

Health & Adult Social Care Select Committee

3 October 2013 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Bradbury, Mr Hunt, Mrs Jones, Ms Kennard, Mr Lanzer, Mrs Rapnik, Mrs Smith, Mr Sutcliffe, Dr Walsh and Mrs Whitehead (Chairman) (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mrs Dignum (Chichester District Council), Cllr Dr Skipp (Horsham District Council), Cllr Mrs Turner (Worthing Borough Council) and Mr Liley (Healthwatch)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adults' Services), Mrs Field (Cabinet Member for Community Wellbeing and Deputy Leader) and Mr Tyler (Deputy Cabinet Member for Adults' Services)

Apologies for absence were received from Mr Turner (West Sussex County Council)

Absent: Cllr Mrs Hamblin (Adur District Council)

Chairman's Announcement

37. The Chairman welcomed new members of the Committee, and reported the death of the Vice Chairman, Mr Wilkinson, who died in July.

Committee Membership

38. Resolved – That the Committee approves the co-opted members from Horsham District Council and Mid Sussex District Council.

Declarations of Interest

39. In accordance with the Code of Conduct, the following personal interests were declared: -

- Mrs Brenda Smith in respect of item 5 (Dementia Services) as a member of the Alzheimer's Society and the carer of someone with dementia

Minutes

40. The Chairman reported that,

- Page 7, minute 11, bullet point 1 (NHS 111): Detailed reports on call handling had been circulated to the Committee
- Page 7, minute 11, bullet point 10 (NHS 111): The concern raised was actually about the County Council's contract with Harmoni, who deliver the Adults' Services Out of Hours call service. There had been some technical and capacity issues with Harmoni, but these were being dealt with through the Council's Contract Department

41. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 26 June, be approved as a correct record and that they be signed by the Chairman.

Dementia Services

42. The Committee considered a report by the Head of Public Health & Social Care Commissioning and presentations by the Joint Commissioning Unit, Alzheimer's Society, Carers' Support, and Sussex Partnership NHS Foundation Trust (copies appended to the signed minutes).

43. The Joint Commissioning Unit presentation was given by Tom Insley, Senior Manager, Mental Health Commissioning, West Sussex Joint Commissioning Unit, who made the following points: -

- Greater service integration through good partnership working was needed to listen to and understand patient views
- The Memory Assessment Service (MAS) was responsible for 1,300 new diagnoses, raising the county's dementia diagnosis rate from 32% to 47%, and provided a quality experience for customers and their families with strong clinical input and support from the Alzheimer's Society
- The crisis support service helped keep people out of hospitals and was to be reviewed to plan for the growing demand for its services
- The shared care ward at Princess Royal Hospital provided integrated care – it was hoped that this model could be rolled out to all acute hospitals
- The Care Home In Reach Team worked with the most vulnerable people in their care homes
- Crawley was leading the way in the county becoming dementia friendly with schools, businesses and transport providers being made more aware of the needs of those with dementia
- Whilst there had been a lot of improvements in the last two years, there was still work to do e.g. around in-patient services and more local support
- Work was taking place on a new Dementia Strategy that would lead to services that were customer led – this was a big change from present and would have to be delivered with fewer resources than before

44. The Alzheimer's Society presentation was given by Elisa Vaughan, Locality Manager Sussex, who highlighted the following points: -

- Dementia Services have increased and improved significantly across West Sussex in recent years
- Four dementia advisers and four support workers from the Alzheimer's Society (AS) was part of the MAS team which had seen over 1,600 people, sign-posting them to relevant services
- The MAS is an excellent service, which represents the NHS at its best
- Other AS services included: -
 - Carers' Information Support programmes running in most towns and villages
 - A Service User Involvement Officer working with hard to reach communities
 - Countywide advocacy workers for those in the latter stages of dementia
 - Service user review panels in Worthing and Crawley (and one planned for Mid Sussex)

45. The Carers' Support presentation was given by Jennie Musgrove, Chief Executive, who highlighted the following points: -

- Carers' Support (CS) worked with those with mild dementia by providing services that included: -
 - support for daily tasks
 - workshops that complemented other services
 - emotional support
 - funding for equipment
 - respite in people's home in conjunction with Crossroads
- CS had a single phone number for all customer queries
- People could be referred to CS by the MAS
- 20% of people that used CS were carers of those with dementia
- All communities needed to be dementia friendly
- There are still some issues around ensuring GPs refer patients and their families/carers to the Carers' Support Service
- Carers' experience is often one of loneliness and isolation, and more still needs to be done to support carers

46. The Sussex Partnership NHS Foundation Trust presentation was given by Dr Gerard Bagley (Consultant Psychiatrist), who highlighted the following points: -

- Pre-diagnosis counselling explained the process to patients and carers
- Diagnostic tests were assessments of people's condition
- Follow-up tests were offered after CT/MRI scans
- The Management Plan was reviewed regularly

47. Summary of responses to Members' questions and comments:

- Work on the new Dementia Strategy was being led by Directorate of Health and Social Care Commissioning with input from joint Commissioning Unit and should be completed in February 2014
- The new Dementia Strategy would have a section on the need for extra care housing and sheltered housing for those with dementia and no family
- Local forums, GP practices and libraries were among ways to reach the socially isolated
- Closer working with community hospitals and Neighbourhood Watch schemes was planned
- There were three teams in ten locations in Crawley, Horsham, Worthing and Chichester providing dementia diagnoses – all locations had CT/MRI scanners with a more specialised MRI scanner available in Brighton. The waiting time for the services was three to four weeks
- CS operated countywide from a range of locations and could be contacted by anyone by phone
- People that had been diagnosed before the introduction of the MAS could be helped by
 - Dementia forums that brought together third sector organisations and public services - these would be very localised, which should help them reach the socially isolated and hard to reach
 - Crawley and Horsham & Mid Sussex Clinical Commissioning Groups had provided funding for admiral nurses to work with this group of people in the north of the county

- GPs, the Joint Implementation Group and the Carer Health Team in Sussex Community NHS Trust could also help
- The AS had a helpline that people could call to speak to dementia advisers about getting a diagnosis or support after diagnosis, as well as a number of small clubs around the county that offered support
- Work was under way to encourage those recently diagnosed with dementia to arrange power of attorney
- The Council only had one dementia care home – most were run by the independent sector with each home setting its own charges. However, the Council always tried to get the best service at the best price for its customers

48. In conclusion, the Committee welcomed the significant improvements to dementia services in recent years and acknowledged the good work already done and thanked those involved. The Committee recognised that there were challenges to be met in ensuring that people with dementia and their carers have access to the right support and services.

49. Resolved – That the Committee: -

- i. Welcomes the Memory Assessment Service, but asks that commissioners and service providers look to extend this service to people with an existing diagnosis
- ii. Suggests that the Council's Task & Finish Group on Carers should look at the support for carers of people with dementia
- iii. Wishes to review the new Dementia Strategy early in 2014

A&E Services for West Sussex Residents

50. The Committee considered reports and presentations by Western Sussex Hospitals NHS Foundation Trust (WSHT), Brighton and Sussex University Hospitals NHS Trust (BSUH), Surrey and Sussex Healthcare NHS Trust (SaSH), South East Coast Ambulance Foundation Trust (SECAmb), Horsham and Mid Sussex Clinical Commissioning Group (HMS CCG), Crawley Clinical Commissioning Group (CCCG) and Coastal West Sussex Clinical Commissioning Group (CWS CCG) (copies appended to the signed minutes).

51. Dr Rob Haigh, Chief of Medicine (WSHT) gave a presentation and made the following points: -

- WSHT's 'Friends and Family' A&E scores were higher than the regional and national average
- WSHT's four hour performance figures were the best in region and in the top ten nationally
- Although there had been an overall fall in the number of A&E admissions since 2010/11, the age profile of those admitted had risen
- Winter pressure began in September and due to past good performance, WSHT would not receive funding to help with this pressure this year, which would impact on sustaining high performance levels
- Good partnership working between health and social care would be key to relieving winter pressures
- Delays in the transfer of patients out of Worthing Hospital meant that one weekend, some ambulances had to be diverted to St Richard's Hospital (Chichester)

52. Dr Julian Webb, Lead Clinician and Consultant (SaSH) began a presentation and made the following points: -

- The increase in the number of consultants, middle grade staff and nurses meant that A&E performance had improved with the four hour target being met in all but one incident in the past 18 months
- More staff would be employed and all would be matched to need
- East Surrey Hospital (ESH) attained Trauma Status in November 2012
- SaSH had received good feedback from the Care Quality Commission, Staff Survey and the General Medical Council Deanery
- There was still room for improvement in ambulance handover times, psychiatric, physiotherapy and occupational therapy services

53. Paul Bostock, Chief Operating Officer (SaSH) continued the presentation and made the following points: -

- Performance target figures were reported daily, weekly, monthly and quarterly
- Figures for April were below target due to winter pressures and the introduction of the NHS 111 system, but the target for the relevant quarter was achieved and had been sustained
- Delayed transfers were a problem – looking forward, partnership working and extra community beds should help deal with surges in demand – the location of a social services team at ESH would help with this
- Out of 100 patients on average who arrive at ESH A&E by ambulance, 40 were not admitted into the main hospital but were discharged following assessment and treatment within A&E

54. Nikki Luffingham, Chief Operating Officer (BSUH) introduced the BSUH report telling the Committee that: -

- 33% of BSUH's A&E activity took place at Princess Royal Hospital (PRH), Haywards Heath, the rest at Royal Sussex County Hospital (RSCH), Brighton
- 25% of all admissions were paediatric
- 150 admissions a day were possible
- RSCH became a Major Trauma Centre in August
- Since the Emergency Care Intensive Support Team visited RSCH and PRH, BSUH had introduced five work streams to reduce the time patients waited for beds and the time they spent in hospital

55. Anouska Adamson-Parks, NHS 111 Programme Director (SECAMB) introduced the SECAMB report informing the Committee that: -

- SECAMB agreed to a 5% uplift in cases, but the increase has actually been 8%, making it difficult for ambulances to meet timescales, although average response times were not bad
- Work was underway to improve ambulance hand over times at A&E departments
- Paramedics were helping to reduce conveyance rates and by using IBIS, a system which allowed community nursing teams to provide the ambulance service with care plans and soft intelligence, to help reduce conveyances to hospital and subsequent admissions.

56. Tina Wilmer, Programme Director Urgent Care (HMS CCG and CCCG) introduced the HMS CCG and CCCG reports and highlighted the following points: -

- HMS CCG and CCCG recognised the difficulties for SaSH dealing with patients from two counties and tried to have a consistent approach
- HMS CCG had set up an Urgent Care Task Force that worked collaboratively with stakeholders in the Mid Sussex area and support the Urgent Care Board around BSUH. CCCG has a similar arrangement (the Local Transformation Board) for the SASH health economy.
- CCGs ensured surge and escalation planning is undertaken to allow providers to deal with increased pressure whatever time of year it occurred and commission appropriate services
- The CCGs wanted seamless integrated care for the increasing number of elderly patients with complex needs – this was being addressed by Proactive Care teams in the two CCG areas
- CCGs were reviewing access to primary care and how this could be expanded whilst remaining sustainable
- Admiral Nurses were being introduced in the CCG areas to work with people with dementia
- The CCGs worked with Out of Hours providers and NHS 111. The One Call service was available to healthcare professionals (from all sectors), which they hoped to expand
- Communications were important so that people were aware of services that were alternatives to A&E

57. Paul Goddard, Head of Unscheduled Care (CWS CCG) introduced the CWS CCG report and told the Committee that: -

- 40% of the increase in pressure on A&E was due to the number of frail elderly patients – this was a particular issue in the CWS CCG area where there was a large population aged over 60
- There was also an increase in non-elective admissions for over 65 year olds
- CWS CCG was working with the acute trust, community and social services to ease winter pressures (for which CWS CCG did not receive central funding so would rely on a robust system change)
- CWS CCG would pay for 1,500 additional care hours for the Intermediate Care teams since funding had been withdrawn by the Council at the start of the year
- It was planned for more senior A&E staff to be employed so that timely clinical decisions were made to start patients on the right pathway of care as soon as possible
- After 18 community beds were lost, CWS CCG found 10 replacements (giving it more than national guidelines) so it could focus on better patient throughput
- The Rapid Assessment and Intervention Team boosted social support and worked with dementia crisis teams
- Patient and public involvement would be achieved through the 'Let's Talk' programme, and research work which describes alternative services to A&E, and also to gather evidence as to why people access services in the way they do: For example, the eastern European population might use A&E services rather than their GP as this was how they accessed healthcare in their native countries

58. Sue Sjuve, Chairman, Sussex Community NHS Trust (SCT) made the following comments from the Community Health Service Provider position: -

- SCT was the lead provider for Proactive Care in the CWS CCG area
- Proactive Care focussed on patients, particularly those over 65 or 85, with multiple long-term conditions who were most likely to require hospital admission or trips to A&E – SCT worked with these patients to avoid admission to acute hospitals by treating them at home or in community hospitals
- SCT provided the One Call and Rapid Assessment Intervention Teams in West Sussex
- SCT worked with the BSUH Discharge Team at RSCH where members of its Rapid response Team provided assessments in A&E and re-directed patients to services in the community where appropriate
- SCT worked with SaSH providing an alternative to 60 beds in ESH, either in the community or by treating people in their own homes
- SCT worked with 8,000 patients in their own homes or community hospitals
- SCT worked closely with social services teams so that continued healthcare assessments happened as quickly as possible allowing patients to be discharged as soon as possible
- SCT had the support of all CCGs in the areas it covered

59. Summary of responses to Members' questions and comments:

- More First Responders would be recruited to improve the performance for responses to cardiac incidences in the Chichester area
- Ambulance handover statistics in the report were for August only – SECAmb was working with the CCGs and BSUH to improve them
- SECAmb was carrying out a capacity review to improve the service for the future, whilst continuing with its winter plans, increasing resources and looking at alternative pathways
- GPs no longer providing 24 hour care could be having an adverse impact on attendances at A&E departments
- Social workers based at PRH helped the patient discharge process
- SaSH was looking into employing GPs in A&E, but this would be an expensive option
- CWS CCG had funded a pilot scheme to have GPs in A&E in WSHT hospitals, it was very good for older people, but was expensive - the cost benefit ratio had to be examined
- General understaffing in A&E departments meant that weekends couldn't be staffed as fully as week days, although this was an aim and some modelling/costing of this was taking place in the CWS CCG area (and also for community and social care teams)
- Initial problems with NHS 111 had been resolved

60. In conclusion, the Committee recognised the significant pressures on A&E and emergency services and the fact that all the NHS Trusts were working hard to improve and maintain performance. However, the Committee identified the following key areas of concern: -

- Ambulance service performance in some areas
- Handover delays between ambulances and hospitals
- The need for appropriate mental health service support in A&E
- The need to ensure the right services were in place for the frail elderly
- The right services were in place and that people knew how to access them to help reduce A&E attendances

61. Resolved – That the Committee
- i. Asks information for monitoring by the Committee's Business Planning Group to be provided on the following key areas of concern:
 - Ambulance Service emergency response times and handover delays (data to be provided by South East Coast Ambulance Service)
 - Mental health service support in A&E (information to be provided by Sussex Partnership NHS Foundation Trust)
 - ii. Reviews services for the frail elderly when looking at Proactive Care in January (including how the system is coping with seasonal pressures)
 - iii. Broadens its planned review of access to primary care to include how the whole health and social care system is working to ensure people receive the right care at the right time and place

Business Planning Group Report

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

63. Resolved – That the Committee

- i. Endorses the content of the report
- ii. Endorses the Committee's Work Programme and agrees that it be forwarded to the Performance and Finance Select Committee for approval
- iii. Agrees that the proposals by Portsmouth Hospitals NHS Trust to change plastic surgery services currently provided at St Richard's Hospital (Chichester) do not constitute a substantial change in service and should not be subject to further scrutiny by the Committee

Forward Plan of Key Decisions

64. The Committee considered the Forward Plan of Key Decisions for October 2013 to January 2014 (copy appended to the signed minutes).

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

Date of Next Meeting

66. The next scheduled meeting is on 14 November at County Hall, Chichester

The meeting ended at 13.04

Chairman.