BSUH was discussing the possibility of a Park & Ride scheme for RSCH staff
- The detailed plan for moving services took account of IT requirements

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- The timescale for completion of the move was one reason why no formal public consultation was taking place, although stakeholders were being kept informed
- The Sussex Orthopaedic Centre at PRH is provided by BSUH and is for a specific group of patients with complex needs – this group would continue to be treated at PRH

17. Resolved - That the Committee: -

- i. Agrees that Brighton & Sussex University Hospitals NHS Trust's proposals for the reconfiguration of clinical services do not constitute a substantial change in service, and do not require further scrutiny by the Committee
- ii. Endorses Brighton & Sussex University Hospitals NHS Trust's proposals for the reconfiguration of clinical services and
- iii. Agrees that Brighton & Sussex University Hospitals NHS Trust should be invited to report back to the Committee's Business Planning Group approximately one year after the service change is implemented, providing an update on the impact on patient outcomes and experience
- iv. Asks that Brighton & Sussex University Hospitals NHS Trust communicates its plans for reconfiguration clearly to people living in the affected areas

### **Vascular Services Update**

18. The Committee considered a report by Brighton & Sussex University Hospitals NHS Trust (BSUH) (copy appended to the signed minutes) which was introduced by Nikki Luffingham, Chief Operating Officer BSUH who told the Committee that: -

- The Royal Sussex County Hospital (RSCH) Brighton would be the hub for vascular services across Sussex, with spokes providing pre- and post-care
- The model of care would follow NHS England guidelines and involve specialist nurses – chief executives would be kept informed of developments
- There was still work to do on the centralisation of contracts
- Consultants would work across all hospitals
- Minor surgery could be carried out in hospitals other than RSCH
- Abdominal Aortic Aneurism screening was run by NHS England – problems with imaging meant longer waiting times for treatment

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

- All spokes would have arteriography
- Specialist staff would be recruited to the same job/person specification at all hospitals and standards would be monitored to ensure a consistent service
- Patients that previously went to St George's Hospital, London, might now be treated at East Surrey Hospital, Redhill
- Vascular services were already provided on a 24/7 basis and would now have a more flexible resource behind them covering emergency and elective surgery

20. Resolved – That the Committee welcomes the update and is content with the implementation and performance of the Sussex Vascular Service

### **Musculoskeletal Services**

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21. The Committee considered reports by Coastal West Sussex Clinical Commissioning Group (CWS CCG), Crawley Clinical Commissioning Group (C CCG) and Horsham & Mid Sussex Clinical Commissioning Group (copies appended to the signed minutes). The item was introduced by Su Stone, Chief Operating Officer CWS CCG, Kate Parkin, Associate Director Sussex Collaborative Delivery Team and Karen Eastman, GP Clinical Lead Musculoskeletal (MSK) HMS CCG.

22. Su Stone spoke about the service in the CWS CCG area: -

- The CCG would choose the provider for its area in September with launch being January 2015
- Patients had been involved throughout the process
- The new model would involve multi-agency teams allowing patients to see several specialists during one appointment
- Patients would have copies of their records to take to appointments

23. Kate Parkin spoke about the service in the Crawley and Horsham and Mid Sussex CCG areas: -

- Changes to the delivery of MSK services were intended to provide quality integrated care
- Consultation had taken place on the proposals which were clinically-led and evidence-based
- Patients and the clinical commissioning groups had been involved in the procurement process
- The selected bidder was Sussex MSK Partnership
- The service would commence in October
- There should not be any significant impact on social care

24. Karen Eastman added: -

- The focus would be on patients seeing the right person at the right place first time and getting quality outcomes
- Clinical pathways would be supported by GPs
- Patients would see their medical records, be able to seek advice and have a say in the treatment they received

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

- Triaging patients to the right place sooner should improve their pain management
- IT systems would be tested for security before launch

26. Resolved – That the Committee: -

- i. Welcomes the commitment to improving patient outcomes and experience to be delivered through the new service models
- ii. Is reassured that a consistent service will be available to all patients across the county, and that key NHS organisations are working together to ensure health and social care system sustainability
- iii. Agrees that clinical commissioning groups should be invited to report back to the Committee's Business Planning Group approximately one year after

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implementation of the new service models, providing an update on the impact on patient outcomes and experience

### **Short Breaks Services for Children with Complex Needs and Disabilities Task Force Recommendations**

27. The Committee considered a report by the Chairman of the Short Breaks Services for Children with Complex Needs and Disabilities Task Force (copy appended to the signed minutes).

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

- NHS Estates had been contacted over the disposal of Holly Lodge, on the site of Queen Elizabeth II School, Horsham, which was wanted by the school, and would be contacted again – **ACTION:** Aaron Gain, Principal Manager Children & Families - Partner Public Health & Commissioning Health & Social Care to request a latest position statement from NHS PS and to circulate to the Committee
- A meeting had taken place between parents and Dr Tim Fooks, Lead Clinician, Coastal West Sussex CCG, and another was planned for September
- Social services were not aware of problems with payments to taxi companies, but would meet with affected parents to discuss the issue

29. Officers were invited to address concerns raised in the Task Force report: -

30. **Capacity at Chestnut Tree House** – Aaron Gain, Principal Manager Children & Families - Partner Public Health & Commissioning Health & Social Care:

- There was currently sufficient capacity at Chestnut Tree House, which could offer up to 500 nights respite to children who formerly used the Cherries, but specific nights could not be guaranteed
- The staff rota was being monitored this year and would be finalised in 2015

31. **Specialist support at Cissbury Lodge, Worthing** – Jon Philpot, Principal Manager (Specialist & Disability Services):

- A specialist nurse was in place at Cissbury Lodge and staff were being trained in the needs of the children who used the Cherries

32. **Transport arrangements** - Debbie Buckwell, Strategic Commissioning Manager for Children with Special Needs and Disabilities:

- Care plans would be added to the compliance check-list for escorts by the Council's Principal School Transport Officer, so all were aware of them
- Escort/taxi driver training was being reviewed and would cover care/medical plans
- Further information was being sought on an individual case

33. **Difficulty in identifying suitable fostering placements** - Jon Philpot:

- Foster placements were requested for four children who had formerly used the Cherries in Chichester: one was now going ahead, another was waiting on a special bed and equipment, a third child might use a mixture of stays at

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Cissbury Lodge and foster placement, and adaptations/equipment were required for the fourth placement to be possible

- In each instance, the placements would have to be funded as though they were full time, even if used for short stays only, as they would not be suitable for other children

34. **Lack of suitable activities and facilities in the Chichester area** - Debbie Buckwell:

- The Parents and Carers' Support Organisation (PACSO) provided play activities for disabled children and had just relocated to Fordwater School, Chichester, from The Venue, Chichester
- The swimming pool at Fordwater School might become available for use by non-pupils in school holidays
- There were plans for an event at Butlins, Bognor Regis, for children with complex needs – this would be for invited children only

35. **Availability of support for parents (through community nursing service)** - Aaron Gain:

- Support from community nurses was being extended to from 8am to 6pm for parents of all children and this might be extended further in the autumn

36. Resolved – That the Committee: -

- i. Endorses the Task Force conclusions
- ii. Requests further updates on the issues raised by the Task Force
- iii. Requests that parents are kept informed of all developments
- iv. Agrees that the Chairman writes to NHS Estates over the delay in disposing of Holly Lodge, Horsham and the Cherries, Chichester
- v. Agrees that a copy of the Task Force report be forwarded to the NHS Clinical Commissioning Groups and the County Council's Cabinet Member for Children – Start of Life, and that they be invited to note the Task Force's findings and conclusions

### **Business Planning Group Report**

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

38. Dr Walsh reported that a meeting regarding the plans for a new health facility in Littlehampton had been cancelled and was assured by Noah Curthoys, Chief of Corporate Affairs, Coastal West Sussex CCG that it would be rescheduled as soon as possible.

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

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

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

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41. Members of the Committee representing Arun, Chichester and Horsham District Councils raised questions regarding the re-procurement of telecare services within West Sussex. They suggested that there was possible duplication of, or conflict with, telecare services provided by district/borough councils. It was agreed that this matter should be taken up with the Director of Public Health, Commissioner for Health & Social Care outside of the meeting.

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

**Date of Next Meeting**

43. The next scheduled meeting is on 2 October at County Hall, Chichester

The meeting ended at 13.41

Chairman.