

Health & Adult Social Care Select Committee

10 March 2016 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mrs Evans (Chairman), Mr Griffiths, Mr Peters, Mrs Rapnik, 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), Cllr Mr Wye (Worthing Borough Council) and Mr Burdett (Healthwatch West Sussex).

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

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

Chairman's Introduction

102. The Chairman reported receiving a letter from the Chairman of the Carers Task & Finish Group, following its final meeting to review the Commitment to Carers, asking the Committee to review how well the needs of carers and their families are considered by health and social care staff when planning discharge arrangements from hospital as part of the Committee's scrutiny of winter resilience and discharge arrangements.

103. The Chairman asked the Committee to bear this in mind as part of its discussions and proposed that the Business Planning Group discuss this in September when hospital discharge will be on its agenda.

104. Resolved – That the Committee agrees that the Business Planning Group discusses how well the needs of carers and their families are considered by health and social care staff when planning discharge arrangements from hospital at its September meeting.

Committee Membership

105. The Committee formally notes the appointment to the Committee of Mr Peters.

Declarations of Interest

106. No interests were declared.

Minutes

107. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 20 January be approved as a correct record and that they be signed by the Chairman

Responses to Recommendations made at the 20 January meeting

108. There was a recurring theme in responses from the district and borough councils that progress over use of premises stalled due to changes in NHS England personnel, its complicated Estates Strategy and difficulties with NHS Property Services.

109. The Committee queried what policy provision existed in district and borough councils neighbourhood plans for NHS provision.

110. Resolved – That the Committee: -

- i. Notes the responses
- ii. Agrees, in respect of the response from NHS England that West Sussex clinical commissioning groups be involved in providing details to the Committee regarding housing developments across West Sussex and whether these match up with plans detailed in the 'Strengthening Primary Care Services in West Sussex' report and asks the Business Planning Group to explore this further, considering how county local committees can be included, to ensure local members and their residents can inform HASCs scrutiny of this issue
- iii. Requests that representatives from NHS England come to a future meeting of the Committee to discuss the issues raised by the district and borough councils
- iv. Asks the Business Planning Group to consider if formal scrutiny of the clinical commissioning groups' estate strategies is required when all are received
- v. Asks its district and borough members to find out what policy provision exists in their district/borough council's neighbourhood plans for NHS provision

Queen Victoria Hospital NHS Foundation Trust and Brighton and Sussex University Hospitals NHS Trust development of paediatric burns and lower limb trauma care

111. The Committee considered a report by the Chief Executive of Brighton and Sussex University Hospitals NHS Trust (BSUH) (copy appended to the signed minutes). The report was introduced by Richard Tyler, Chief Executive BSUH who told the Committee: -

- The current burns provision at Queen Victoria Hospital (QVH) did not meet new standards, therefore it was proposed to treat children at the Royal Alexandra children's hospital in Brighton, which had full paediatric and trauma service support
- There was a clear clinical case for change that was supported by local stakeholder groups
- This was seen as a positive development in services
- It was planned that lower limb trauma and adult burns would be transferred to Brighton on development of the Regional Centre for Teaching, Trauma and Tertiary Care (3Ts) in Brighton

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

- Travel times to the Royal Alexandra should be little different to those to QVH

- Patients would be given medicine before travelling and would go to hospital on planned journeys, not urgent ones
- QVH had two dedicated beds for children with burns – the Royal Alexandra had more capacity than QVH so there were likely to be more beds available
- The move was likely to attract more specialist staff to the Royal Alexandra
- QVH would not lose income as a result of the changes as it would still be commissioned to provide the service, but in Brighton
- When adult burns patients were also treated in Brighton, this would free capacity at QVH for other treatments such as oral cancer and possibly some primary care services
- Outpatient services for burns/lower limb trauma patients would still be provided at QVH
- There were no proposals to move other services from QVH

113. Resolved - That the Committee: -

- i. Welcomes the case for change which will ensure the best possible care for children needing inpatient burns care and patients with lower limb trauma who are treated at the major trauma centre in Brighton
- ii. Commends the engagement of patients and other stakeholders to date and NHS plans for further specific work with parents and children who have recently used burns services
- iii. Agrees that these changes would be a significant improvement for the patients treated and considers this is not a substantial service change

Operational System Resilience

114. The Committee considered a report by the Director of Law, Assurance and Strategy which included presentations by the West Sussex clinical commissioning groups and Adults' Services (copy appended to the signed minutes).

115. The presentation by the West Sussex clinical commissioning groups was introduced by George Boyd, Head of Urgent and Proactive Care, Long Term Conditions and System Resilience (Coastal West Sussex Clinical Commissioning Group) and Tina Wilmer, Programme Director, Urgent Care, Crawley Clinical Commissioning Group and Horsham & Mid Sussex Clinical Commissioning Group who highlighted the following: -

- System Resilience Groups (SRGs) and their sub-groups meet regularly
- A large number of schemes had been put in place to reduce pressure on the system including
 - Better management community bed stock
 - Use of step down wards
 - Implementation of the System Health Resilience Early Warning Detection (SHREWD) system
 - Pathway improvements at the front door for patients requiring urgent care
 - Improving mental health pathways
- East Surrey Hospital had seen a significant increase in A&E and emergency admissions
- The late winter had been an issue
- There were still risks around the ageing population, recruitment/retention of staff and the fragility of the nursing/care home market

116. Geraint Davies, Director of Commissioning, South East Coast Ambulance Service NHS Foundation Trust (SECAMB) added the following: -

- In the last year over 15,000 hours had been lost due to handover delays
- SECAMB was working with the SRGs on ways to address this
- The NHS had to weigh up meeting four hour wait targets or 15 minute handover times

117. The presentation by Adults' Services was introduced by Sam Tearle, Senior Commissioning Manager, Care, Wellbeing and Education who highlighted the following: -

- The Council had also brought in measures to help mitigate winter pressures including: -
 - Extra cover in hospital discharge teams
 - Purchase of emergency care & support packages, extra care placements and transitional beds
- Delays were longer in the Brighton and Sussex University Hospitals NHS Trust (BSUH) area – work was underway to address this
- Data collected since the end of November on delayed transfers of care showed delays were largely caused by getting care packages in place, as expected
- By next winter, analysis of this data would help preparation to ease pressures and would be fed into the SHREWD system

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

- Unusual spikes in activity in July and October could be partly due to workforce issues over school holiday periods
- The Health & Wellbeing Board had setup resilience-focussed meetings that highlighted the key areas were workforce, data sharing and the care market
- SECAMB would work with SRGs to improve patient flow through the system
- Medway hospital had improved its handover times by putting more staff at the front end
- There was contingency in the Adults' Services budget to cover the costs of initiatives to help mitigate winter pressures
- The Council was working with providers to see how they could be more effective
- Maximising use of Urgent care centre and Minor Injury Units could help ease pressure
- SHREWD would be able to identify pressures but predicting would still be difficult due to the unpredictability of the weather and the public – predictive modelling was being investigated
- People were still using A&E when they didn't need to
- Coastal West Sussex Clinical Commissioning Group had spent over £2m more than the £3.2m it was allocated for winter pressures
- The Five Year Forward View, Transformation Plan and SECAMB data would help in future
- The clinical commissioning groups were planning for a similar increase in pressures next winter as it had this year
- The frailty of people coming to A&E was a bigger problem than the numbers
- More primary care support was needed in care homes that sent a lot of people to A&E

- Consistently, about 35% of those medically fit for discharge from hospital were delayed – these people might go to community beds rather than their homes
- A clinical audit found that 40% of people going to A&E could have been treated by Primary Care or Emergency Nurse Practitioners
- GPs in A&E could triage patients
- Still more needed to be done all year round to educate people about when and when not to go to A&E
- Where there was a query over who should pay for care, the care would be provided, paid for and the details sorted out later
- It could be difficult finding suitable places to move people with mental health problems from hospital
- Sussex Community NHS Trust needed to improve length of stay in its hospitals and rotate staff around wards to make the job more varied

119. Resolved - That the Committee: -

- i. Welcomes the measures which have been taken by local health and social care systems to respond to current system pressures
- ii. Asks that South East Coast Ambulance Service NHS Foundation Trust (SECAmb) continues to keep the Committee informed through its Business Planning Group of work surrounding ambulance handover delays and encourages the System Resilience Groups to work with SECAmb to mitigate these delays
- iii. Supports the work of the Health & Wellbeing Board regarding workforce issues and asks that the Committee has the opportunity to consider this work at a future meeting
- iv. Acknowledges the problems of recruiting staff to the acute sector
- v. Requests an update on the efficiencies of the System Health Resilience Early Warning Detection (SHREWD) system as part of a future item on operational resilience in nine to twelve months time
- vi. Encourages county/district/borough councillors to work in their communities to signpost residents to the correct services to address their needs and to publicise appropriate services and support any Health & Wellbeing Board communications in this regard
- vii. Will consider the role of care homes in relation to operational resilience when reviewing the care market in September

Forward Plan of Key Decisions

120. The Committee considered the Forward Plan of Key Decisions for April to July (copy appended to the signed minutes).

121. In respect of the decision on commissioning housing support services, the Committee was assured that when known, the local housing allowance cap would be taken into account. In addition, the Committee noted that the Business Planning Group had been briefed on this scheduled decision and had resolved to monitor the progress of the procurement.

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

Business Planning Group Report

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

124. Resolved that the Committee: -

- i. Endorses the contents of the report, and particularly the Committee's Work Programme
- ii. Supports the Business Planning Group's recommendation that Committee responses to Quality Accounts only be provided to Trusts where the Committee has undertaken formal scrutiny within the previous financial year and that these are agreed virtually by members of the Business Planning Group if a meeting of the Committee does not fall within the required timeframe for submission to the provider

Date of Next Meeting

125. The next scheduled meeting is on 27 April at County Hall, Chichester

The meeting ended at 12.38

Chairman.