

Health & Adult Social Care Select Committee

23 January 2013 – At a meeting of the Committee held at 10.30 a.m. at County Hall North, Horsham.

Present: Mr Blampied, Mr Bradbury, Mr R Dunn, Mrs Jupp, Mrs Knight, Mr Sheldon, Mrs Smith, Mrs Whitehead (Chairman) and Mr Wilkinson (West Sussex County Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mrs Hamblin (Adur District Council), Cllr Dr Skipp, (Horsham District Council) Cllr Mrs Turner (Worthing Borough Council) and Miss Smith (Local Involvement Network).

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adults' Services), Louise Goldsmith (Leader, West Sussex County Council).

Apologies for absence were received from Mrs Bennett, Dr Bloom, Mr Cherry, Mr Dunn, Mrs Mills, Mr Tyler, Dr Walsh (West Sussex County Council), Cllr Mrs Jones (Mid Sussex District Council) and Cllr Mr Wilde (Arun District Council)

Chairman's Announcement

94. On behalf of the Committee, the Chairman welcomed its new member, Mrs Smith, and thanked Mrs Richards, who had left the Committee, for her work on both the former Adults' Services Select Committee and the Health and Adult Social Care Select Committee.

Declarations of Interest

95. No recordable interests were declared.

Minutes

96. The Committee agreed that the third bullet point of minute 82 be amended to read 'Families felt that Chestnut Tree House was being endorsed at the expense of the Cherries'

97. Councillor Burgess informed the Committee that the decision to relocate Northgate Surgery was to be reconsidered by NHS Sussex.

98. The Chairman reported that the answer to the Committee's question, 'What steps has Western Sussex Hospitals NHS Trust taken to ensure that communication between staff especially junior hospital doctors and patients has improved?' had been circulated to the Committee by email on 21 January.

99. Resolved - That the minutes of the Health & Adult Social Care Select Committee meeting held on 15 November, be approved as a correct record and that they be signed by the Chairman.

Surrey and Sussex Healthcare NHS Trust

100. The Committee considered a presentation by Surrey & Sussex Healthcare NHS Trust (SaSH), briefing notes from Crawley and Horsham & Mid Sussex Clinical Commissioning Groups (CCGs) and West Sussex County Council Adults' Services

and a report by the Local Involvement Network (LINK) (copies appended to the signed minutes).

101. The SaSH presentation was introduced by Michael Wilson, Chief Executive, who told the Committee:

- East Surrey Hospital's (ESH) strategic importance had grown over the years with the nearest hospital with a full Accident & Emergency (A&E) department being in Brighton
- ESH was the busiest single site hospital in the south with: -
 - 95 to 100 ambulance arrivals a day
 - 27,000 to 28,000 children receiving emergency treatment each year
 - just under 5,000 babies delivered a year in the largest single site maternity unit in Sussex
- The catchment population for ESH was between 420,000 and 460,000
- The average age of all patients was 84 to 85
- Services provided at ESH had been agreed with the CCGs
- £50m in capital had been acquired from the Strategic Health Authority for the redesign of ESH
- Improvements to the ESH site included: -
 - A new modular ward with single sex bays, showers, free TV, phone and Internet - this did not increase capacity, but prevented patients from being kept in corridors
 - A new paediatric A&E and the main A & E ward increased from 14 bays to 50
 - A new day surgery
 - Plans for a new radiotherapy unit (jointly with the Royal Surrey Hospital) that will have two linear accelerators
 - A new post graduate centre, trebling the number graduates that could come to the hospital
- SaSH had planning permission for four new theatres
- ESH might be able to offer chemotherapy in GP surgeries, peoples' homes or via backpacks
- 28 consultants had joined the staff at ESH in the last two years helping develop a cultural change within the hospital
- SaSH had been the worst performing Trust in the country, but was improving, although there were still issues around A&E in line with a national increase in A&E admissions
- SaSH showed substantial improvements in the 2012 national patient survey compared to the 2011 survey and had also improved its results in the national staff survey
- SaSH was working closely with the CCGs and social care to improve services and performance
- Services, especially for the frail elderly, had been modernised – but more work needed to be done, particularly to ensure fewer frail elderly were admitted to, and treated in, hospital
- 80 beds were currently being used for patients that didn't need acute care
- Long-term funding for continuing health care was a problem
- SaSH was funding geriatricians with its CCG's to work in nursing homes
- SaSH had become a designated trauma unit
- Pathology services at ESH needed to modernise
- It was hoped that there would be a satellite national respiratory centre at ESH
- SaSH intended to obtain Foundation Trust status in 2014
- SaSH was financially balanced for the first time

102. Sue Braysher, Crawley and Horsham & Mid Sussex CCGs told the Committee

- Although Crawley CCG was the lead commissioner for SaSH, all CCGs in the area had an equal voice
- The CCGs had monthly monitoring meetings with SaSH and welcomed the improvements made over the last 12 to 18 months but had concerns relating to (and was reviewing):
 - Sustainability of the improvements
 - Winter pressures (including response to norovirus)
 - Performance of stroke services
 - Affordability and achieving Foundation Trust status

103. Sarah Eggleton, Sussex Community NHS Trust (SCT), told the Committee that SCT had seen significant improvements in services provided by SaSH, that it is working in close partnership with SaSH and welcomed the overall direction of travel

104. Tony Reynolds, LINK, told the Committee that the results of its 'Enter and View' report were generally positive (e.g. patients' comments)

105. Amanda Rogers, West Sussex County Council Adults' Services, told the Committee that: -

- Multi-disciplinary teams were on a positive trajectory working better than ever
- A challenge for the whole health and social care system is the availability of care in people's own homes and in care homes (enabling timely discharge from hospital) – although there is adequate provision for people who are entitled to adult social care funding (e.g. through the Shaw Homes contract)

106. Mr Nick Skellett, Chairman of Surrey Health Scrutiny Committee commented that the improvements made by SaSH were welcome, but there were concerns as to whether they could be sustained, given the financial challenges faced by the NHS.

107. Summary of Members' questions, comments and answers provided:

- SaSH expected the improvements to be sustainable because they were based on a cultural shift to do things differently
- The Committee welcomed the improvements at ESH, especially in patient experience and clinical outcomes but was concerned at the rate of A&E admissions and the number of these conveyed by ambulance
- SaSH would integrate services for the frail elderly with social care and community services through Proactive Care involving multi-disciplinary teams
- The CCGs were about to begin working on commissioning intentions for Horsham Hospital
- SaSH was funding geriatricians to work in nursing homes for one year – the cost would be offset by reduced admissions to ESH – Social Services, SCT and South East Coast Ambulance Service NHS Foundation Trust (SECAmb) were also working with care homes to reduce admissions to hospitals
- SCT was working with SaSH and Coastal West Sussex CCG to help keep people out of hospital by treating them at, or close to, home – telehealth could also help in this area
- There was a lot of work going on within the health system to reduce emergency admissions – SaSH had agreed with SECAmb that there would be a paramedic

post at ESH, there were eight A&E co-ordinators and more doctors managing A&E at ESH

- Paramedics were trained to decide where ambulances should take patients
- Geography was a large factor in the high number of emergency admissions to ESH – few people arrived who did not need emergency treatment
- The new NHS 111 system should help filter calls and reduce emergency admissions
- GPs referred patients to the Urgent Treatment Centre at Crawley instead of A&E at ESH
- SaSH was working with Empathica to get patients' views that would show trends by ward, but more work was needed to change people's perception of patient experience at ESH
- The Patient Transport contract needed to be renegotiated so that it was better for patients
- Reduced capacity achieved by transferring patients that did not require acute care should lead to more choice for patients over discharge times
- Investment had led to ESH being better staffed than ever before with few vacancies
- More training was needed for hospital staff to recognise the needs of patients with dementia

108. Resolved – That the Committee welcomes the improvements made at East Surrey Hospital and particularly the impact on patient experience, and that the Committee should:

- i. Monitor the impact of the new NHS 111 service on reducing avoidable A&E admissions
- ii. Ask South East Coast Ambulance Service NHS Foundation Trust for further information on the high rate of ambulance conveyances to East Surrey Hospital
- iii. Review the impact of the Proactive Care programme, particularly in terms of measures to keep the frail elderly out of hospital
- iv. Ask the Clinical Commissioning Groups to keep the Committee updated on plans for the future of Crawley and Horsham Community Hospitals
- v. Review End of Life Care, including provision in nursing homes, as part of its work programme for 2013-14
- vi. Review service provision by Surrey & Sussex Healthcare NHS Trust in conjunction with Surrey Health Scrutiny Committee, through an informal meeting (at a date to be confirmed), with any concerns raised being reported back to the Committee

Foundation Trust Application – Sussex Community NHS Trust

109. The Committee considered a letter from Sussex Community NHS Trust (copy appended to the signed minutes) requesting support for its application for Foundation Trust status, and a draft response from the Chairman of the Committee (copy appended to the signed minutes).

110. The following paragraph was added to the draft response – ‘We are reasonably happy to give our approval to your application for FT status provided we receive the assurances set out in the bullet points above.’

111. Resolved – That the Committee agrees the amended draft response to Sussex Community NHS Trust’s request for support for its application for Foundation Trust status.

Total Performance Monitor to 30 November 2012

112. The Committee considered a report by the Executive Director Finance & Performance, Executive Director Health & Social Care, Director of Adults’ Services and Director of Public Health (copy appended to the signed minutes). The report was introduced by Chris Salt, Finance and Performance, who highlighted the following points: -

- During the early autumn, the Adults’ Services budget was showing a possible underspend of about £2.5m for 2012/13 due to one-off reasons such as lower customer numbers than expected in the first half of the year and early delivery of some savings e.g. in joint commissioning
- The Cabinet chose to use the underspend for other areas of the Adults’ Services budget meaning that some external funding could be carried over till next year, if necessary.
- The high level breakdown of the Health & Adults’ Services net revenue budget for 2012/13 should be treated with caution as it gave a broad overview, not a detailed view and the underspends and overspends equalled out overall
- The budget and performance measures were all on target

113. Summary of Members’ questions, comments and answers provided:

- The Government has given no indication that councils would receive any more money from NHS Social Care funding after 2014/15. Work had been commissioned to determine how the Council would measure the impact of Proactive Care in reducing admissions to hospitals, moving money from acute hospital trusts into social care
- It was critical to develop best practice early in the transition to integrated health and social care and reduce variability across the county e.g. in reablement care at home
- The Committee requested updates on the implementation of the self-promotion programme and the Telecare/Telehealth programmes – **ACTION:** Sally Moir, Public Health Wellbeing & Safeguarding, and Sam Tearle, Joint Commissioning Unit, to circulate the information to the Committee

114. Resolved – That the Committee monitors the impact of NHS Social Care funding as part of its review of Proactive Care

The County Council Draft Budget and Performance Targets for 2013-16

115. The Committee considered a report by the Director of Finance & Assurance (copy appended to the signed minutes). The report was introduced by Chris Salt, Finance and Performance, who highlighted the following points: -

- Work on detailed figures was continuing e.g. regarding Public Health, due to uncertainty in changes to the local government finance system
- The planned savings of £7.2m were less than expected because no savings were required from Public Health during its transition to the Council, therefore no new savings were proposed
- There was no additional funding to compensate for increased needs and numbers of people in the county as more money was being invested in prevention services such as wellbeing hubs and prevention assessment teams

116. Louise Goldsmith, Leader, said that the Cabinet had listened to comments made by select committees. She added that one of the aims of 'Age with Confidence' was to provide integrated health and social care services.

117. Peter Catchpole, Cabinet Member for Health and Adults' Services, made the following points: -

- The budget was sustainable
- The frail elderly would be aided to live independently or receive appropriate help
- The volatility of the national economy was a big issue, but the Council was in a good position as it had planned early for reductions in funding
- The new arrangements for local government funding would be a key issue
- The Council would ensure that frontline services would be guaranteed their funding

118. Summary of Members' questions, comments and answers provided:

- The Council's contract with Shaw Homes included sufficient capacity even taking into account increasing demand for residential care places – occupancy was about 95% which was the best practical rate
- There was variable residential home capacity in the county with people from outside West Sussex putting pressure on places and prices in the north of the county
- The Council was working with the independent sector on setting fees for residential care which could be related to level of need instead of age, and at the same time ensuring capacity and quality of care for all residents
- Is the target for the diagnosis of people dementia set out in the draft Performance Targets (35%) stretching enough, given that recent data published by the Alzheimer's Society suggested that the rate in West Sussex was already 39%
- The target for dementia diagnosis would be looked at to see if it could be increased – all targets had been checked to ensure they were challenging
- The number of children with special needs coming through the system to transition to Adults' Services was known, and the budget for next year was felt to be sufficient
- A three year strategy was being worked on for people with learning difficulties and there would be money coming to the service from health
- Adults' Services was involved with children before they became 18 to help with the transition from Children's to Adults' Services
- There was a query regarding specific support for voluntary organisations to help prevent isolation and promote independence. **ACTION:** Amanda Rogers, Director Adults Services, to liaise with Judith Wright, Director of Public Health, Wellbeing & Safeguarding, over a response to be circulated to the Committee

- The Joint Commissioning Unit would develop a market position statement so that carers, voluntary organisations and the private sector knew what services the Council required – there would be more investment in the voluntary sector over the next few years

119. Resolved – That the Committee: -

- i. Endorses the County Council Draft Budget for its portfolio areas for 2013/14
- ii. Endorses the Performance Framework objectives, measures and targets for its portfolio areas for 2013/14
- iii. Refers the following issues to the Policy & Resources Select Committee when it considers the Draft Budget and Performance framework on 24 January: -
 - a) Need to ensure young people transferring from Children's to Adults' services receive appropriate support
 - b) Be more stretching in ambitions for the number of people with dementia receiving diagnosis
 - c) Amend to 'Work in partnership with the NHS and others, including the voluntary sector, to deliver integrated health and social care services to the frail and elderly'
 - d) Be more stretching on other targets where possible

Forward Plan of Key Decisions

120. The Committee considered extracts of the Council's Forward Plan February to May (copy appended to the signed minutes).

121. Resolved – That the Committee notes the Forward Plan.

Date of Next Meeting

122. The next scheduled meeting is on 20 February at County Hall, Chichester

The meeting ended at 12.59pm

Chairman.