

Health & Adult Social Care Select Committee

8 March 2018 – At a meeting of the Committee held at 10.30 at County Hall, Chichester.

Present: Lt Cdr Atkins, Mrs Bridges, Ms Flynn, Dr O’Kelly, Mr Petts, Mrs Smith, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Barton (Adur District Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Neville (Chichester District Council) and Miss Russell (Healthwatch West Sussex).

In attendance by invitation: Mrs Jupp (Cabinet Member for Adults and Health)

Apologies: Mrs Arculus, Mr Edwards, Mr Fitzjohn and Mrs Jones (West Sussex County Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Coldwell (Horsham District Council) and Cllr Mrs Sudan (Crawley Borough Council).

Declarations of Interest

86. Dr Walsh declared a personal interest in item 5 (Forward Plan of Key Decisions) as a member of Arun District Council.

Minutes of the last meeting of the Committee

87. Resolved - that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 17 January 2018 be approved as a correct record and that they be signed by the Chairman.

Responses to Recommendations

88. The Committee considered the responses (copies appended to the signed minutes).

89. Resolved – that the Committee notes the responses.

Forward Plan of Key Decisions

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

Sussex Partnership NHS Foundation Trust – Briefing for West Sussex Health and Adult Social Care Select Committee

91. The Committee considered a briefing by Sussex Partnership NHS Foundation Trust (SPFT) (copy appended to the signed minutes). The briefing was introduced by Simone Button, Chief Operating Officer, SPFT, who highlighted the following: -

- The Sustainability Transformation Partnership (STP) Mental Health Workstream identified 12 priority areas for attention and found that there was mixed investment in mental health services per capita across West Sussex
- People who used mental health services lived around 20-25% less than others
- About 20% of A&E attendances were made up of the 7% of the population that used mental health services – more investment was needed in crisis services to help reduce this number

- SPFT has been trying to promote more positive staff, user and carer experience by developing services in a new way with partner agencies
- There were challenges with accommodation in West Sussex, especially in Chichester where there were issues with buildings and providing single sex wards such as at the Harold Kidd unit, which had been highlighted by the Trust's recent Care Quality Commission (CQC) inspection
- SPFT wanted two centres of excellence in West Sussex – one at Meadowfield, Worthing for older people and one at Langley Green, Crawley for working age adults – these centres should improve recruitment, research & development and provide high quality care. This would involve changing the location of some existing inpatient services (rather than building new centres)
- There might be a reduction in beds for working age adults to fit the West Sussex profile, but money would be invested in community services in conjunction with the clinical commissioning groups (CCGs)
- There was no plan in place yet for these changes and it was acknowledged that transport problems for patients and visitors would need to be resolved – if the plan did go ahead, the Committee would be consulted, along with the public, at the appropriate time
- There had been a clinically led review of older people's mental health and dementia services that would strengthen clinical leadership and build on best practice
- The demand for beds for adults of working age meant 26 had to be transferred to private sector hospitals (some of which are located outside the local geographic area). This number had now been reduced to one
- Six people had been at the Dene Hospital in Hassocks. They were relocated following a clinical review, initiated as a result of a recent Channel 4 Dispatches programme on the unit.
- A GP advice line had recently been introduced supported by psychiatrists – calls to it had been low but useful for callers
- SPFT was working with the CCGs and local authorities to get people out of hospital with delayed transfers of care (DTOCs) reducing from 54 to 23 – this could be difficult as people often had complex needs meaning finding places for them to go was not easy
- SPFT's bed occupancy was 105% - the aim was to reduce this to 85%
- The CQC had recently rated SPFT as 'Good' overall and 'Outstanding' for caring, making it the third highest rated mental health trust in England
- Changes to section 136 of the Mental Health Act meant that people could now be held for a maximum of 24 hours compared with 72 before – this had reduced the number of people with mental health issues being held in police custody to almost zero
- SPFT had five 'Place of Safety' suites for people detained under section 136 – managing the throughput was difficult and six people had to be placed out of county in January
- SPFT worked with South East Coast Ambulance Service NHS Foundation Trust to move people from the community to places of safety – few mental health patients now went to A&E unless the places of safety were full
- The Sussex Recovery College had achieved positive outcomes for many of its users

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

- SPFT's robust nurse recruitment strategy was working, but it was harder to find psychiatrists, especially in the coastal area, therefore the Trust was looking at

alternative ways of working and was piloting the use of physician associates (graduates working under supervision to assess patients and monitor the administration of drugs) to relieve the burden on consultants and allow junior doctors to learn psychiatry

- 150 new NHS nurses had been recruited, enabling the Trust to reduce its £6m spend on agency staff in 2017/18 (£2m of which went to the agencies)
- GPs with knowledge in specific areas such as anorexia, high calibre locums and the way services were structured could help offset the shortage of psychiatrists
- The Trust was also looking at employing people at a level where they could make an immediate impact with patients and maintain their levels of expertise
- The timescale to bring in changes by 2020 would be challenging – a lot of work was needed on estates, but the plan was to go out to public consultation at the end of 2018
- The Committee was concerned about the move to two centres of excellence and would like to see more detailed plans when available – concerns were that the move: -
 - was too building-based
 - would make it difficult for families/friends to visit patients
 - did not fit with the aim of reducing bed occupancy as beds would be lost
 - would lead to a congested site at Meadowfield when there might be more scope at Swandean and unused NHS estate in Midhurst
- Patients needed to be supported out of hospital more locally or in their homes using community services, including for urgent care, would help achieve this
- Sussex Community NHS Foundation Trust (SCFT) was increasing its services in the community e.g. integrated physical healthcare
- The Council might be able to help with bases for community services
- Transport issues would be investigated
- Quality of care was most important
- There would be a stepped approach to any change
- The estates at Meadowfield and Swandean would be reviewed, but some wards might move to Langley Green
- Salvington Lodge would be expanded to house all dementia services
- SPFT was talking to several Trusts about use of estates and the clinical strategy would help determine what services/buildings were needed
- The Five Year Forward Plan advocated 24/7 services - there were ongoing discussions with the CCGs regarding investment to help achieve this
- 24/7 services would be especially important in crisis care
- More analysis was needed to establish why there had been so few calls to the GP advice line and how calls could be increased
- Work was needed to be done with partners, including GPs, to improve patient pathways
- The STP's mental health workstream could align people around decisions and help ensure money was spent most effectively
- More work was needed with housing and other agencies to help find places for people with no fixed abode to stay on leaving hospital
- SCFT's 'Time to Talk' service was linking with GPs and using non traditional methods to reach more people e.g. men at risk of suicide – this was also keeping people out of A&E
- The joint service between the Council and NHS had discussed ways to get the right skills base and preventative services – this might require money from the acute sector. Quick wins were being sought to build upon and needed good commissioning and a multi-disciplinary approach

93. Resolved - that the Committee agrees that the Business Planning Group receives details of any firm proposals to develop two centres of excellence for the care of working age adults and older people, including those with dementia, and agrees a timetable for formal scrutiny to be approved by the Committee at the earliest opportunity, taking into account the Committee's comments regarding estates integration.

Procurement of Community Reablement Services – Outcome of Contract Letting

94. The Committee considered a report by the Executive Director, Children, Adults, Families, Health and Education (copy appended to the signed minutes) which was introduced by Stuart Gibbons, Commissioning Manager who told the Committee: -

- The contract, which had been co-designed with health, had been awarded to the current provider, Essex Cares Limited (ECL)
- The service would now be more outcomes based and flexible, using block payments instead of spot purchasing – this would lead to stability for staff and quicker recovery time for customers
- Good reablement improved people's wellbeing and kept them out of hospital
- The challenge to change the culture at ECL was being met
- ECL would be paid for a certain number of customers per year then per head above the agreed number
- There had been 334 new customers since the start of the new contract, including all referrals made between Christmas and New Year
- The Council's occupational therapists also worked with the customers during their treatment and they decided when it should end
- The Council has a contract management team looking at the reablement service which is reviewed and monitored through the Council's MOSAIC IT system
- There were regular operational and monitoring meetings between ECL and the Council and ECL and health
- ECL was also working with the Council's 'Discharge to Assess' team and health's 'Step-up, Step-down' team

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

- The new way of working in blocks of time should lead to a better service in rural areas
- Guaranteed hours and more training had led to lower staff turnover
- The reablement service now used the same forms as health for referral and assessments which will help when closer integration between health and social care can be implemented
- The Council only narrowly missed its delayed transfers of care target (making it more likely that it would keep its Better Care Fund money)
- Therapists were now discharging people to other therapists, reducing the number of people inappropriately referred for reablement
- Reablement places were now only held for 24 hours meaning help was given to those in most need
- ECL was averaging 26 new customers a week

96. Resolved - that the Committee: -

- i. Is sufficiently assured that the procurement process and subsequent contract award to provide the County Council's Community Reablement Service will provide the desired outcome for West Sussex residents
- ii. Agrees that an update be provided to the Business Planning Group or virtually to the Committee after one year of operation of the new service

Business Planning Group Report

97. The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed minutes) which was introduced by the Chairman who told the Committee: -

- Continuing Health Care had improved
- NHS 111 would have a more clinical focus
- The Dementia Framework would come to the Committee in the autumn
- Pressures in the portfolio's budget were hard to predict

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

- Coastal West Sussex Clinical Commissioning Group was in a better place in its recovery plan than Crawley and Horsham & Mid Sussex clinical commissioning groups as it had got into financial difficulties a year earlier and therefore had had more time to address the situation
- The regulator was happy with the progress made by Coastal West Sussex which was trying to breakeven

99. Resolved - that the Committee endorses the Business Planning Group's report.

Date of Next Meeting

100. The next scheduled meeting is on 22 June County Hall, Chichester

The meeting ended at 12.37

Chairman