

Health & Adult Social Care Select Committee

4 December 2015 – At a meeting of the Committee held at 13.30 p.m. at County Hall, Chichester.

Present: Mr Bradbury, Mrs Evans (Chairman), Mr Griffiths, Mr Hillier, Mrs Jones, Mr Sheldon, Mr Sutcliffe, Mr Turner and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Hotton (Adur District Council), Cllr Mr Ward (Crawley Borough Council) and Cllr Mr Wye (Worthing Borough Council), Mr Burdett (Healthwatch West Sussex)

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

Apologies: Ms Kennard, Mrs Rapnik and Mrs Smith (West Sussex County Council) and Cllr Mr Britten (Horsham District Council)

Declarations of Interest

60. Dr Walsh declared a personal interest in respect of item 7 (South East Coast Ambulance Service NHS Foundation Trust 'Red 3' Pilot) as a member of the Order of St John and Mr Griffiths declared a personal interest in respect of item 6 (Sussex Partnership NHS Foundation Trust's Quality Improvement Plan) as a registered carer.

Minutes

61. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 1 October be approved as a correct record and that they be signed by the Chairman

Responses to Recommendations made at the 1 October Meeting and 11 June meeting

62. Resolved – That the Committee notes the responses

Forward Plan of Key Decisions

63. The Committee considered the Forward Plan of Key Decisions for December to March (copy appended to the signed minutes).

64. The Chairman informed the Committee that the procurement of a county wide Advice, Information, Support and Assessment Service for Carers decision, which had previously featured in the forward plan, had been withdrawn as the procurement was to be delayed. The reasons for this were:

- a) That it has emerged that demand for carers assessments has been beyond that expected and more time is needed to understand volumes and what the 'steady state' that a service will need to support will be;
- b) Carers assessments are a statutory function but status of Government funding is currently uncertain – more clarity is awaited;

- c) In light of the need for further savings by the County Council, more work needs to be done on the most advantageous way to run the future service.

65. In light of this delay, the Cabinet Member for Health and Adult Social Care was asked if the service would be affected by savings proposals and if existing contracts would be 'rolled on'. The Cabinet Member undertook to confirm the details with the Committee.

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

Sussex Partnership NHS Foundation Trust's Quality Improvement Plan

67. The Committee considered a report by Sussex Partnership NHS Foundation Trust (SPFT) (copy appended to the signed minutes). The report was introduced by Colm Donaghy, Chief Executive, who told the Committee: -

- Compliance actions were moving forward and the Care Quality Commission (CQC) was likely to carry out a follow-up inspection early in 2016, but SPFT's rating would only change after the next full inspection, even if all actions were in place
- SPFT had now developed a suicide prevention strategy focussing on areas where it had most control
- A new learning package had been introduced to improve training and development – it was hoped to train at least 75% of staff this year, rising to 100% in the future
- Building works were needed to achieve total male/female segregation on mental health wards, however patients were either in single rooms or single sex dormitories and measures were in place to protect privacy and dignity
- SPFT had published its 2020 vision recognising the need to be more responsive to the public
- Decision-making would be brought closer to service delivery
- SPFT was working with clinical commissioning groups to improve care and recognise differing needs in different areas
- More staff engagement was taking place

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

- Mental health services for children and adolescents would improve by: -
 - Additional NHS England funding available for tier 2 services
 - Referral meetings involving many organisations
 - Work with GPs to improve access
 - Money for a mental health liaison service so that needs were met sooner
 - Crisis care would respond quickly to young people in need
- Patients sent out of area had decreased from twenty in August to two in the past month which were for clinical reasons and not due to bed shortages
- SPFT wanted to redesign services so that more people could be treated at home
- CQC's concerns over in-patient units at Langley Green hospital had been addressed
- Some concerns over Meadowfield in Worthing had been addressed – SPFT was waiting for validation by CQC
- Patients in northwest Sussex were being identified before reaching the category of being in crisis

- Nurses and social workers were attending incidents with police where mental health might be a factor – this was helping to reduce the number of detentions
- A similar pilot scheme was taking place in the north of the county with the ambulance service to reduce admissions to A&E
- GPs now had access to an urgent referral line
- Data was improving, with electronic patient records (Carenotes) for young people working well – the system would be extended to adults in February
- Carenotes helped to streamline assessments – it was hoped to introduce a single assessment process in the future
- SPFT's own inspections had found improvements in services for people with learning difficulties
- Seclusion rooms were no longer used in Learning Disabilities Inpatient Services
- SPFT would address concerns raised by CQC over the balance between executive and non-executive directors
- Approximately 5% of SPFT's staff expenditure was on agency and 11% temporary staff – this was largely due to difficulties recruiting and the need for one to one observations
- Campaigns had been run to recruit staff with some success, but turnover could be around 14% at times – exit and post-leaving interviews were held to find out why staff left
- SPFT was matching the Surrey supplement for staff in Crawley and was looking at using occupational therapists where possible to free-up nurses and people with psychology degrees to do unqualified roles

69. Resolved - That the Committee: -

- i. Welcomes the actions already taken and those to be taken in response to the Care Quality Commission inspection report, in particular the: -
 - a) Re-assessment of the balance of executive directors and non-executive directors on the Board
 - b) Use of electronic patient records
 - c) Commitment to engagement, especially with patients and carers
 - d) Improvement of children's and adolescents mental health services
 - e) Better access to services for adults
 - f) Reduction in the number of patients placed out of area
- ii. Asks to be informed of the results of future Care Quality Commission inspections
- iii. Asks to visit Langley Green hospital, Crawley and Chalkhill, Princess Royal hospital, Haywards Heath

South East Coast Ambulance Service (SECamb) NHS Foundation Trust 'Red 3' Pilot

70. The Committee considered a report and presentation by South East Coast Ambulance Service (SECamb) NHS Foundation Trust (copies appended to the signed minutes). The report/presentation were introduced by Paul Sutton, Chief executive, who told the Committee: -

- SECamb was responding to more 999 calls which resulted in a journey to A&E where ideally this was not the best solution
- Up to a third of ambulances could be stuck at hospitals at any one time due to delays in handover – SECamb staff were helping hospital staff to try and reduce delays in handover

- November 2014 saw the lowest number of cardiac arrest patients reached in a treatable state, with some 999 calls taking between 10 and 39 minutes for an ambulance to be despatched – this was still better than other ambulance trusts
- Resource escalation action plans were now seen as normal
- More flexible governance arrangements were needed and communication and engagement had not always been good enough e.g. the agreement with the clinical commissioning groups over the Red 3 pilot
- A 'look back' exercise was taking place
- Different levels of risk existed across the system
- There had not been senior clinical oversight of incident reports so themes were not spotted – this was addressed in Spring 2015
- Patient safety was the top priority
- No further changes would be made without proper governance

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

- SECAMB was using St John Ambulance, the Red Cross and hospitals to help reduce queuing at A&E departments
- The number of 999 calls resulting in trips to hospitals had fallen from 88% to 47% in four years
- First responders were used and SECAMB would like to see more training in schools and more defibrillators in public places
- The clinical commissioning groups monitored SECAMB's action plans
- Key performance indicators for SECAMB included handover and triage times
- SECAMB wanted more patient involvement in executive meetings
- No acute hospitals closed A&E wards early, and there had been an improvement in diverts
- SECAMB would take patients to where they would receive the best treatment, even if this was not the closest hospital

72. Resolved - That the Committee: -

- i. Asks South East Coast Ambulance NHS Foundation Trust to provide figures on ambulance handover times at A&E departments in West Sussex, and details of agreements with clinical commissioning groups on handover times
- ii. Asks South East Coast Ambulance NHS Foundation Trust to provide the Committee with the detail of action plans as a result of the Red 3 pilot and share the findings of the forensic, patient impact and governance reviews as required by Monitor

Business Planning Group Report

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

74. Marie Dodd, Chief Operating Officer, Coastal West Sussex Clinical Commissioning Group (CWS) gave the following update on the review of stroke services: -

- The Clinical Senate had reviewed proposals to make sure they would not destabilise any current services
- The proposals were aimed at improving services for patients

Agenda Item No. 3

- An executive level meeting between CWS and Western Sussex Hospitals NHS Foundation Trust had agreed to review the draft report
- Modelling work was on-going with comments due back by 15 December
- A further update would be available to the Committee at a future meeting

75. Avril Wilson, Executive Director of Care, Wellbeing and Education reported that Care Act funding was no longer at risk.

76. Resolved that the Committee: -

- i. Endorses the contents of the report, and particularly the Committee's Work Programme at appendix A
- ii. Asks the Business Planning Group to consider looking at the performance of Health & Wellbeing Hubs when planning the Domiciliary Care/Home Care update provisionally scheduled for September 2016.

Date of Next Meeting

77. The next scheduled meeting is on 20 January at County Hall, Chichester

The meeting ended at 16.45

Chairman.