

Health & Adult Social Care Select Committee

15 November 2012 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Blampied, Mr M Dunn, Mr R Dunn, Mrs Jupp, Mrs Knight, Mrs Mills, Mrs Richards, Mr Sheldon, Dr Walsh, Mrs Whitehead (Chairman) and Mr Wilkinson (West Sussex County Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mrs Jones (Mid Sussex District Council), Cllr Mrs Turner (Worthing Borough Council) Cllr Mr Wilde (Arun District Council) and Miss Smith (Local Involvement Network).

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

Apologies for absence were received from Mr Bradbury, Mrs Bennett and Mr Tyler (West Sussex County Council), Cllr Dr Skipp, (Horsham District Council).

Membership

The Committee confirmed Cllr Denis Wilde as the new co-opted member of the Committee from Arun District Council.

Declarations of Interest

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

- Mr Wilkinson, in respect of item 6 (Community Health Services), as the father of a clinician nurse who works for Harmoni and in respect of item 7 (Short Breaks Services in West Sussex for Children with Complex Health Needs and Disabilities), as the father-in-law of a community nurse who works at Chestnut Tree House
- Mrs Knight, in respect of item 6 (Community Health Services) as trustee of Carers' Support Service North and Mid Sussex
- Mrs Jones, in respect of item 6 (Community Health Services) as Chair of Neighbourly Care, operating in the south of Mid Sussex

Minutes

66. The committee agreed that the following sentence be added to minute 51, "It is important to ensure that the provision of care for moderate needs is balanced to avoid an over-dependence that might create a higher level of need".

67. 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.

Response from Western Sussex Hospitals NHS Trust

68. The Committee considered a response by Western Sussex Hospitals NHS Trust to the recommendations it made on 4 July with regard to the Trust's Service Redesign for Quality.

69. Dr Philip Barnes (Medical Director, Western Sussex Hospitals NHS Trust) reassured the Committee that the future of Harness Block was separate to that of the remainder of Southlands Hospital. More detail was to be provided to the Trust by the two organisations that had expressed interest in acquiring Harness Block.

70. Resolved – That the Committee notes the response and that Western Sussex Hospitals NHS Trust will keep the Committee updated on the future of the Harness Block

Community Health Services

71. The Committee considered reports and presentations (copies appended to the signed minutes) from Sussex Community NHS Trust (SCT), Horsham and Mid Sussex Clinical Commissioning Group (CCG), Crawley CCG, Coastal West Sussex CCG, South East Coast Ambulance Service NHS Foundation Trust (SECamb), West Sussex County Council Adults' Services and the Local Involvement Network (LINK)

72. The SCT presentation was introduced by Bob Deans, Interim Chief Executive, who highlighted the following points:

- SCT had about 4,500 staff and treated over 8,000 patients a day
- SCT aimed to maintain/improve health, promote independence and avoid unnecessary hospitalisation
- SCT provided a very wide range of services to both adults and children
- Partnership working was very important – SCT was launching its Clinical Strategy and wanted integrated services with social care
- Proactive Care would be a key service going forward
- SCT was working with partners to improve the interface between acute, primary care and community health and social care

73. The Crawley and Horsham & Mid Sussex CCGs' report was introduced by Dr Amit Bhargava, Clinical Accountable Officer, Crawley CCG, who highlighted the following points:

- SCT services have improved - the CCGs were pleased with the progress of community health services in areas of raised concern
- More integrated care was needed, especially for services to the frail elderly
- The CCGs planned to invest more in the community through various providers to meet the growing needs of the community for integrated care
- Third sector and hospice services were being developed
- A key role for CCGs was monitoring quality of community health services, including safety, patient experience and clinical effectiveness

74. The Coastal West Sussex CCG report was introduced by Steven Pollock, Interim Managing Director, Coastal West Sussex CCG, who highlighted the following points:

- The CCG's commissioning intentions were predicated on having a strong and robust community health services provider
- Challenges for community health services include: the system is in transition due to NHS reform; there is growing demand for services ; and financial pressures
- These challenges would only be solved through integrated working across the whole health and social care system (e.g. through the Proactive Care Programme) and through making better use of existing resources
- The past 12 – 18 months had seen a step change in clinical connections to understand patient need

75. The presentation by SECamb was introduced by Anouska Adamson-Parks, 111 Programme Director, SECamb, who highlighted the following points:

- The NHS 111 system would be simple and easy to navigate – callers that did require an ambulance would be forwarded to 999, others would be directed to, or booked into, the most suitable service
- The new service would incorporate the NHS Direct, Out of Hours services and dental triage calls
- From March 2013, anyone calling NHS Direct or Out of Hours would be advised to redial 111
- NHS 111 staff would include health advisers, clinicians, paramedics and GPs; there would also be a professional support services line for things such as GP referrals
- The 999 NHS Pathways Triage system would be used with training given to staff
- SECamb was working with SCT to make the Directory of Services more community focussed
- SECamb wanted to build relationships with providers and get information to commission the best services
- SECamb was working with the Department of Health on governance arrangements and CCGs would monitor the service when in place
- There will be both national and local publicity campaigns to ensure there is public awareness of the new NHS 111 service

76. A verbal update on the Adults' Services position was provided by Amanda Rogers, Director Adults' Services, who highlighted the following:

- Areas of good practice in terms of community service provision included the integrated Learning Difficulties service; the integrated discharge team at Princess Royal Hospital, Haywards Heath supports discharges to the community and through to the Kleinwort Centre Community Hospital, Haywards Heath as a "step down" facility; and the Community Equipment Service, which had improved its financial performance and enabled resources to be invested in equipment
- Challenges included how to release resources (e.g. through reducing hospital admission rates and length-of-stay) to reinvest in community health and adult social care services; improving the Continuing Healthcare process to put the patient at the heart of the service; and addressing the complexity of therapy provision (e.g. physiotherapy and occupational therapy). Adults' Services is working with SCT and Coastal West Sussex CCG to look at the integration of therapies in the coastal area.

- Gaps to be addressed are the availability of data to support the proactive Care Programme, which will be part of the overall project; and the need to improve Delayed Transfers of Care from hospital into the community.

77. The LINK report was introduced by Dr Vicki King, LINK Stewardship Group Chairman, who highlighted the following concerns with the discharge process from hospital to home or a community setting:

- Frustration from having to wait a long time for medication from hospital pharmacies
- Medication needed to be explained better on discharge with written information provided
- There was confusion over the difference between physiotherapists and occupational therapists and the different services offered by health and social care
- Some patients experienced long waits for physiotherapists once discharged home
- Communication from junior doctors was not always good
- Sometimes there were long waits for transfer/discharge
- The Patient Transport Service did not always meet people's needs
- People had been discharged in the evening, and therefore arrived late at home or community hospital/nursing home – which was not ideal for the elderly

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

- The patient should be put at the centre of care, rather than organisations' needs – and the public/patients need to know who to contact and which services to access for help
- The increasing rate of emergency admissions to acute hospitals is being investigated – Dr Mike Sadler will report back on the outcomes of this work to the Committee. Western Sussex Hospitals NHS Trust is looking at "frequent fliers" – people who have multiple admissions to A&E – to better understand the reasons behind this and to develop proactive care plans
- Pharmacists had been involved in planning Proactive Care and would also be involved in the NHS 111 service
- Discussions were scheduled about possible duplication between One Call and NHS 111 – One Call was mainly for healthcare professionals
- Accurate clinical record keeping was essential to help multi-disciplinary teams working with patients in their own homes
- The 72 hour response time for the One Team consisted of two to four hours for the initial response and the rest for putting services into place
- SCT's Rapid Assessment and Intervention Team (RAIT) responded within two hours to calls and provided follow-up care for up to 14 days – both care homes and nursing homes were able to use the team
- Work was underway to deal with the shortage of therapists and to improve waiting times, particularly for physiotherapy; and to commission pain management services
- End of life care needed to be better managed by people who understood pain relief and patient support, and we need to enable people to die in their place of choice (rather than in hospital) – in the north west of the county hospices were being looked at in a cohesive way to provide care
- The form 'This is me' gathered information about patients that could be used by staff to make people feel more comfortable about being in hospital

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- Robust quality monitoring systems would transfer from the PCT to CCGs to gather soft intelligence about patients' experiences e.g. complaints. Performance reviews and single performance conversations would also monitor quality and spot early warnings of problems. GPs would report quality issues to CCGs. Action would be taken on issues raised to ensure that the patients' voice/experience was central to services
- It was cheaper to keep people out of hospital and treat them in their own homes or in the community – and there were opportunities for savings as there was currently some duplication in terms of service provision
- Workforce planning would ensure that suitable staff were recruited or existing staff were trained to deliver integrated care
- Physical colocation of teams would bring benefits such as less duplication without extra cost
- Arrival at community hospitals from acute hospitals would be by 6pm if possible and no later than 8pm unless agreed by the patient
- There had been problems with the Patient Transfer Booking System whereby SECamb vehicles were available, but not booked in appropriately
- Patient Flow teams were being introduced to tackle the problem of delays in discharging patients
- Robots were being introduced by Western Sussex Hospitals NHS Trust to speed up the dispensing of medicines in hospital pharmacies
- The Committee thought that all patients receiving community services should have the opportunity to complete patient satisfaction forms to avoid the data being from a self-selecting group – the Living Room to Boardroom System was a route for patient feedback to reach hospital Board members
- Sussex Partnership NHS Foundation Trust has located some mental health practitioners in A&E departments in West Sussex (tending to focus on older people), but acknowledged that this needs to be developed further – including through a hospital liaison service at St Richard's Hospital (Chichester).
- It is important to avoid people with mental health problems being admitted to hospital in the first place.
- The Committee asked that any questions it still had could be sent in writing to the Chairman - **ACTION:** Helen Kenny/Rob Castle to forward any unanswered questions to the relevant NHS organisations

79. Resolved – That the Committee:

1. Welcomes the fact that health and social care organisations are working together to improve integration and provide joined-up services
2. Asks the NHS and West Sussex County Council to ensure the patient/customer is at the centre of care and that there are good communications with patients and carers;
3. Wishes to see the NHS and West Sussex County Council working together to:
 - a) Improve discharge arrangements; particularly around medicines management and ensuring patients are not discharged late in the evening
 - b) Ensure adequate physiotherapy and pain management services are in place
 - c) Ensure that quality of services is monitored and improved; and that the patient voice is part of the monitoring process
 - d) Improve the Continuing Healthcare process

4. Will follow up on these as part of a future review of the impact of Proactive Care

Services in West Sussex for Children with Complex Health Needs and Disabilities

80. The Committee considered a report by Principal Manager Children and Families, Joint Commissioning Unit, NHS West Sussex and West Sussex County Council, Assistant Director of Operations Children, Health and Reablement and Wellbeing, Sussex County NHS Trust and Principal Manager (Specialist & Disability Services), Children's Services, West Sussex County Council (copy appended to the signed minutes).

81. The report was introduced by Aaron Gain, Principal Manager Children and Families, Joint Commissioning Unit, NHS West Sussex and West Sussex County Council who highlighted that more work was required on option 3, to look at a possible future service through two special schools, and engagement with children and parents.

82. Wendy Darley, representing the parents who use the Cherries (Short-breaks Unit) in Chichester, made the following points:

- Short breaks needed to be arranged in advanced and gave respite to all family members (including siblings) that could not be achieved with care at home
- Individual care needs had not been discussed with families
- Families felt that Chestnut Tree House was being endorsed in favour of the Cherries
- Car journeys to alternative provision could be costly and would not be easy for some children
- Children that did not meet the new NHS eligibility criteria for continuing healthcare still needed the short breaks currently offered at the Cherries
- There is little alternative provision in the Chichester area

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

- No decision should be taken till all options have been carefully explored and further detailed scrutiny has been carried out
- It might be necessary to change and improve how existing facilities were used, in order to guarantee their future
- The needs of the whole family should be taken into account
- Access to overnight respite was very important
- Those not meeting the new criteria would be assessed for help from social care and if they qualified for help, money might be available to buy places at the Cherries
- Multi-disciplinary teams assessed those requesting short breaks and advised them of the most suitable services available
- Parents, Queen Elizabeth II School, Horsham and Fordwater School, Chichester should be involved in finding a way forward
- Overnight short breaks were important for the whole family
- The birth rate figures used in the report were queried by the Committee as they seemed to go against the projected trend

- Work carried out in the NHS North East Review was being built on regarding the future development of service
- Sussex Community NHS Trust confirmed that it would continue to provide safe and effective short break services as agreed with commissioners - including agreement to make interim changes from a clinical safety perspective, and that no changes will be made until all options have been examined.
- The final decision on the short breaks service would be taken at an NHS Sussex Board meeting between January and March 2013

84. Resolved – That the Committee agrees with the Business Planning Group’s recommendation that the proposals outlined in the report constitute a substantial variation in service and requests that: -

- a) Parents and stakeholders are involved in shaping the future of the short breaks service
- b) Detailed business cases for the redevelopment of The Cherries and Holly Lodge are made as part of a jointly funded partnership model
- c) A Task Force be set-up to scrutinise the matter further and that the membership is; Mrs Jupp, Mrs Knight, Mrs Mills, Mrs Whitehead (Chairman) and Mr Wilkinson

Budget Update and Business Planning

84. The Committee considered a report by the Executive Director Finance and Performance and Director of Resources and Performance (copy appended to the signed minutes). The report was introduced by Dr Mike Sadler, Executive Director Health & Social Care, who told the Committee that consistency had been sought between the current and future performance framework and that measures were required for some targets.

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

- It was important to have meaningful measures for objectives that show real outcomes that make a difference to people – but finding the right measures could be difficult
- Given the importance of the Performance Framework measures, further work may need to be carried out to identify meaningful and appropriate measures – perhaps involving external partners or consultants (for example, Clinical Commissioning Groups were using academic support that might be able to help identify measures for the County Council)
- Objective 15 (Prevention and Wellbeing Programme): the measure should include evidence that the health and wellbeing hubs were achieving reductions in social isolation and making a difference to people (i.e. numbers accessing the hubs does not necessarily provide evidence of improved outcomes)
- Objective 19 (Assistive Technologies): the numbers of houses in receipt of telecare was not a meaningful measure, and doesn’t tell us anything about the impact of assistive technology on people’s lives

86. Resolved – That the Committee forwards the comments made by Members (as set out at para 85) to Policy & Resources Select Committee for consideration on 6 December 2012.

Business Planning Group Report

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

88. Resolved – That the Committee endorses the content of the report and the Committee's work programme

Forward Plan of Key Decisions

89. The Committee considered extracts of the Council's Forward Plan November 2012 – February 2013 (copy appended to the signed minutes).

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

Members' Items

91. The committee discussed an issue of the relocation of a GP surgery in Northgate, Crawley that took place with seemingly inadequate consultation.

90. Resolved – That the Chairman of the Committee writes to the Chief Executive of NHS Sussex (copies to the Chairmen of the Clinical Commissioning Groups) raising concerns over the consultation before the decision to relocate the surgery was taken, and asking that lessons are learnt to avoid a similar situation from happening again.

Date of Next Meeting

91. The next scheduled meeting is on 23 January at County Hall North, Horsham

The meeting ended at 1.44pm

Chairman.