

Health & Adult Social Care Select Committee

7 July 2017 – At a meeting of the Committee held at 11.30 a.m. at County Hall, Chichester.

Present: Mrs Arculus, Lt Cdr Atkins, Mrs Bridges, Mr Edwards, Mr Fitzjohn, Ms Flynn, Mrs Jones, Dr O’Kelly, Mr Petts, Mrs Smith, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Blampied (Arun District Council), Cllr Mr Coldwell (Horsham District Council), Cllr Mrs Neville (Chichester District Council), and Mr Pickering (Healthwatch West Sussex).

In attendance by invitation: Mr Catchpole (Cabinet Member for Health)

Apologies: Cllr Mr Barton (Adur District Council).

Absent: Cllr Mrs Sudan (Crawley Borough Council).

Minutes of the last meeting of the Committee

1. Resolved - that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 8 March 2017 be approved as a correct record and that they be signed by the Chairman.

Committee Membership

2. Resolved – that the Committee notes the County Council appointments to the Committee and approves the co-opted membership of the Committee.

Terms of Reference

3. Resolved – that the Committee notes its Terms of Reference.

Forward Plan of Key Decisions

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

Responses to Recommendations

7. Resolved – that the Committee notes the responses.

Radiotherapy Services in West Sussex

8. The Committee considered a report written and introduced by John Gooderham, a member of the public (copy appended to the signed minutes) and a report written and introduced by Fiona Mackison, Service Specialist, NHS England South (South East).

9. John Gooderham told the Committee: -

- Although he was a member of the Sussex Link Radiotherapy Board, his paper was his own and not ratified by the Board

- Patient travel time to radiotherapy services was sometimes taking up to 90 minutes – national guidance said journeys should not be longer than 45 minutes
- There was a satellite radiotherapy unit at East Surrey hospital, Redhill that meant patients from East Grinstead and Crawley did not have to travel to Guildford
- There had been a small unit in Midhurst, but now there was no small unit at all in the coastal area despite the proposed introduction of two linac unit at either Chichester or Worthing, being discussed for about ten years – this meant long journeys to radiotherapy services for some patients
- Around 4,000 people in the coastal area were diagnosed with cancer each year with half having radiotherapy
- The chief executives at Brighton & Sussex University Hospitals NHS Trust (BSUH) and Western Sussex Hospitals NHS Foundation Trust (WSHFT) said in April that they planned to have a unit (in West Sussex) by March 2019

10. Fiona Mackison told the Committee: -

- NHS England commissioned radiotherapy services in line with national service specifications
- There were four linacs at the Royal Sussex County hospital Brighton, but all were older than the service specification's requirement
- There were two tomotherapy machines at Preston Park, Brighton that provide Radiotherapy and two linacs will open soon at Eastbourne hospital
- NHS England had thought that linacs could be located at Worthing hospital, but estate problems meant this was not feasible
- There was a proposal to have linacs at St Richard's hospital, Chichester, but there were potential issues regarding patient flow involving Portsmouth and Southampton hospitals that need to be fully understood
- Progress was being made and it was hoped that there could be a linac sited at St Richard's hospital
- As new linacs could do more than older models and with changes to clinical practice, it was thought that not as many would be needed across the region
- There were enough linacs in the country, but not in the right places
- BSUH would need to develop a business case for revised radiotherapy services in West Sussex which would have to be agreed by NHS England

11. Summary of responses to committee members' questions and comments: -

- The Chief Executive of WSHFT said in April that it was hoped to move forward at pace with radiotherapy services, now that there was a shared management structure with BSUH
- There was available space at St Richard's hospital for up to two linacs – the biggest challenge was getting the capital needed, around £15m, which would need to be secured from NHS England
- Work was ongoing with Portsmouth hospital as to how a service could be introduced at St Richard's hospital without destabilising other services, as radiotherapy was one part of a patient's pathway - revenue streams were another aspect which had to be taken into account
- BSUH had submitted a business case to NHS England two years ago for revised radiotherapy services in the county and was asked to develop further to prevent destabilising existing services
- The refreshed business case contained better financial information than before

- A memorandum of understanding with Queen Alexandra hospital, Portsmouth was needed if radiotherapy services were to be provided at St Richard's – this could be achieved relatively quickly with both BSUH and WSHFT committed to an early outcome
- It was important to get the whole pathway right and not cause fragmentation
- Changes to patient flow would not be a reason to not have radiotherapy at St Richard's
- Changes to radiotherapy provision had to work financially
- The new linac at Eastbourne hospital was taking staff and capacity from Brighton
- NHS England took into account the geography of where services were needed when replacing old linacs
- Radiotherapy services would not be affected by the Sustainability Transformation Partnership (STP)
- Patients with rarer forms of cancer would still have to travel to specialist centres
- NHS England's priorities were to introduce a service at Eastbourne hospital, replace old linacs at Brighton and then implement a solution for West Sussex
- The Committee sought information on the number and location of patients who gave up on treatment due to travel times

12. Resolved - that the Committee: -

- i. Supports the need for a two linac radiotherapy unit within West Sussex
- ii. Asks the Chairman to write to NHS England, on behalf of the Committee, to request that central capital investment is released to assist its development
- iii. Requests that Brighton & Sussex University Hospitals NHS Trust and Western Sussex Hospitals NHS Foundation Trust keep the Committee updated on progress and asks to be provided with: -
 - a) information on location and condition of linacs in relation to the survival/drop out rates for cancer patients within West Sussex
 - b) evidence surrounding the use and possible use in West Sussex of mobile radiotherapy units

Adult Social Care Grant – improved Better Care Fund (iBCF)

13. The Committee considered a presentation by the Executive Director for Children, Adults, Families, Health & Education (copy appended to the signed minutes). The presentation was given by Mark Howell, Director of Adult Operations who told the Committee: -

- The Better Care Fund (BCF) was introduced to help deal with the pressure caused by the increase in demand from people aged over 65, especially those with long term conditions
- The BCF aimed to aid joint working between social care and health by identifying key services with pooled budgets, in agreements made under section 75 of National Health Services Act 2006 between a local authority and an NHS body in England (an S75 agreement)
- A large amount of funding for adult social care paid for services such as residential care and domiciliary care, with the cost of provision increasing due to

the national living wage and inflation – availability of workforce was also a problem

- There was a commitment to move from separate health and social care services to integrated services
- The County Council had advanced plans to spend £2m of the £3.318m Adult Social Care Support Grant, which was introduced in December 2016 and was not ring-fenced nationally or locally or time limited, on four or five key transformation projects, as set out in the presentation
- The Council should receive approximately £71m BCF for 2017/18
- The BCF would protect some social care services such as integrated discharge teams that help health services
- The BCF's four metrics had to be reported to the Government and NHS England and were mainly health based
- The improved Better Care Fund (iBCF) would provide West Sussex with £25m extra over the next three years – it was expected that this money would be spent in conjunction with clinical commissioning groups through S75 agreements to support service providers and reduce pressure on the health service
- Four workshops had been held jointly with acute health providers regarding a high impact care model to see how joint funding could be used most effectively

14. Summary of responses to committee members' questions and comments: -

- The outline spending plan could alter over time e.g. the money for the Home from Hospital scheme might be extended after discussions with health partners
- There would soon be a project plan including milestones to get money invested in the market as soon as possible
- The national living wage had brought some benefits but had not solved recruitment problems
- The County Council was promoting careers in care through traditional media and newer forms e.g. YouTube
- The County Council expected BCF funding to continue as long as there were pressures on the social care system
- Public Health had plotted key health and wellbeing indicators across the county which would enable targeting of preventative and existing services
- The reasons for Delayed Transfers of Care (DTOCs) needed to be ascertained and addressed, as unnecessary time in hospital was not good for people
- It was hoped to reduce all DTOCs to no more than 3.5% of occupied hospital beds
- Patients who funded their own care took longer to be discharged from hospital, as they had to make difficult decisions about their care – people were encouraged to use the Discharge to Assess service so they could make decisions without the pressure of being in an acute setting
- The Discharge to Assess scheme on the coast had shown benefits and would be rolled out across the county
- Information about care services was given to all patients, but the County Council might be able to work with the NHS to do more for self-funders
- Unnecessary admissions to A&E of people with mental health issues could be lessened by working with the voluntary sector to pump prime some services with the money provided by the iBCF e.g. mental health practitioners working with police and working with housing providers to find suitable housing solutions for mental health patients in hospitals
- The NHS fully supported investment in adult social care

- Reduced social care funding posed a substantial financial risk to the NHS due to the pressure it placed on acute services
- It was clarified that BCF money was not 'new' money and reallocated from existing NHS budgets
- More joint discussions were needed to find ways to spend the money wisely
- Stabilising the care market would lessen the demand on the NHS
- The possibility of local authorities being fined over DTOCs had been raised in the past, but never implemented, at least not in West Sussex
- The County Council would work with town/parish councils and the voluntary sector to deliver services locally
- Provision of domiciliary care was improving in the north of the county, but more care providers were needed in general
- The County Council was not aware of any providers increasing fees due to the national living wage or the iBCF – council staff look at any increases in fees to see if they are required to sustain the service
- The amount the County Council paid for services was reviewed annually with the emphasis on quality and value for money
- The County Council was encouraged by the willingness of providers to work differently with the County Council than before
- The County Council was looking at day care services and the use of technology where suitable
- The £25m from the iBCF was a small amount compared to what the system actually needed
- Residents did not always plan for their health and wellbeing in later life so may not be able to self-fund care
- Black, Asian, and minority ethnic communities often relied on family members as carers – the Council and carers organisations were looking at ways of helping these carers, e.g. by providing carer training
- Financial assessments would take place when all other options had been explored

15. Resolved - that the Committee: -

- i. Welcomes the early sight of provisional plans to allocate improved Better Care Fund monies and: -
- ii. Asks to receive a future item for further scrutiny following discussions with health partners, including details of how outcomes will be measured
- iii. Asks the Committee's Business Planning Group to consider any particular issues which have been raised during the discussion, to decide if they should be the subject of formal scrutiny by the Committee

Outturn Total Performance Monitor 2016/17

16. The Committee considered a report by the Director of Finance, Performance and Procurement (copy appended to the signed minutes) which was introduced by Jonathan Ware, Head of Strategic Finance, who told the Committee: -

- The £4.9m overspend in the Adult Social Care and Health budget was caused by increase and complexity of demand and the non-delivery of some savings, particularly within Focus on Prevention
- The savings plan for the next financial year had been amended

- It was expected that the portfolio could be managed closer to budget this year as the Council had agreed that an extra £8m for adult social care would come from council tax and extra funding – further funding from the improved Better Care Fund (£25m over three years) should also help stabilise key budget pressures, in particular the external price inflation seen in recent years

17. Resolved – that the Committee notes the data and supporting commentary for the period to the end of the financial year 2016/17 and does not identify any issues for further scrutiny by this Committee or for referral to the Performance and Finance Select Committee.

Appointment of Liaison Members

18. Resolved - that the Committee appoints the following liaison members: -
- i. Coastal West Sussex Clinical Commissioning Group – Dr O’Kelly, Mr Turner and Dr Walsh
 - ii. Crawley Clinical Commissioning Group and Horsham & Mid Sussex Clinical Commissioning Group – Cllr David Coldwell, Mrs Jones and Mrs Smith
 - iii. Mental Health Services – Ms Flynn, Mr Turner and Dr Walsh
 - iv. NHS Surrey & Sussex - Mr Turner and Dr Walsh

Work Programme Planning

19. The Committee considered a report by the Director of Law & Assurance (copy appended to the signed minutes) and made the following comment: -

- The Sussex and East Surrey Sustainability Transformation Partnership (STP) to come to the Committee as soon as possible and noted that it may be necessary for discussions to be held jointly with representatives from the health scrutiny committees of Brighton & Hove, East Sussex and Surrey as all fell within the Sussex and East Surrey STP footprint.

20. Resolved – that the Committee approves the draft interim work programme.

Appointment of Business Planning Group Members

21. Resolved – that the Committee appoints the following members to its Business Planning Group: Mrs Arculus, Mr Fitzjohn, Mrs Smith, Mr Turner and Dr Walsh.

Appointments to Brighton & Sussex University Hospitals NHS Trust Task & Finish Group and to South East Coast Ambulance Service NHS Foundation Trust Task & Finish Group

22. Resolved - that the Committee appointments the following members to: -
- i. The Brighton & Sussex University Hospitals NHS Trust Task & Finish Group: Mrs Jones, Mr Turner and Dr Walsh with Cllr Belsey as substitute
 - ii. The South East Coast Ambulance Service NHS Foundation Trust Task & Finish Group: Mr Turner and Dr Walsh

Members' Items

23. Cllr Neville raised the issue of the number of care home closures in Chichester District, and the implications for hospitals and residents if a shortage of beds developed.

24. Resolved – that the Committee asks the Business Planning Group to investigate the issue of the number of care home closures in the Chichester District, and the implications for hospitals and residents if a shortage of beds develops.

Date of Next Meeting

25. The next scheduled meeting is on 29 September County Hall, Chichester

The meeting ended at 13.54

Chairman