

Health and Adult Social Care Select Committee

26 September 2019 – At a meeting of the Health and Adult Social Care Select Committee held at 10.30 am at County Hall, Chichester.

Present: Mr Turner (Chairman)

Dr Walsh	Dr O'Kelly	Cllr Bennett
Mrs Arculus	Mr Wickremaratchi	Cllr Bickers
Lt Cdr Atkins	Ms Sudan, Arrived at	Cllr McAleney
Mr Boram	11.00	Cllr McGregor
Mrs Jones	Miss Russell	
	Cllr Bangert	

Apologies were received from Mrs Bridges, Ms Flynn, Cllr Peacock and Cllr Tricia Youtan

Also in attendance: Mrs Jupp

14. Declarations of Interest

14.1 In accordance with the code of conduct the following interests were declared: -

- Mr McAleney declared a personal and prejudicial interest in item 4a - Response to Recommendations by the Cabinet Member for Adults & Health as he is employed by Crawley Open House. The response was not discussed so Mr McAleney did not need to leave the room
- Mr McAleney declared a personal interest in item 6 - Local Assistance Network as he is employed by Crawley Open House
- Mr Turner declared a personal interest in items 7 – West Sussex Suicide Prevention Strategy 2017-20, 8 – Health Protection Annual Report and 9 – Substance Misuse – Drugs and Alcohol as a pharmacist

15. Minutes of the last meeting of the Committee

15.1 Resolved – that the minutes of the meeting held on 12 June 2019 be approved as a correct record and that they be signed by the Chairman.

16. Responses to Recommendations

16.1 Resolved – that the Committee notes the responses and the fact that concerns over Housing Related Support can be raised at the next meeting of the Committee.

17. Forward Plan of Key Decisions

17.1 Resolved – that the Committee agrees with the Chairman's proposal that the Review of In-house Residential Care be looked at by a one-off Task & Finish Group on 13 November 2019.

18. Local Assistance Network

18.1 The Committee considered a report by the Executive Director People Services and Director of Adults' Services (copy appended to the signed minutes).

18.2 The Cabinet Member for Adults & Health told the Committee that the Council had not been made aware of any significant detrimental impacts on providers as a result of the reduction in funding. She reminded the Committee that the Council did not have a statutory duty to fund this service and needed to make savings where possible.

18.3 Dave Sargeant, Acting Director of Adults' Services, made the following points: -

- Providers had found other sources of funding after the Council reduced its contribution
- Consultation was taking place with current recipients until 18 October, which would help with the impact assessment
- The effect on Children's Services would be monitored

18.4 Summary of responses to the Committee's questions and comments: -

- Members of the Committee expressed that
 - those affected might not be able to raise their concerns
 - providers might not have complained as the reduction last year was less than originally planned
 - the reduction in funding could lead to increased costs later for the Council and other public bodies such as the NHS and Police
 - the Council had a moral duty to help
 - the decision should not be taken until it had seen the results on the consultation
- No decision had been made on how the proposed £100k funding would be allocated
- The current allocated Local Assistance Network funding to Citizens Advice was in addition to the core funding the Council gave to the service
- The Cabinet Member for Adults & Health encouraged committee members to ask people in their areas to take part in the consultation

18.5 Resolved – that the Committee would like a detailed paper covering the outcomes of the consultation with providers of the Local Assistance Network on the proposed reduction in funding from £200k to £100k and that this be presented to the one-off Task & Finish Group on Housing Related Support on 13 November 2019.

19. West Sussex Suicide Prevention Strategy 2017-20

19.1 The Committee considered a report by the Director of Public Health and the West Sussex Suicide Prevention Strategy 2017-20 (copies appended to the signed minutes) which were introduced by Daniel MacIntyre, Head of Service, Public Health, who highlighted the age profile

of victims, the economic impact and the fact that the number of suicides in West Sussex was reducing. He also told the Committee that: -

- £687k of funding had been awarded for suicide prevention activity in Brighton & Hove, East Sussex and West Sussex
- Emerging issues and clearer levels of ambition needed to be included in the next version of the strategy

19.2 Summary of responses to the Committee's comments and questions: -

- The YMCA operated Children & Young Peoples' Improved Access to Psychological Therapies interventions in the community and data was inputted into the NHS data set. It also employed a clinical psychologist from Sussex Partnership NHS Foundation Trust (SPFT)
- Pathfinder West Sussex is an alliance of ten third sector providers working in partnership with SPFT to enable people with mental health support needs, and their carers, to improve their mental health and wellbeing
- SPFT would be increasing its Crisis Team staff and hoping to engage better with hard to reach groups that might prefer to speak to the voluntary sector or their peers
- The West Sussex Suicide Prevention Steering Group included representatives from the Council, SPFT, bereavement support, the ambulance service, Police, Transport Police and Network Rail, all of who provided information to update the Group's action areas
- Coroners could now pronounce verdicts on suicides which increased the numbers of deaths attributed to suicide 'on the balance of probabilities'
- There had been a peer review of the strategy
- The strategy correctly identified the key at-risk groups
- The Samaritans could only provide national data
- Drug and alcohol abuse were large causes of suicide
- Social isolation was another risk factor and tackling this was a priority for Public Health with services being commissioned to combat it
- SPFT's adult services recognised the needs of children transferring to its services more through partnership working with the Council, Children & Adolescent Mental Health Services and Children Looked After teams
- The YMCA provided information on mental health to schools written by young people
- Work was taking place to reach LGBTQI people who were considered higher risk of suicide and self-harm compared to the general population
- Daniel MacIntyre offered to produce a briefing for the Committee on the key groups at risk of suicide
- From February 2020 the first point of contact for anyone with mental health problems would be the NHS 111 service
- Educational psychologists provided a wellbeing service to schools – there was also a schools-based mental health team providing emotional support in a pilot scheme
- Coastal MIND worked with partners to deliver training in schools
- Young people could be helped with online counselling with therapeutic input and online resources with clinician support
- It was important that people were encouraged to say if they felt suicidal as they could then be advised where to go for support

- Change, Grow, Live had 1,500 service users, many with a dual diagnosis e.g. mental health issues and drug/alcohol abuse - the Drug & Alcohol Death Audit showed dual diagnosis was an area of high priority
- Social media could have both positive and negative effects
- 'Time to Talk Health' has successfully targeted men, and in March 2020 a social media campaign would be launched aimed at preventing male suicides
- Training was required for staff in financial debt support organisations, such as the Citizens Advice Bureau given the association between debt / financial hardship and suicide
- People who have been discharged from inpatient wards will now be followed up in the community within 72 hours
- Recovery colleges for patients and peers have worked well and now offer suicide prevention courses
- Mental health professionals accompanying police patrols worked well

19.3 Resolved – that the Committee: -

- i. is assured that the relevant partner organisations are coming together to monitor the output of the current Suicide Strategy
- ii. asks that the priority areas for action have increased levels of ambition
- iii. asks that work continues and increases around those in transition between Children's and Adults' Services, including Children Looked After
- iv. asks that further support is given to educational establishments in terms of support and training in the work place
- v. asks that the offer of training is prioritised
- vi. asks that a focus on the wider determinants are prioritised with an importance on treating the cause rather than the symptom
- vii. asks that a briefing is circulated to all Members and the offer of Member training is explored
- viii. asks to consider the next West Sussex Suicide Prevention Strategy in draft form at a future meeting and also the Self Harm Needs Assessment

20. Health Protection Annual Report

20.1 The Committee considered a report by the Director of Public Health and the West Sussex Health Protection Annual Report 2018/19 (copies appended to the signed minutes) which were introduced by Anna Raleigh, Director of Public Health who told the Committee that it had been a busy year with challenges around immunisation and screening.

20.2 Dr Sarah Lock, Consultant in Health Protection Public Health England highlighted the following: -

- Enquiries were up by nearly 43%
- There were 3,037 cases of infection notified to PHE last year
- 39% of outbreaks were in care homes, which caused difficulties when they had to close, 46% of outbreaks were in schools and nurseries. Outbreaks were mainly flu and norovirus
- There was low uptake of the flu vaccination by care home staff

- There had been an outbreak of measles in a Chichester school and an outbreak of cryptosporidium linked to an open farm
- Work had taken place with schools and hospitals to screen contacts of tuberculosis (TB) cases
- There had been problems with commissioning TB screening in north West Sussex

20.3 Caroline Vass, Consultant in Immunisation and Screening, Public Health England highlighted the following: -

- The new faecal immunochemical test for bowel cancer should increase screening numbers
- There was a problem with women not getting breast cancer screening appointments within the 36-month deadline - this was being carefully monitored locally
- A new process for cervical cancer screening testing was being rolled out using a primary test for human papillomavirus (HPV) to triage further management and treatment
- HPV vaccinations were now available for boys in schools
- Take-up of the first MMR vaccination was good, but take-up for the second was poor – there was ongoing activity to try to increase uptake
- National uptake for shingles vaccine was low at 30% and this was reflected locally against a 60% national target
- Care home staff were now offered free flu vaccinations at pharmacies

20.4 Paul Woodcock, Commissioner Sexual Health highlighted the following: -

- Diagnosis of HIV was decreasing due to treatment as prevention and risk groups being protected with Pre-Exposure Prophylaxis
- The introduction of the HPV vaccination has helped bring down the number of cases of genital warts and will have an impact on cervical cancer
- Chlamydia diagnosis in young people was an issue which should improve with the reprocurement of the sexual health service

20.5 Rachel Loveday, Public Health Lead - Health Protection highlighted the following: -

- Work was going on with partners to improve air quality
- Many care homes now had infection control champions
- Healthcare associated infections in many areas are decreasing but there was still further focus required in some areas
- Priorities were to increase uptake of vaccinations and the TB pathway for patients in the north West Sussex

20.6 Summary of responses to the Committee's comments and questions: -

- The take up of flu vaccinations in care homes and hospitals was monitored weekly
- The Health Protection Annual Report did not include every subject – others were covered elsewhere, e.g. diabetes in health improvement plans

- The measles immunisation strategy would help parents understand the importance of their children receiving the MMR vaccination
- People were consistently offered vaccinations, including new university students
- The shingles vaccination was being rolled out in stages and would soon be available to all aged 70-79 year olds
- Although cases of TB were going down, the vaccination was still available for those living in high incidence areas or to babies born to those from high incidence countries
- There was no evidence that single vaccinations were more effective than the combined MMR vaccinations
- Work was going on with the National Farmers' Union and schools to raise awareness of the risk of catching infections from animals on farms

20.7 Resolved – that the Committee asks the Director of Public Health to:
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- i. urge all care home and hospital staff to receive the flu vaccination, understanding there are medical exceptions
- ii. ensure that publicity and awareness is increased in relation to childhood immunisations, especially in relation to 'herd' immunity

21. Substance Misuse - Drugs and Alcohol

21.1 The Committee considered a report by the Director of Public Health (copy appended to the signed minutes) which was introduced by Philippa Gibson, Senior Commissioning Manager (Substance Misuse) who told the Committee: -

- The £5m cost of the contract with Care, Grow, Live (CGL) to provide a health, wellbeing and recovery service was mainly funded from the Public Health Grant
- There had been sustained improvements in key measures of treatment outcomes since 2017 despite an increase in demand and complexity of cases
- There is a shared priority with service and Public Health England to reduce further drug related deaths.
- The direction and focus of future work would be influenced by an audit into drug-related deaths
- Over the last four years, there have been a number of successful bids to Public Health England primarily for capital monies but also for revenue.
- Partnership priorities include the following
 - Prevention and Behaviour Change
 - Treatment and Support
 - Enforcement and Regulation
- Services needed to be easier to access
- Better feedback and analysis of risks was required to help service response

21.2 Ian Dunster, Service Manager, West Sussex Drug and Alcohol Wellbeing Network told the Committee: -

- Interventions included specialist prescribing and psychosocial interventions were generally working well
- With numbers of people seeking treatment increasing, help was required with caseloads with 100 – 180 referrals coming in per month
- People often also had problems with housing, mental health difficulties and unemployment
- The Service had a specific team supporting young people and their families
- Over 200 partner agency staff had been trained to use Naloxone to treat overdoses and three lives had been saved so far by CGL staff using Naloxone
- Naloxone was available from 28 pharmacies in the county

Hepatitis C testing was available, but many people did not like the fact that it took place in hospitals, so the service was working with health colleagues and partner agencies to improve the offer

21.3 Katherine Wadbrook, Service Manager - CGL West Sussex Young Persons and Families Services told the Committee: -

- Innovation fund money from Public Health England was available to help children affected by parental alcohol misuse and pregnant women who were misusing alcohol

21.4 Kerry Lemon, CGL Service User Involvement Lead told the Committee that she had been addicted to alcohol and heroine and spent time in prison and been homeless in Chichester before receiving help from CGL. She had not always attended appointments with CGL and an end of live care plan had been prepared for her. She went to a treatment centre for nine weeks and has been clear of addiction for two years and now works as a peer mentor for CGL.

21.5 Summary of responses to the Committee's comments and questions: -

- All treatment was voluntary, and the figures took into account those who had moved out of the area
- Due to the complexities and difficulties of beating addiction, any success was welcomed
- Outcomes included: -
 - People injecting drugs to reduce safely within three months
 - Just under 90% of people referred for detoxification completed their treatment
- No revenue bids were currently available from Public Health England
- Nearly all drug dependencies were for heroine, but spice users were also treated
- The number of naloxone kits in an area was demand-led
- CGL provided information packs for schools, visited children's homes and attended fresher fairs at universities
- Information submitted by service to the Council's commissioner was shared with district and borough councils
- Responding to misuse of over the counter medication was not a core service offer, but might be something the partnership wished to consider when reviewing the findings of the Drug Related Death Audit
- CGL and other providers worked with a number of prisons and this included developing community/prison protocols and joint working

- Drug related deaths can be of individuals who may also have relatively poor physical and/or mental health
- People who didn't attend scheduled appointments with CGL might have to wait till another became available
- Deaths (for whatever reason) of people known to service were reported to the Council's commissioner
- Public Health aimed to tackle drug misuse by measuring evidence-based outcomes through the Joint Strategic Needs Assessment and a collaborative working agreement with partners would be launched in October to decide which partner led in which area
- 60% of patients did not use drugs on top of the treatment they received

21.6 Resolved – that the Committee: -

- i. welcomes the work which has been done to date and service user involvement
- ii. recognises the positive figures in West Sussex in relation to the national average, especially due to the complex nature of this cohort of the West Sussex population

22. Business Planning Group Report

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

22.2 It was noted by the Committee that a Total Performance Monitor was not provided to the Business Planning Group meeting and as a result the performance of Adult Social Care Services could not be appropriately assessed and examined. The Committee required that the most recent Total Performance Monitor should be presented five business days prior to the Business Planning Group meeting together with an update of any significant issues that have occurred after the preparation of that Total Performance Monitor.

22.3 It was confirmed that the Committee would have an opportunity to scrutinise the capacity of the Children & Adolescent Mental Health Service. This would be in conjunction with the Children & Young People's Services Select Committee.

22.4 An update on continuing issues with the Shaw Homes contract was requested to be circulated to Business Planning Group members before the group's next meeting.

22.5 Resolved – that the Committee endorses the Business Planning Group's report.

23. Possible Items for Future Scrutiny

23.1 It was requested that the Committee looked at the NHS Human Resources Strategy.

23.2 Resolved – that the request that the Committee look at the NHS Human Resources Strategy be referred to the next meeting of the Business Planning Group.

24. Date of Next Meeting

24.1 The next meeting of the Committee will be held on 27 November at 10.30 am at County Hall, Chichester.

The meeting ended at 3.24 pm

Chairman