

Health & Adult Social Care Select Committee

10 November 2016 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester. Dr Walsh in the Chair in the absence of Mr Turner.

Present: Mr Evans, Mrs Jones, Mrs Jupp, Ms Kennard, Mr Peters, Mrs Rapnik, Mr Sheldon, Mr Sutcliffe and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Plant (Chichester District Council), Mr Pickering (Healthwatch West Sussex)

In attendance by invitation: Mrs Field (Cabinet Member for Community Wellbeing (and Deputy Leader)) and Mr Patel (Deputy Cabinet Member for Health & Adult Social Care).

Apologies: Mr Griffiths, Mrs Smith, Mr Turner (Chairman) (West Sussex County Council), Cllr Mr Barton (Adur District Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mrs Sudan (Crawley Borough Council), Mr Catchpole (Cabinet Member for Health & Adult Social Care).

Absent: Cllr Mr Britten (Horsham District Council)

Mrs Field, Mrs Jones and Mr Peters left the meeting following the item on Health & Adult Social Care Plans for Winter 2016/17.

Chairman's Announcement

84. The Chairman of the meeting told the Committee that, in light of the news from Sussex Partnership NHS Foundation Trust that its Chief Executive would be retiring at the end of March 2017, and other changes to its executive team, the Chairman and Vice Chairman of the Committee would be meeting with their counterparts from East Sussex and Brighton & Hove to have a briefing on the situation and would report back the details of the meeting to the committee.

Declarations of Interest

85. The following interests were declared: -

- Ms Kennard declared a personal interest in respect of item 8 (Patient Transport Service) as a user of the service.

Minutes of the last meeting of the Committee

86. Under 'In attendance by invitation' Mr Catchpole was recorded as the Deputy Cabinet Member for Health & Adult Social Care instead of Cabinet Member for Health & Adult Social Care – this to be corrected.

87. It was pointed out that there had been no representative from Horsham District Council at a meeting of the Committee for some time. The Chairman was asked to write to Horsham District Council asking for an alternative representative to be appointed who would be able to attend Committee meetings.

88. Resolved that: –

- i. The Chairman write to Horsham District Council asking for an alternative representative to be appointed to the Committee
- ii. With the change to Mr Catchpole's title agreed, the minutes of the Health & Adult Social Care Select Committee meeting held on 29 September be approved as a correct record and that they be signed by the Chairman

Urgent Matters

89. Dr Walsh mentioned news reports that Western Sussex Hospitals NHS Foundation Trust and Brighton & Sussex University Hospitals NHS Trust would be working more closely together in the future and that an official announcement was imminent. He also informed the Committee that he and the Chairman would be meeting with the Chief Executive of Western Sussex Hospitals NHS Foundation Trust and would report back to the Committee afterwards.

Forward Plan of Key Decisions

90. The Committee considered the Forward Plan of Key Decisions for November to February (copy appended to the signed minutes).

91. Resolved - that the Committee notes the Forward Plan of Key Decisions

Responses to Recommendations

92. The Committee notes the responses and that the following committee members have volunteered to be liaison representatives with Adults' Services; Cllr Belsey, Mrs Jones and Mr Sheldon.

Health & Adult Social Care Plans for Winter 2016/17

93. The Committee considered a report and presentation by the Executive Director Care, Wellbeing and Education (copies appended to the signed minutes) which were introduced by Mark Howell, Director of Adult Operations who told the Committee that: -

- A key challenge to Adults' Services was the number of elderly people with complex needs – this was predicted to grow considerably over the next decade in the north of the county as well as along the coast
- The Council was a substantial commissioner of services and needed to pay the right rates to attract providers
- The County Council needed to work with district and borough councils to increase the amount of extra care housing available
- Integrated discharge teams were working across the system
- The number of delayed transfers of care in West Sussex compared favourably with the national picture
- Recruitment and retention was a problem in the sector
- There was a risk that some providers might leave the market or take on more self-funding customers as opposed to social care customers
- The council would look at better, more flexible ways of working to help mitigate the challenges it faced both in-house and with Sussex Community NHS Foundation Trust

94. The Chairman invited representatives from the acute trusts and clinical commissioning groups to comment from their perspective: -

95. Michael Wilson, Chief Executive, Surrey & Sussex NHS Healthcare Trust (SaSH): -

- Joint working with the Council had brought improvements in the last two years in the north of the county, but SaSH still had around 80 patients a day who were medically fit but couldn't be discharged, about half of these were linked to community services or adult social care
- There were concerns over the time taken for assessments to be carried out and funding available for continuing health care

96. Marie Dodd, Chief Operating Officer, Coastal West Sussex Clinical Commissioning Group: -

- Although the focus was on delayed transfers of care, which everyone was trying to reduce, flow through the system was also a big problem, for example with mental health patients, so not everything was centred around acute care
- Moving people on took more time than assessments
- Continuing health care needed to be more responsive
- Better joint working with social care was needed
- The whole system needed to help solve the problems with A&E

97. Dr Mark Smith, Chief Operating Officer, Brighton & Sussex University Hospitals NHS Trust (BSUH): -

- BSUH had 85 medically fit patients waiting to be discharged and expected this number to rise over winter
- BSUH assessed flow/occupancy issues quickly, but this was a system issue where access to placements was key

98. Geraint Davies, Acting Chief Executive, South East Coast Ambulance Service NHS Foundation Trust: -

- Handover delays at A&E were a problem that wouldn't be solved till all partners understood the pressures on the whole system

99. Pete Landstrom, Chief Operating Officer, Western Sussex Hospitals NHS Foundation Trust (WSHFT): -

- Discharge to Assess model was proving effective – but patient flow continued to be a key pressure for the whole system
- The importance of the A&E delivery boards and the system not focussing on too narrow an area when there were other significant issues causing backing-up to the front door including the provision of community hospital care
- WSHFT had 120 medically fit for discharge patients waiting to move to non-acute hospital settings

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

- The Committee expressed concerns about: -
 - The lack of intermediate/convalescent/lower level care

- Increased pressure on hospitals due to emergency admissions
- Lack of GPs
- Ageing population
- Issues not being tackled
- Health and social care not working together
- Partnership working between health and social care and doing things differently would help unblock the system, move patients on quicker and be more effective
- A review of community beds in the coastal area showed there were enough, but they could possibly be used better
- Not all convalescence required hospital beds, but could be done at home with help from social care
- Avoiding hospital admissions was key along with support for people in their homes
- A range of provision, including that with flexible beds, suitable to families was required
- The new ward at Crawley hospital would not increase the number of community beds available till January/February 2017
- Frontline staff were working well and social care now had a liaison officer working with health
- Suitable accommodation was required for people with mental health problems to move in to
- More information sharing between health and social care was needed to be able to respond to people's needs better
- The Health & Wellbeing Board would do what it could to help with the coordination of communications to let people know where to go for the best appropriate care
- Age UK was suggested as a suitable, trusted organisation to lead a media campaign
- Primary care should be the first choice for patients if appropriate to reduce hospital admissions, though some people think of going to A&E as a default position
- Some people might go directly to A&E as they know they will not have to wait for a GP referral if they need scans
- Many organisations were working hard to mitigate problems, but too many were still doing so in silos with duplication occurring
- Coastal West Sussex Clinical Commissioning Group was allocating money to GP practices to help them during winter and trying to increase the workforce
- Proactive Care, risk stratification and robust care plans could also help ease winter pressures
- Care models were based on historic data, but the population profile and people's needs were changing – community services were not configured to deal with today's older patients with complex needs but work was underway to address this
- WSHFT was looking at ways of supporting Sussex Community NHS Foundation Trust staff with its existing community provision
- The Urgent Care Clinic in Crawley should be promoted and the model repeated in other areas

101. Resolved - that the Committee: -

- i. Supports the Health and Wellbeing Board's commitment to a coordinated media campaign to ensure residents are aware of the right places to go to

receive primary, emergency and social care and asks to receive an update on the campaigns development at its March meeting;

- ii. Welcomes the partnership working across health and social care but asks that more developments are made in terms of information sharing and a greater understanding of each other's pressures;
- iii. Believes there is a greater need to focus on intermediate care and asks to consider its provision further at its March meeting;
- iv. Asks its members to lobby district and borough councils, when able, to consider whether there is adequate provision for the elderly when considering housing development applications and by adopting lifelong planning standards ensure there is provision for primary care and housing that will be accessible and usable for residents in later life;
- v. Supports the development of the urgent care clinic model, as adopted in Crawley, across the area;
- vi. Expresses concern at the number of patients medically fit for discharge, who remain in a hospital bed, across the area.

Meals on Wheels Contract Update

102. The Committee considered a report by Executive Director Residents and Environmental Services, and Executive Director of Care, Wellbeing and Education (copy appended to the signed minutes) which was introduced by John Figgins, County Catering Service Manager and Martin Parker, Head of Integrated Adult Care Commissioning who told the Committee: -

- Between 2,500 and 2,700 meals were delivered each week to private homes and day centres and good feedback had been received about the service
- All key performance indicators had been met and tougher ones would be set for the future
- Customers did not have to pay for meals that were delivered late
- Drivers were trained to check that customers were safe and well
- The recommendations from the Task & Finish Group had been carried out with good input by apetito

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

- The Committee was pleased to hear that customer safety checks were made and asked to see the new key performance indicators and a map of where deliveries were made
- All apetito delivery staff underwent disclosure and barring service checks – no agency staff were used
- Drivers operated the same route every day
- Each route was optimized so that as many people as possible could be visited, including delivering first to those people who needed meals early
- There was capacity for more customers on each route
- All delivery vans were new and therefore mechanically reliable, but back-up vans were available in case of problems
- Tougher key performance indicators included not allowing any late deliveries

- The whole county was covered by the service with the main depot at Climping and a satellite site in the Crawley area
- Meal prices would be reviewed annually, but might not need to increase if take-up of meals increased – there was no evidence that customers had left the service after the price increase in April 2016
- Contingency plans were in place for bad weather to ensure deliveries continued including close working with the Fire and Rescue Service and delivering extra frozen meals when bad weather was expected

104. Resolved - that the Committee: -

- i. Welcomes the fact that the three elements recommended by the scrutiny Meals on Wheels Task and Finish Group have been incorporated and that safe and well checks are provided as part of the service; and
- ii. Asks that a map of those receiving the service across the county, be provided to the committee.

Patient Transport Service

105. The Committee considered a report by the Director of Law, Assurance and Strategy (copy appended to the signed minutes) which was introduced by Alan Beasley, Chief Finance Officer, High Weald Lewes Havens Clinical Commissioning Group (HWLH), who told the Committee that: -

- HWLH was working to resolve a number of issues
- An independent report by TIAA made 10 recommendations, nearly all of which had been dealt with
- Docklands Medical Service (DMS) ceasing to trade had a minimal impact on the service, due to contingency measures put in place but a large impact on DMS staff
- The Sussex clinical commissioning groups had covered DMS staff pay
- The Care Quality Commission (CQC) identified six areas where Coperforma needed to improve - the CCG was working with Coperforma to address these
- There would be managed exit from the contract by Coperforma and a phased transfer to South Central Ambulance Service NHS Foundation Trust (SCAS), to be completed by 31 March 2017
- Patients would continue to book transport as usual during the transfer
- A patient transport expert has been employed by HWLH to help Coperforma provide a good service until it leaves the contract
- Disputes between Coperforma and its sub-contractors should be resolved between the parties involved

106. Gary Palmer, GMB Union, told the Committee: -

- DMS staff went eight weeks without pay, but still continued to work until vehicles were removed by DMS and relations broke down between Coperforma and DMS staff
- The GMB was grateful to the clinical commissioning groups for the financial support they had given its members
- The GMB was pleased that Coperforma would be leaving the contract
- Staff were keen to work with SCAS

- There were concerns that another sub-contractor might stop providing a service leading to around 80 redundancies

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

- The Committee had concerns over: -
 - The audit trail of NHS money
 - Standard of service during transfer
 - Capacity of SCAS to deliver the service
 - Transfer of Undertakings (Protection of Employment) (TUPE) rights of staff
 - Lessons learned
- Money paid to DMS staff was deducted from the Coperforma contract – all clinical commissioning groups were seeking repayment from DMS
- All sides were aiming for a seamless, phased transfer from Coperforma to SCAS with current levels of service maintained and priority areas identified to minimise future risks – the appointment of a patient transport expert would help with this
- SCAS said it had capacity to take on the contract and was ready to begin – it was aware of the recommendations of the CQC and would adhere to them
- SCAS had separate contracts for each area it operated in, the contract in Sussex would be monitored by the HWLH
- No contract was risk free as things could happen that were beyond the control of the service provider
- Lessons learned included the need for an appropriate level of provider knowledge/experience and a longer, phased mobilisation period. A 'Lessons Learned' day would take place in November and a report of the findings produced
- The new contract would have the same value as the old one, but future growth would be absorbed
- The GMB had concerns over TUPE as it was still trying to get pensions contributions from DMS and another contractor, Langfords – TUPE would be discussed with SCAS
- HWLH was working with Brighton Healthwatch and would be happy to work with Healthwatch West Sussex to help inform patients of changes

108. Resolved - that the Committee: -

- i. Recognises that patient transport staff went without pay for eight weeks, but welcomes the support from the Sussex clinical commissioning groups to rectify this;
- ii. Is assured that the key lessons have been learnt by the commissioners when mobilising a contract of this type and asks that information summarising these reflections are shared with the committee;
- iii. Expresses its concern for South Central Ambulance Service's (SCAS) ability to undertake this contract due to its current patient transport commitments and asks that representatives from SCAS attend the committee's March meeting when it receives a further update

Business Planning Group Report

109. The Committee considered a report by Chairman of the Business Planning Group (copy appended to the signed minutes) and learned that the outcome of the South East Coast Ambulance Service NHS Foundation Trust summit would be shared with the Committee

110. Resolved - that the Committee endorses: -

- i. The contents of the report, in particular the Committee's Work Programme
- ii. The Business Planning Group's decision that no formal scrutiny of the community bed situation in Adur be carried out at this point

Date of Next Meeting

111. The next scheduled meeting is on 18 January County Hall, Chichester

The meeting ended at 12.56

Chairman