

Public Document Pack

Tony Kershaw
Director of Law and Assurance

If calling please ask for:

Rob Castle on 033 022 22546
Email: rob.castle@westsussex.gov.uk

www.westsussex.gov.uk

County Hall
Chichester
West Sussex
PO19 1RQ
Switchboard
Tel no (01243) 777100



7 November 2018

Health and Adult Social Care Select Committee

A meeting of the committee will be held at **10.30 am** on **Thursday, 15 November 2018** at **County Hall, Chichester**.

Tony Kershaw
Director of Law and Assurance

Agenda

- 10.30 am 1. **Declarations of Interest**
- Members and officers must declare any pecuniary or personal interest in any business on the agenda. They should also make declarations at any stage such an interest becomes apparent during the meeting. Consideration should be given to leaving the meeting if the nature of the interest warrants it. If in doubt please contact Democratic Services before the meeting.
- 10.31 am 2. **Urgent Matters**
- Items not on the agenda which the Chairman of the meeting is of the opinion should be considered as a matter of urgency by reason of special circumstances, including cases where the Committee needs to be informed of budgetary or performance issues affecting matters within its terms of reference, which have emerged since the publication of the agenda.
- 10.32 am 3. **Minutes of the last meeting of the Committee** (Pages 5 - 10)
- The Committee is asked to agree the minutes of the meeting held on 27 September 2018 (cream paper).
- 10.35 am 4. **Relocation of the Special Care Dental Service at Littlehampton Health Centre** (Pages 11 - 14)
- Consultation document and travel options from Sussex Community NHS Foundation Trust.
- The Committee is asked to seek assurance that Sussex Community Foundation NHS Trust is undertaking a robust

consultation exercise, ensuring that all those affected by the proposals are having the opportunity to respond and that the proposals as drafted will not adversely affect those patients and their families currently using the service at Littlehampton Dental Clinic.

11.00 am 5. **Cabinet Member Response** (Pages 15 - 16)

The Committee is asked to note the response from the Cabinet Member for Adults & Health to recommendations made at its 27 September 2018 meeting.

11.05 am 6. **Forward Plan of Key Decisions** (Pages 17 - 22)

Extract from the Forward Plan dated 1 November.

An extract from any Forward Plan published between the date of despatch of the agenda and the date of the meeting will be tabled at the meeting.

The Committee is asked to consider whether it wishes to enquire into any of the forthcoming decisions within its portfolio.

11.10 am 7. **The Adult Social Care Improvement Programme - beyond 100 days** (Pages 23 - 50)

Report by Executive Director, Children, Adults, Families, Health & Education and Interim Director of Adults' Services.

This report outlines the findings of the Peer Challenge and the progress of the 100 day plan. It sets out the framework for the vision and strategy and accompanying three year programme and invites the Committee to comment on a draft version of the vision and strategy in advance of a key decision to endorse this.

The Health and Adult Social Care Select Committee (HASC) is asked to consider and comment on the details of the report regarding the 100 day programme following the LGA Peer Challenge in Adults Services, in particular the proposed plan for the three year improvement programme and draft vision and strategy for adult social care taking into account the range of other Council change projects which may need to be aligned with the project plans, and the likely requirements for closer working with Health'.

The HASC is also invited to consider whether it wishes to receive progress of the development of the three improvement programme, vision and strategy for adult social care at a future meeting and if so, agree an appropriate timescale.

12.10 pm 8. **Joint Health Overview Scrutiny Committee Terms of Reference** (Pages 51 - 62)

Report by the Director of Law and Assurance.

The report outlines the role and functions of Joint Health and Overview Scrutiny Committees (JHOSC); explains the need to establish a JHOSC across West Sussex, Brighton & Hove, East Sussex and Surrey; and presents a draft JHOSC Terms of Reference for member approval.

The Committee is asked to:

- i) Agree that a Joint Health and Overview Scrutiny Committee (JHOSC) be established with membership from Brighton & Hove City Council, East Sussex County Council, Surrey County Council and West Sussex County Council;
- ii) Agree the JHOSC Terms of Reference attached at Appendix A;
- iii) Appoint three County Council members to the JHOSC, based on the County Council's proportionality rules (2 majority group and 1 minority group representatives) and one co-opted member (district/borough representatives and Healthwatch) to represent the West Sussex Health and Adult Social Care Select Committee.

12.20 pm 9. **Brighton & Sussex University Hospitals NHS Trust Working Group Update**

The Chairman to give a verbal update from the Working Group meeting on 31 October 2018.

12.25 pm 10. **Business Planning Group Report** (Pages 63 - 70)

The report informs the Committee of the Business Planning Group meetings held on 1 October and 8 October 2018, setting out the key issues discussed.

The Committee is asked to endorse the contents of this report, and particularly the Committee's Work Programme revised to reflect the Business Planning Group's discussions (attached at Appendix A).

12.30 pm 11. **Possible Items for Future Scrutiny**

Members to mention any items which they believe to be of relevance to the business of the Select Committee, and suitable for scrutiny, e.g. raised with them by constituents arising from central government initiatives etc.

If any member puts forward such an item, the Committee's role at this meeting is just to assess, briefly, whether to refer the

matter to its Business Planning Group to consider in detail.

12.30 pm 12. **Requests for Call-in**

There have been no requests for call-in to the Select Committee and within its constitutional remit since the date of the last meeting. The Director of Law and Assurance will report any requests since the publication of the agenda papers.

12.30 pm 13. **Date of Next Meeting**

The next meeting of the Committee will be held on 12 December at 10.30 am at County Hall, Chichester. Probable agenda items include:

- Strategic Budget Options 2019/20

Any member wishing to place an item on the agenda for the meeting must notify the Director of Law and Assurance by 3 December.

To all members of the Health and Adult Social Care Select Committee

Health and Adult Social Care Select Committee

27 September 2018 – 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	Ms Flynn	Cllr Caroline Neville
Mrs Arculus	Mrs Jones	Cllr Edward Belsey
Lt Cdr Atkins	Dr O'Kelly	Cllr Tina Belben
Mr Barling	Mr Petts	Cllr Kevin Boram
Mrs Bridges	Cllr Keith Bickers, Left at	Cllr David Coldwell, Left
Mr Edwards	lunchtime after item 6.	at lunchtime after item 6.
	Cllr George Blampied	Miss Frances Russell

Apologies were received from Mrs Smith

Also in attendance: Mrs Jupp

12. Declarations of Interest

12.1 In accordance with the code of conduct, the following personal interests were declared: -

- Mrs Bridges in relation to item 6 (Strategic Budget Options 2019/20) as she has a relative in receipt of Adult Social Care
- Mr Belsey in relation to item 6 (Strategic Budget Options 2019/20) as his wife is a trustee of Age UK East Grinstead & District
- Mr Belsey in relation to item 7 (Bailey Unit – Midhurst Community Hospital) as a governor of Sussex Community NHS Foundation Trust
- Miss Russell in relation to item 7 (Bailey Unit – Midhurst Community Hospital) as the Healthwatch West Sussex representative on the task and finish group to champion local voices and to challenge NHS and local authority thinking re Bailey Unit closures

13. Minutes of the last meeting of the Committee

13.1 Resolved – that the minutes of the meeting of the Committee held on 22 June be approved as a correct record and that they be signed by the Chairman.

14. Responses to Recommendations

14.1 Resolved – that the Committee notes the response by the Cabinet Member for Adults & Health.

15. Forward Plan of Key Decisions

15.1 Resolved – that the Committee agrees that: -

- i. The decision regarding the procurement of mortuary services for West Sussex should be discussed at the next meeting of the Business Planning Group.

16. Strategic Budget Options 2019/20

16.1 The Committee considered reports by the Executive Director Children, Adults, Families, Health & Education and the Interim Director of Adults' Services (copies appended to the signed minutes). The reports on Housing Related Support and the Local Assistance Network were introduced by Amanda Jupp, Cabinet Member for Adults & Health, and Kim Curry, Executive Director Children, Adults, Families, Health & Education who assured the Committee that the County Council would work with all concerned parties, look at all options and understand the impact before any decision was taken.

16.2 Summary of responses to Members' questions and comments: -

- The Committee emphasised the importance of engaging with the voluntary sector, service users, other public sector organisations, the Corporate Parenting Panel, Members of the County Council, district and borough councils, youth offending service, drug & alcohol service, Local Government Association and the Department for Housing and exploring any costs to them that this decision may cause
- Many other councils had already made this type of budget reduction and West Sussex could learn from their experience
- There were a number of officers who had been deployed to work on these projects and meetings had been arranged with providers who would be given due notice if the proposed changes went ahead
- The Council was working with the district and borough councils regarding the potential implications of the proposals as they were the statutory authority responsible for the prevention of homelessness
- Engagement with service users would be through the providers, with advocates for service users where required
- The Council should be aware that this issue may affect the health and wellbeing of vulnerable adults
- The consultation outcome should be presented to list views by sector
- All discretionary spending, including the impact on the most vulnerable people would be reviewed
- There should be clear labelling in committee papers of which spending was statutory and which was discretionary
- The Council was helping voluntary sector organisations develop the infrastructure that would help them access funding

16.3 Resolved – that the Committee asks that: -

- i. All service users likely to be impacted by these proposals have the opportunity to be consulted
- ii. Members of the Committee have the opportunity to take evidence prior to, and at the next meeting of the Committee, where practical, from different providers, the voluntary sector, service users, local authorities, the NHS and police
- iii. The next meeting of the Committee include the Children & Young People's Services Select Committee and the Chairman of the

Corporate Parenting Panel to take into account any cross-cutting issues

- iv. The next meeting of the Committee's Business Planning Group to discuss and finalise the arrangements for the Committee's evidence gathering prior to consideration of any final proposals taking into account the Committee's discussion on 27 September

16.4 The Committee considered a report on the Minimum Income Guarantee for Working Age Adults by the Executive Director Children, Adults, Families, Health & Education and the Interim Director of Adults' Services (copy appended to the signed minutes).

16.5 Summary of responses to Members' questions and comments: -

- The proposed change would bring the Council in line with most other authorities
- The allowance for a single person would decrease by £5.28 a week and by £8.04 a week for couples
- There was provision to take into account disability and some housing-related expenditure when assessing how much money each person would receive
- Assessors would make sure that people were claiming all the benefits they were entitled to
- Money from the Minimum Income Guarantee was intended for food and utilities
- Consultation would take place with all parties and the results shared with Members before any decision was taken

16.6 Resolved – that the Committee asks that the Council seeks proper evidence from service users, highlights the importance of advocacy within this consultation and the need for real evidence from real people who are subject to this, including from those voluntary groups that can help with further information.

16.7 The Committee considered a report on Adults In-house Social Care provision – Choices for the Future by the Executive Director Children, Adults, Families, Health & Education and the Interim Director of Adults' Services (copy appended to the signed minutes).

16.8 Summary of responses to Members' questions and comments: -

- It was not possible to tell from the consultation report how each group of service users felt about the changes that would affect them
- It was generally accepted that the residential home buildings were no longer fit for purpose and were underused
- Any changes to the day services would be brought in over six to nine months to allow users to prepare for them
- 60% of people that used the Wrenford Centre in Chichester came from Bognor Regis, so for most people, travel time to the new centres would decrease
- Travel training for individuals would continue
- The centres had a number of rooms that could be used to separate people with different needs

- Some people with learning difficulties also had dementia and some visited old peoples homes to the benefit of both groups
- Reviews (and assessments where necessary) would take place to establish what people wanted to do so that the correct facilities could be provided and to find which venues would be appropriate
- The Council would continue to work with the voluntary sector to provide services
- Respite services would still be part of new services
- Sensory equipment would still be provided at the new centres
- Both Glen Vue in East Grinstead and the Maidenbower Centre in Crawley were leased buildings that would be retained – feasibility studies were being undertaken to see how they could be used by the Council in the future
- The Council would fully explore all possible alternatives for people at Maidenbower and Glen Vue
- The Committee felt that consideration should be given to the suggestion put forward by the Friends of Wrenford and also to the use of Helping Hand cards by public transport drivers for people with dementia but in general supported the progression of the proposals based on the committees discussions

16.9 Resolved – that the Committee asks that, if the proposals are approved by the Cabinet Member, that an update should be provided to its Business Planning Group before transfer of the day services at Glen Vue and Maidenbower takes place in March 2019 to provide reassurances regarding the arrangements for the service users affected, along with an update on the proposals for merging the Wrenford Centre with the Chestnuts and Judith Adams sites. As requested at the previous meeting, the Committee should then receive an update on how the transition went – to include feedback from service users affected by the changes.

17. Bailey Unit - Midhurst Community Hospital

17.1 The Committee considered a report by Sussex Community NHS Foundation Trust (SCFT) (copy appended to the signed minutes) which was introduced by Dr Richard Quirk, Medical Director (SCFT) who told the Committee that: -

- The closure of Bailey Unit was a temporary measure due to staff shortages which had led to an increase in incidents and complaints
- Due to concerns over safety, the number of beds available had been reduced to eight, but the staffing problems continued, leading to closure whilst care in Midhurst in future was reassessed

17.2 Dr Rowena Hill, Riverbank Medical Centre, Midhurst raised the following concerns and points: -

- After a previous temporary closure, Bailey Unit had reopened with only one staff vacancy – why had so many more vacancies arisen?
- Why was the situation not discussed by the Committee at its 22 June meeting, which was two days before the closure?
- Was the latest closure temporary or permanent?
- The medical centre would have sent 12 patients to the unit if it had been open last month

- There had been no increase or planned increase in the number of district nurses in Midhurst
- The manager of Pendean, Midhurst, was unaware of a contract with SCFT for the use of its beds by SCFT patients

17.3 Roger Bricknell, Trustee and Secretary - Friends of Midhurst Community Hospital and Riverbank Medical Centre raised the following concerns and points: -

- Had SCFT looked into the reasons why staff had left the Bailey Unit?
- Would the number of clinics at Midhurst Community Hospital increase?
- Would the Pearson Unit continue?
- A Frailty Unit in Midhurst would be welcomed
- A £1m legacy was available for structural works on the community hospital
- Part of the site could be used for housing

17.4 Marie Dodd, Area Director, SCFT, told the Committee: -

- The 'One Call' system was responsible for arranging the night sitting service and allocating patients to beds (including at Pendean and Cavell House, near Shoreham)
- Pendean and Cavell House were high quality provision that had been used over the August Bank Holiday
- Nine beds had been opened at Salvington Lodge, Worthing
- Continued recruitment at Salvington meant that staff could be flexible and transferred to Midhurst if necessary
- There was capacity in the community nursing team, but more people were needed for the sitting service
- Most of the people who used the Bailey Unit came from Worthing and would rather stay closer to home
- 66% of Bailey Unit staff were agency
- Four attempts had been made recently to recruit a ward manager for Bailey Unit

17.5 Amanda Fadero, Transition Director, Coastal West Sussex Clinical Commissioning Group (CWS) told the Committee: -

- The governing body of CWS sought assurance that the alternative capacity was secured and how this would be monitored. This was particularly important for winter resilience planning and any potential requirement for additional capacity. CWS was working with SCFT to do this
- Flexible staffing arrangements have been explored
- CWS was liaising with primary care through the local community networks

17.6 Summary of responses to Members' questions and comments: -

- Beds at Pendean and Cavell House were spot purchased without problems
- SCFT worked with local authorities to get packages of care in place to help people remain at/return home, but there was a shortage of good providers

- SCFT thought that the situation could be mitigated so did not bring the issue to the Committee earlier
- The move from acute beds to primary/community care requires a review to reflect the changing needs and demand of the population. A review of community bed usage was taking place – this would involve developing community bases from NHS, community and voluntary sector assets
- The review of community beds was clinically driven and led
- The CWS Estates Strategy was looking at what facilities would be needed in the future
- The Sustainability Transformation Partnership was reviewing estate assets, IT and digital and workforce solutions
- The staff vacancy rate for SCFT was variable in different teams, at one it had been as high as 27% in one team. The situation was improving with no vacancies in Bognor Regis or Chichester – turnover was 13%, similar to NHS community services across the country. Particular information for rural areas could be provided
- Staff that left were given exit interviews – reasons for leaving included people retiring for the second time, difficult journeys to work, the stress of extra shifts due to staff shortages and unwillingness to change ways of working
- A frailty hub was being explored as an option for Midhurst
- The possible number of intermediate care centres was limited by available staff and affordability
- It was possible to send patients to units in Hampshire and Surrey

17.7 Resolved – that the Committee understands the rationale behind the closure of the Bailey Unit, however, it is not completely assured that the plans in place will meet the needs of the West Sussex population and would like to consider the outcome of those plans for community provision as they develop and the impact of the upcoming winter period.

18. Date of Next Meeting

18.1 The next scheduled meeting of the Committee is on 15 November 2018, County Hall, Chichester at 10.30.

18.2 The meeting ended at 15.16.

Chairman



Sussex Community

NHS Foundation Trust

Consultation Paper

Relocation of Littlehampton Dental Clinic

Introduction

The purpose of this paper is to:

- Set out the reasons and options for the planned relocation of the Special Care Dental Service at Littlehampton Health Centre.
- Seek views and comments from patients, carers, staff and other key stakeholders on the options and issues raised within this paper.

Reasons for change

The opportunity to review the current arrangements for the Special Care Dental Service has arisen because:

- The existing location is not fit for purpose due to the layout of the accommodation and the space available.
- The premises do not fully comply with Health & Safety Regulations, Care Quality Commission (CQC) and NHS England Standards.
- The service provides a dental clinic one day a week which can be inflexible for patients and restricts choice.
- There have been difficulties in providing a therapy service for over a year due to long-term sickness and difficulties in finding a suitable solution.
- This is currently a single surgery clinic and NHS best practice is to discourage single surgery clinics.
- The future sustainability of the service is at risk due to potential competition from other providers who may be commissioned, and due to current high running costs.

Options

We are looking at different options on where the service can be located in the future. This also provides us with the opportunity to identify where improvements can be made to the service. We welcome your views and suggestions, particularly in relation to the potential options detailed below:

- Combine clinics with those already being provided from surgeries in Worthing Central Clinic and Jubilee Dental Centre, Chichester which meet best practice.
- Choice to be cared for at either Chichester or Worthing Clinics which provides more choice and flexibility – clinics are available Monday to Friday 9am through till 4pm. Patients will have access to a wider multidisciplinary team of professionals including therapists (both locations) and a paediatric specialist (at Worthing). These clinics can best meet wider patient need.
- Remain where we are, mitigating the risks.



Sussex Community NHS Foundation Trust

When considering alternative options, we will take into account the following:

- The impact on patients and carers.
- The impact on staff.
- How we can improve the service and patient experience.
- Reduce the level of risk.
- Any potential cost savings.
- Transport options between the alternative clinics and availability (transport options attached).

At this stage, we anticipate that the service provision will be similar to the current provision; it is the suitability of the current location which is in question and why the relocation is necessary.

The Littlehampton clinic has a current caseload of 92 dental patients who may be affected. None of these require:

- Domiciliary appointments (in their own homes or at a day centre).
- Patient transport to enable them to attend appointments.

If you wish to respond to this consultation paper:

Please provide your comments/views and reasons for any options that you prefer, as well as any suggestions on improving the Special Care Dental Service. Please forward your response to:

Michelle Asbury
Service Manager
Special Care Dental Services
Haywards Heath Health Centre
Heath Road
Haywards Heath
RH16 3BB

Tel: 01444 884109

Email: SC-TR.SCDHQ@nhs.net

By: 16th January 2019

What happens after the consultation?

Sussex Community NHS Foundation Trust provides the Special Care Dental Service. It will take into account the comments/views and suggestions made with patients and stakeholders. The agreed option will be communicated to patients, carers and other key stakeholders who may be affected/have been consulted about any possible change. In addition, staff affected by any change will be formally consulted with.




It is anticipated that any relocation of the Dental Service will take place early in 2019.



Travel Options from Littlehampton to alternative clinics

To Jubilee Dental Centre, St Richards Hospital, Chichester

Car:



	via Arundel Rd/A27	27 min
		14.1 miles
	via A27 and Arundel Rd/A27	28 min
		14.4 miles
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	via A259	28 min
		13.2 miles

Train: Littlehampton to Chichester 3 trains every hour, 1 change twice every hour & direct once every hour, journey times from 20-30 minutes.

Bus: After 9am the Coastliner (no: 700) leaves every 10 minutes, journey time about 45 minutes

To Central Clinic, Worthing

Car:

	via A259	22 min
		8.8 miles
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	via Littlehampton Rd/A259	22 min
		9.1 miles

Train: Littlehampton to Central Worthing, 3 trains every hour, 1 change once every hour & 2 direct trains, journey time 20 minutes.

Bus: After 9am the Coastliner (no: 700) leaves every 10 minutes, journey time about 42 minutes

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Amanda Jupp
Cabinet Member for Adults and Health

033022 22874 (Direct)
amanda.jupp@westsussex.gov.uk
www.westsussex.gov.uk

Cabinet Office
West Wing
County Hall
Chichester
PO19 1RQ



Bryan Turner
Chairman of the Health and Adult Social
Care Select Committee

07 November 2018

VIA EMAIL

Dear Bryan,

Thank you for sharing the recommendations from the Health and Adults Social Care Committee (HASC) on 27 September 2018. I very much welcomed the discussion and the opportunity for members to provide their views ahead of the consultations relating to the proposals for housing related support, the Local Assistance Network and the minimum income guarantee for working age adults.

Officers and I are currently working to ensure that all those likely to be impacted by the proposals are having the opportunity to respond to the consultation, including providers, voluntary sector, service users, local authorities, the NHS and the police, providing additional assistance when required. There have been positive discussions so far and as I confirmed at County Council on 19 October, the current housing related support contracts will be extended to the end of September 2019 to ensure the best outcome for our residents and providers.

In relation to Adults In-house Social Care provision – Choices for the Future, you will note that my decision was published on 30 October 2018 and I will ensure that the HASC Business Planning Group receives regular updates on the projects development.

I look forward to sharing the outcome of the current consultations with the HASC on 12 December 2018 ahead of any final decisions planned for later that month.

Yours sincerely,

A handwritten signature in black ink that reads "Amanda Jupp". The signature is written in a cursive style with a large, stylized 'A' and 'J'.

Amanda Jupp

Cabinet Member for Adults and Health

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Forward Plan of Key Decisions

Explanatory Note

The County Council must give at least 28 days' notice of all key decisions to be taken by members or officers. The Forward Plan includes all key decisions and the expected month for the decision to be taken over a four-month period. Decisions are categorised in the Forward Plan according to the [West Sussex Plan](#) priorities of:

- Best Start in Life
- A Prosperous Place
- A Safe, Strong and Sustainable Place
- Independence in Later Life
- A Council that Works for the Community

The Forward Plan is updated regularly and key decisions can be taken daily. Published decisions are available via this [link](#). The Forward Plan is available on the County Council's website www.westsussex.gov.uk and from Democratic Services, County Hall, West Street, Chichester, PO19 1RQ, all Help Points and the main libraries in Bognor Regis, Crawley, Haywards Heath, Horsham and Worthing.

Key decisions are those which:

- Involve expenditure or savings of £500,000 or more (except decisions in connection with treasury management); and/or
- Will have a significant effect on communities in two or more electoral divisions in terms of how services are provided.

The following information is provided for each entry in the Forward Plan:



Decision	The title of the decision, a brief summary and proposed recommendation(s)
Decision By	Who will take the decision
West Sussex Plan priority	See above for the five priorities contained in the West Sussex Plan
Date added to Forward Plan	The date the proposed decision was added to the Forward Plan
Decision Month	The decision will be taken on any working day in the month stated
Consultation/ Representations	Means of consultation/names of consultees and/or dates of Select Committee meetings and how to make representations on the decision and by when
Background Documents	What documents relating to the proposed decision are available (via links on the website version of the Forward Plan). Hard copies of background documents are available on request from the decision contact.
Author	The contact details of the decision report author
Contact	Who in Democratic Services you can contact about the entry

For questions about the Forward Plan contact Helena Cox on 033022 22533, email helena.cox@westsussex.gov.uk.

Published: 1 November 2018

Forward Plan Summary

Summary of all forthcoming executive decisions in West Sussex Plan priority order

Decision Maker	Subject Matter	Date
 Independence in Later Life - None		
 A Council that works for the Community		
Executive Director Children, Adults, Families, Health and Education	Approval of Contract Variations Regarding the Review of Charges for the Care and Support at Home Framework	November 2018
Director of Adult Services	Procurement of a Direct Payment Support Service	November 2018
Cabinet Member for Adults and Health	Procurement of Mortuary Services for West Sussex	December 2018

Independence in Later Life

None

A Council that works for the Community

Executive Director Children, Adults, Families, Health and Education

Approval of Contract Variations Regarding the Review of Charges for the Care and Support at Home Framework

The Care and Support at Home Framework for the commissioning of care for people living in their own home, incorporates a mechanism for providers on the framework to submit a request to review charges where there has been an unexpected and exceptional change in market factors or in the circumstances of the Service Provider which has led to a significant change in costs of the Service Provider since its appointment to the Framework.

Since the incorporation of this mechanism within the contract, a number of providers have applied to the Council to increase contracted charges and have evidenced the contractual requirements in relation to the review of charges.

The Executive Director for Children, Adults, Families, Health & Education will be asked to approve the contract variation of charges resulting from the applications from providers under this Framework Agreement.

Decision By	- Executive Director Children, Adults, Families, Health and Education
West Sussex Plan priority	A Council That Works For the Community
Date added to Forward Plan	9 October 2018
Decision Month	November 2018
Consultation/ Representations	Interim Director of Adults Services
Background Documents (via website)	None
Author	Juliette Garrett Tel: 033 022 223748
Contact	Erica Keegan Tel: 033 022 26050

Director of Adult Services

Procurement of a Direct Payment Support Service

The County Council is committed to giving customers choice and control over their support services; one method of enabling this is through Direct Payments, where the customer receives a cash allocation to purchase support to meet their assessed care and support needs. A Direct Payment Support service is required to ensure that people can receive the appropriate advice and support to make the best use of their money, including the employment of a Personal Assistant.

Following Cabinet Member decision, in February 2018, to commence a competitive procurement exercise for a Direct Payment and Personal Budget Support Service and to delegate responsibility to award the contract to the Director of Adult Services (Reference Cabinet Member Decision Report AH6 17.18.) the Director of Adult Services now seeks to award the contract.

A robust open tender procurement process in compliance with West Sussex County Council Standing Orders on Procurement and Contracts has been undertaken. The procurement attracted a good number of competitive bids which have been evaluated robustly on both technical and financial aspects. Prior to commencement of evaluation, it was agreed that the contractor submitting the most economically advantageous tender would be recommended for award of the contract and a successful bidder has been identified.

The Director of Adult Services seeks to award the contract to the successful bidder and to extend the contract, if appropriate, in accordance with the County Council's Standing Orders on Procurement and Contracts, subject to this being affordable within the limits of planned budgets.

Decision By	- Director of Adult Services
West Sussex Plan priority	A Council that Works for the Community
Date added to Forward Plan	1 November 2018
Decision Month	November 2018
Consultation/ Representations	Representations concerning this proposed decision can be made to the Director of Adult Services, via the officer contact, by the beginning of the month in which the decision is due to be taken.
Background Documents (via website)	Background to decision AH6 17-18 Report
Author	Liz Merrick Tel: 033 022 23733
Contact	Erica Keegan Tel: 033 022 26050

Cabinet Member for Adults and Health

Procurement of Mortuary Services for West Sussex

The County Council provides mortuary services throughout the county for the bodies of those who die in West Sussex where the death is referred to the Coroner. Current arrangements for this service are due to expire in 2019.

An open procurement process to determine a future model for this provision has been undertaken by the County Council from May 2018. This process includes the option of a new mortuary built by a third party for use by the County Council to meet the service need.

The Cabinet Member will be asked to agree proposals for future mortuary services for West Sussex and if appropriate to delegate authority to the Director of Communities to award a contract to the successful bidder for a design and build project to run from October 2018, subject to the submission of a satisfactory bid.

The contract would need to overlap with the existing contracts to ensure the seamless provision of essential services during the design and any build phase. The existing contracts may be terminated on six months' notice once the progress of a design and build contract is clear and a date for the commencement of the new arrangement is established.

Decision By	Mrs Jupp - Cabinet Member for Adults and Health
West Sussex Plan priority	A Council that Works for the Community
Date added to Forward Plan	4 June 2018
Decision Month	December 2018
Consultation/ Representations	<p>There has been market consultation with seven potential suppliers.</p> <p>Representations concerning this proposed decision can be made to the Cabinet Member for Adults and Health at County Hall, Chichester by the beginning of the month in which the decision is due to be taken.</p>
Background Documents (via website)	Decision report SSC03 (18/19)
Author	Rachel North Tel: 033 022 22681
Contact	Erica Keegan Tel: 033 022 26050

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Health and Adult Social Care Select Committee**15 November 2018****The Adult Social Care Improvement Programme – beyond 100 days****Report by Executive Director Children, Adults, Families, Health and Education and Director of Adults' Services (Interim)****Summary**

In May 2018 a Local Government Association (LGA) Peer Challenge of Adult Services, highlighted significant areas of development to ensure West Sussex County Council achieved Care Act compliant, sustainable adult services. The County Council accepted this report. The immediate response was the implementation of an internal 100 day plan, to address the most urgent issues and undertake some planning for a longer-term programme of change. This 100 day plan ran from July 2018 to October 2018, providing pace and momentum. It made significant progress in a number of areas, with some of this work still continuing beyond the 100 day period.

To address the wider fundamental issues identified in the Peer Challenge there is a need to put in place a longer-term structured programme of improvement, underpinned by a vision and strategy.

This report outlines the findings of the Peer Challenge and the progress of the 100 day plan. It sets out the framework for the vision and strategy and accompanying three year programme and invites the Committee to comment on a draft version of the vision and strategy in advance of a key decision to endorse this.

Focus for Scrutiny

The Health and Adult Social Care Select Committee (HASC) is asked to consider and comment on the details of the report regarding the 100 day programme following the LGA Peer Challenge in Adults Services, in particular the proposed plan for the three year improvement programme and draft vision and strategy for adult social care taking into account the range of other Council change projects which may need to be aligned with the project plans, and the likely requirements for closer working with Health'.

The HASC is also invited to consider whether it wishes to receive progress of the development of the three improvement programme, vision and strategy for adult social care at a future meeting and if so, agree an appropriate timescale.

Proposal**1. Background and Context**

1.1 The purpose of this report is to:

- Set out the progress and improvements made as part of the 100 day plan for adult social care
- Set out the framework for the vision and strategy for adult social care
- Set out the proposed three year improvement programme for adult social care, underpinned by the vision and strategy

1.2 This report is accompanied by:

- A presentation that provides detail of the outcomes for the first 100 days and the outline structure for a three year adult services improvement programme (appendix one)
- The draft vision and strategy for comments (appendix two)

1.3 The LGA Adult Social Care Peer Challenge (May 2018) highlighted key areas for improvement that are fundamental to the County Council achieving Care Act compliant, sustainable services that meet the future financial and demographic challenges. In summary this work recommended:

- Embracing and embedding co-production and a strengths based approach that promotes independence.
- Achieving consistency in leadership, communication and practice.
- Commissioning for outcomes, reducing dependency on traditional care and developing an asset-based approach.
- Looking outwards, developing partnerships and integrating with health.
- Reviewing the customer journey in particular with relation to safeguarding, customers in hospital and new customers coming through the contact centre.
- Addressing immediate and urgent issues through a 100 day plan and developing principles of co-production.

1.4 The County Council has fully embraced the recommendations of the Peer Challenge. A 100 day programme, focusing on six projects, ran from July until October 2018.

The 100 Day Plan

1.5 The 100 day plan was managed using a project and programme management approach. Six projects were developed: safeguarding, backlog and access, practice, performance and systems, leadership and culture and longer-term transformation. Managers and practitioners across the service, supported by Price Waterhouse Coopers (PwC), undertook specific pieces of work to address the immediate and urgent issues identified in the Peer Challenge. Some of this work is still in progress and is continuing beyond the 100 days, however overall the projects delivered a number of tangible changes, which will impact positively on customers and staff, including:

- A focused training plan for social care staff addressing some of the key gaps identified in the Peer Challenge
- The introduction of a managed service to reduce the backlog of assessments, bringing in additional front-facing capacity to make a real difference to customers waiting for support.

- The introduction of a new quality pathway for safeguarding, a system change that increased Care Act compliance and enabled a better 'grip' on management of safeguarding.
- The development of four SAFE indicators to provide a proxy for performance and an improved performance suite to enable visibility of the issues.
- The recruitment of an interim Service Improvement Team to provide capacity to lead service improvement going forward, and a new permanent Director of Adult Social Services.

Next Steps

- 1.6 Building on the success of the first 100 days, there is an appetite to continue at pace and implement a three year improvement programme. This programme will absorb residual project work from the 100 day work-streams with a longer-term strategic focus and clearly defined stages to achieve a step change towards improvement.

2. Proposal

- 2.1 The proposal is that a three year improvement programme is established. It will need to be underpinned by a clear vision that sets out an ambition for our citizens and customers. This vision will guide the design and implementation of the programme and provide a frame of reference at key review points through the programme.

The Vision and Strategy

- 2.2 The vision and strategy (appendix two) sets out the ambition for West Sussex to continue to be a great place to grow older and an inclusive place for all adults with disabilities, mental health issues and their carers throughout their life journey. To support this goal, within the context of an ageing population and a challenging financial position; adult services needs to change.
- 2.3 This vision and strategy builds on the work that has already taken place to shape future services in West Sussex. It sets out an ambitious set of priorities for the next three years:
- Implementation of a community-led model of support;
 - Maximising independence for older people, people with physical and sensory disabilities and those with mental health issues; and
 - Working towards the Care Act requirement to achieve health and social care integration by 2020¹.
- 2.4 The underpinning strategy to deliver the vision is to work at a local level and support individuals to remain outside of Council funded services for as long as possible, maximising individual strengths and local assets to support this outcome. Reviewing customer pathways to support these goals, adopting a

¹ See also Care and Support Statutory Guidance (updated October 2018), NHS Five Year Forward View (2014), Next Steps on the Five Year Forward View (2017)

different approach to commissioning, changing the Council's in-house provider offer and supporting a resilient workforce, will all contribute to the delivery of this strategy. However, working with partners and stakeholders to co-produce future delivery models and provide joined-up services will be fundamental to achieving this vision and strategy.

- 2.5 The vision and strategy is currently a working draft and members of the Health and Adult Social Care Select Committee and others are invited to comment on this until Friday 14 December 2018. This is also being made available for customers, partners, staff and other stakeholders to comment on.

The Improvement Programme

- 2.6 The three year improvement programme is the implementation of the vision and strategy. Four cross-cutting programme themes are proposed:

- Customer Experience and promoting strengths
- Making safeguarding personal
- Building a resilient workforce
- Ensuring our systems and process support the changes.

- 2.7 The programme will be phased into 100 day stages and each stage will focus on defined pieces of work and projects monitored through one of the four themes. Although organised in this way inevitably a number of projects will contribute to more than one workstream.

- 2.8 Progress and accountability for the delivery of this work will be through programme governance, with a programme board and operational accountability through leadership team structures.

3. Resources

- 2.9 At £195m the Adults and Health budget is the County Council's largest. Currently it accounts for 37% of total net expenditure, having risen continuously since 2015/16 when it was 32%. Left unchecked, that proportion will grow further; the impact of demand pressure alone is adding around £6m to costs each year. This is not sustainable and for some time the County Council has recognised that changes need to be made in the delivery of adult social care to achieve the twin goals of improving care outcomes and, as a knock-on effect, delivering better value for money.

- 2.10 To implement a change programme of this scale and nature will require a non-recurrent resource investment. This will take the form of improvement team capacity and may require some pump priming of individual programmes. The programme will deliver efficiencies for adult social care in relation to building resilience, strengthening natural supports to prevent, reduce and delay the need for complex and costly support.

- 2.11 Partly as a legacy of the approach which the County Council has taken towards the Adults budget in the recent past, there will be opportunity to generate these resources from non-recurrent funding sources such as the Adult Social Care Grant. The scale of the requirements will become clear

once the programme has been fully developed. All investments will be supported by business cases and detailed monitoring plans so that a careful track can be maintained on outcomes. This will ensure that only projects which are capable of being self-financing will become mainstreamed once the pump priming has been spent.

4. Issues for consideration by the Select Committee

- 2.12 The Select Committee is asked to consider the draft vision and strategy for adult social care and the presentation material in relation to the need for change and support for the approach proposed.

5. Consultation

- 2.13 An option to comment on the vision and strategy for adult social care will be available until 14 December 2018.
- 2.14 It is not proposed to consult on the structure of the adult social care improvement programme as this is a delivery mechanism for service change. However, building on the co-production principles of the 100 day plan, it is vital that the improvement programme develops and embeds a wider culture of co-production with stakeholders including people that use services and their families. This should be achieved through regular use of experts by experience, working groups and involvement of customers and carers in service design.
- 2.15 Delivery of this programme will require significant consultation and collaboration. This will be with internal stakeholders, including staff and managers, other parts of the Council. It will also be imperative to adopt the same approach with strategic partners including clinical commissioning groups and NHS provider trusts, district and borough councils, the private and voluntary sector to achieve an improved and localised place-based offer for citizens.
- 2.16 Some aspects of the programme will require formal consultation with existing customers, staff and other stakeholders.
- 2.17 Stakeholder mapping has commenced and a communication plan is being developed. This will be a live document and will be subject to change as the programme progresses.

6. Risk Management Implications

- 2.18 Under the Care Act there is a statutory duty for integration of Health and Social Care by 2020. Progress in this area has been limited and there is a risk that this will not be achieved in West Sussex. This can be mitigated by a programme of activity that collaborates with NHS partners and supports the development of a place-based plan.
- 2.19 Adult Social Care budgets have been well supported by the Council, despite pressures, however there is a risk that increasing pressures on budgets combined with significant demographic growth will mean that the capacity to support this change is reduced. This will be mitigated through tight financial

monitoring and tracking financial impacts to demonstrate the benefits of the 'invest to save' nature of this work.

- 2.20 The delivery of a programme of this size within a three year timescale is ambitious and requires significant capacity to both lead and support this work. Initial capacity has been sourced and consideration needs to be given as to how to build this into mainstream capacity for the duration of the programme.
- 2.21 The Council is currently undertaking a major programme of work to shape and frame its offer as a strategic partner across the county. There is a risk that the timescales for the WCD and the Adult Social Care Improvement Programme will not fully align. This will be mitigated through cross-working between the two programmes, particularly for five WCD projects (community hubs, voluntary sector partnership, pre-front door demand management, provision of community-led support and place-based teams).

7. Other Options Considered

The Three Year Improvement Programme

- 7.1 The option to implement an adult social care improvement programme is a response to the outcome of the 2018 Peer Challenge, which highlighted significant areas of development to deliver services which are Care Act compliant and offer greater sustainability. There is a 'do nothing' option, however, there is a risk of failure of statutory duties, or requirement for significant increases in resources to manage the current demands.
- 7.2 Having implemented the 100 day programme and managed the immediate areas of risk identified in the Peer Challenge there is potentially an option to proceed with and implement change at a slower pace. This would reduce the non-recurrent resource requirements for the programme. The risk of this approach is that this will not deliver the required improvements that are essential to ensure sustainability of services, due to both financial and operational challenges and the impact on customers of delivering fit for purpose services.
- 7.3 The recommended option is that the three year programme is implemented.

8. Equality Duty

- 8.1 An overarching impact assessment will be undertaken as part of the programme, this will be reviewed in relation to specific pieces of work. The improvement programme will have a disproportionate impact on older people and working age adults with care and support needs as these customers are the main users of adult social care, but this should be a positive impact rather than a negative one as the move will be to more individualised and personalised provision of services on a local basis.

9. Social Value

- 9.1 A significant driver for both the vision and strategy and the three year improvement programme is the development of community assets and the

embedding of adult social care at a local place-based level. This has the potential to add significant social value in relation to:

- The focus on place – will provide opportunities to reduce travel and improve efficiencies in relation to use of buildings, provision of care locally, etc.
- The move towards a strengths and assets-based approach - will promote wellbeing and independence as well as enable adult social care to achieve cost efficiencies to support demographic pressures within the county
- The focus on carers will support individuals with caring roles and help maintain family and informal relationships
- The reduction in use of residential and nursing care and move towards outcome-based commissioning will enable people to have lives rather than services.

10. Crime and Disorder Implications

10.1 This programme is not expected to have an impact on crime and disorder implications.

11. Human Rights Implications

11.1 Not applicable.

Kim Curry

Executive Director Children, Adults,
Families, Health and Education

Dave Sargeant

Interim Director of Adults' Services

Contact:

Sarah Farragher
Interim Head of Adult Services Improvement
SarahFarragher@westsussex.gov.uk

Appendices

Appendix one: Presentation slides for HASC 15 November 2018

Appendix two: DRAFT Vision and Strategy for Adult Social Care

Background Papers (documents which are referred to in the report)

Not applicable

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Adult Social Care Improvement Programme

Beyond 100 Days
October 2018

Introduction

Introduction

The Adult Social Care Peer Challenge (May 2018) highlighted key areas for improvement that are fundamental to West Sussex achieving Care Act compliant, sustainable services that meet the future financial and demographic challenges. The Council has fully embraced the recommendations of the Peer Challenge. A 100 day programme, focusing on six projects, ran from July until October 2018. Building on these foundations, a three year adult social care improvement programme is now being developed, which will incorporate 100 day sprints to maintain the pace and momentum.

The purpose of this presentation is to:

1

Set out the progress and improvements made as part of the 100 day programme for adult social care

2

Set out the framework for the vision and strategy for adult social care

3

Set out the proposed three year programme of improvement for adult social care, underpinned by a vision and strategy

Summary of peer challenge recommendations

01

100 Day Plan

Implement a hundred day plan to address the core basics and ensure capacity and capability is in the right place including integrated health and social care responsibilities



02

Working with Communities and People

Engage with communities and people who use services to ensure that your delivery of the spirit of the Care Act and the customer journey is focused on delivery of a responsive, effective and asset based service



03

Joint Vision for Health and Social Care

In the immediate future reach out and get a clear commitment to establishing a joint vision for health and social care focused on the needs and outcomes for the population



04

Transformation


Consider a properly resourced transformation function that provides oversight and drives large scale transformation



Establishing the 100 day programme



Project achievements

	(1) Practice	(2) Safeguarding	(3) Backlog & Access	(4) Leadership & Culture	(5) Performance & Systems	(6) Longer Term Transformation
	<p>A focused training plan for social care staff</p> <p>(addressing some of the key gaps identified in the Peer Challenge)</p>	<p>The introduction of a new quality pathway for safeguarding,</p> <p>Total safeguarding concerns and percentage assurance decisions in 5 working days increased from 46.9% to 91.2% between Aug and Oct 2018</p> <p>(increased Care Act compliance and enabled a better 'grip' on management of safeguarding)</p>	<p>The introduction of a managed service</p> <p>(bringing in additional front-facing capacity to make a real difference to customers waiting for support)</p>	<p>The recruitment of an interim Service Improvement Team to provide capacity to lead service improvement going forward, and a new permanent Director of Adult Social Services.</p>	<p>The development of four SAFE indicators</p> <p>(Which are now starting to show the improvements made)</p>	<p>Developed a mission and outline three year plan</p> <p>(formed the basis for the vision & strategy)</p>

Overall programme reflections and lessons learned



Collaboration



Programme communications and engagement



Agility of core programme team



Clear targets and measures to measure impact for the 100 days



Structured project and programme approach

High level draft vision

- ✓ Implementation of a community-led model of support
- ✓ Maximising independence for older people, people with physical and sensory disabilities and those with mental health issues
- ✓ Working towards the Care Act requirement to achieve health and social care integration by 2020.

“West Sussex County Council is committed to the principle of supporting independence for adults with support needs, throughout their life journey. It’s the Council’s ambition that West Sussex continues to be a great place to grow older and an inclusive place for all adults with disabilities, mental health issues and their families”

Our priorities for adult social care

Adult social care must:

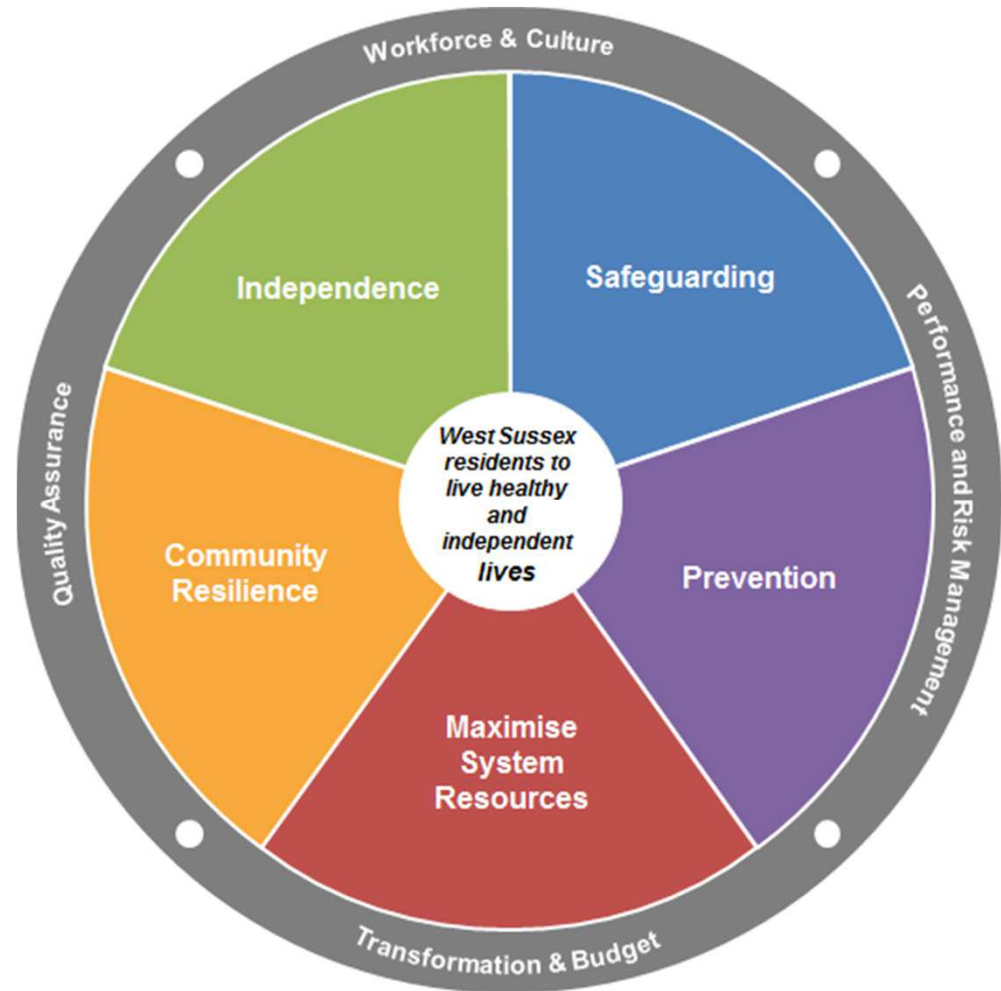
- ✓ Support and nurture community assets that will enable individuals to live independently for longer
- ✓ Ensure that there is appropriate support for informal carers
- ✓ Safeguard the most vulnerable, in a personalised and dignified manner
- ✓ Ensure that individuals have the information, advice and guidance they need to be able to support themselves.

Support needs to be based on:

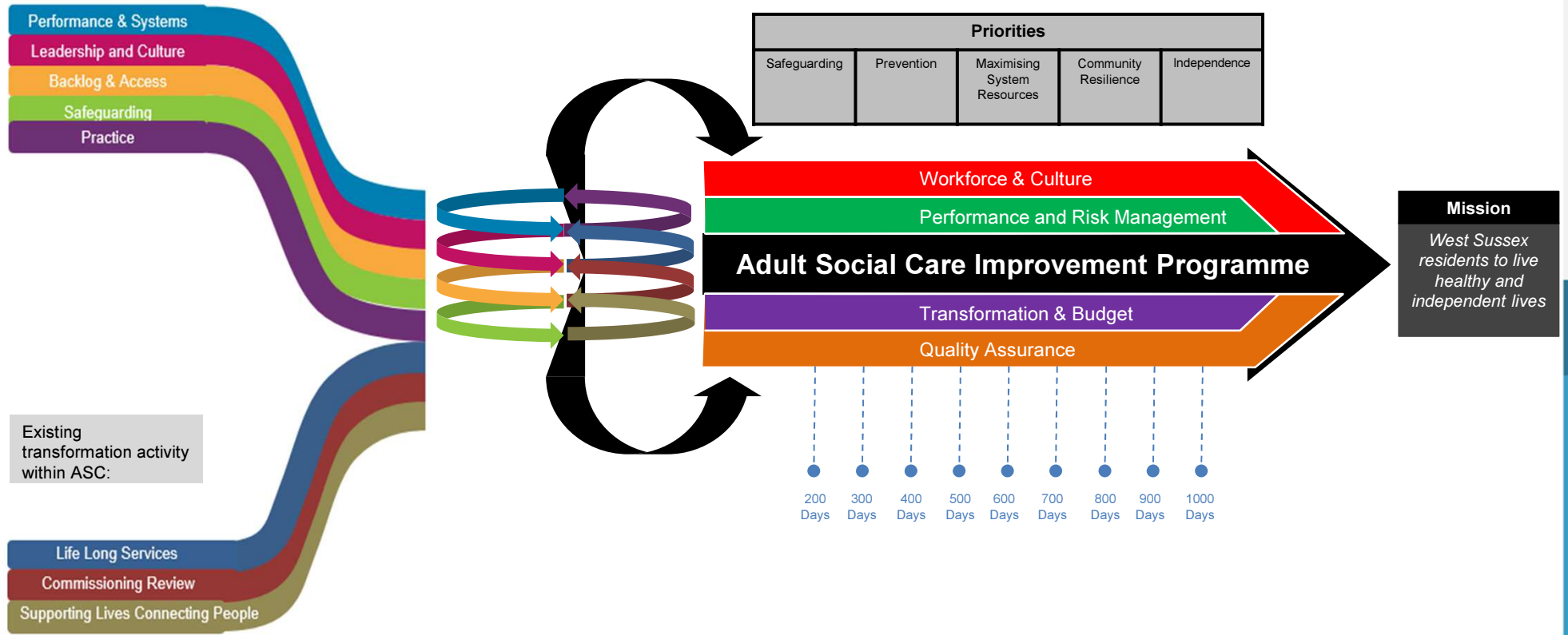
- ✓ Enablement and reablement
- ✓ “Just enough” support to enable independence
- ✓ Personalised support, delivered in a way that works for the individual rather than prescribed by availability or service type.

Our emerging mission and priorities for adult social care

Draft mission and priorities for adult social care in West Sussex:



Transitioning to the 3 year improvement programme



3 year programme – DRAFT emerging architecture

This is the **DRAFT** and emerging programme architecture for the three year Adult Social Care Improvement Programme:

(1) Customer experience and promoting strengths

(2) Making safeguarding personal

(3) Building a resilient workforce

(4) Systems, data and management information (and business insight)

Note: Links with other Council priorities, Health & Wellbeing Strategy as well as the work of key partners within West Sussex

Recommendations



Consider the context and progress of the 100 day programme following the LGA Peer Challenge of Adults Services.



Support the outline of the proposed plan (3 year improvement programme, underpinned by a vision and strategy)



Comment on the draft vision and strategy for adult social care



Consider whether the Committee wishes to consider progress of this work and agree a timescale

Draft Vision and Strategy for Adult Social Care 2019 - 2021

Introduction

West Sussex County Council is committed to the principle of supporting independence for adults with support needs, throughout their life journey. Embracing its duties under the Care Act it is the Council's ambition that West Sussex continues to be a great place to grow older¹ and an inclusive place for all adults with disabilities, mental health issues and their families and carers. To support this goal, within the context of an ageing population and a challenging financial position, Adults' Services needs to change.

This vision and strategy sets out the journey the Council will be taking in collaboration with local residents and other partners across the county to support people to live healthy and independent lives and to keep the most vulnerable safe.

This vision and strategy builds on the work that has already taken place to shape future services in West Sussex. It sets out an ambitious set of priorities for the next three years:

- Implementation of a community-led model of support;
- Maximising independence for older people, people with physical and sensory disabilities and those with mental health issues; and
- Working towards the Care Act requirement to achieve health and social care integration by 2020².

The Council will use these priorities as a foundation for our working relationships with our partners in order to achieve the joined up approach to services that our residents deserve.

The Challenges

Current projections estimate that over the next twenty years the number of people over 65 living in West Sussex will increase by over 100,000³ with a third of this increase being in the over 85 population. This is a major challenge for the county both practically and economically.

West Sussex utilises a high level of residential and nursing care⁴. If this trend continues an estimated 1,165 additional residential and nursing beds will be required across the county. Even with investment in Extra Care and other

¹ The West Sussex Plan 2017-2022

² See also Care and Support Statutory Guidance (updated October 2018), NHS Five Year Forward View (2014), Next Steps on the Five Year Forward View (2017)

³ Data taken from the Office of National Statistics (ONS)

⁴ Local Account 2016-17

options, modelling on current trends suggests there will be a requirement for an additional 407 beds in the next five years, unless we do something radically different. Our ambition for the residents of West Sussex is that there will be a reduction in the need for this type of provision as we embed community led support which is designed to enable people to remain in their own homes for longer.

The ageing population is a huge challenge for West Sussex. However, supporting working age adults with learning and physical and sensory disabilities and adults with mental health issues to be as independent as possible is equally important. The recognition of working age adults with support needs has become increasingly more prominent through the development of national learning disabilities initiatives⁵, specific duties regarding the support of individuals with dual sensory needs in the Care Act, and a drive to achieve parity of esteem for adults with mental health difficulties⁶.

The Council's adult social care budget for 2018/19 is £195m (37% of total Council spend), and demand pressure is adding around £6m a year more. Over half of this budget is spent on the under 65 population and there is a high reliance on traditional methods of service delivery, for example residential care and day centres, which can restrict independence. There is a pressing need to develop and implement more personalised approaches which maximise people's independence and are supported by local community networks of both informal and formal support.

It is therefore vital that changes are made now to prevent, reduce and delay the dependence on these traditional types of services. Despite the demographic challenges the ambition should be to decrease rather than increase residential and nursing provision within the county. To achieve this there needs to be major change in our approach to delivering adult social care support.

There are significant opportunities to build on the natural strengths and resources that the county has to offer linking in with the community-based initiatives, such as community hubs, that are emerging across the county and building on these to deliver integrated and locally based services that enable an improved quality of life for people who need care and support and their families and carers.

The Vision

We have a duty under the Care Act to promote well-being. To this effect, adult social care should be an enabler, supporting people to live healthy and independent lives and intervening and offering support when needed. Safeguarding must be an integral part of all our practice, viewed as everybody's

⁵ Valuing People 2003, Valuing People Now, 2009, Building the Right Support, 2015

⁶ No Health without Mental Health 2011, Five Year Forward View for Mental Health, 2016

business and person-centred as well as offering protection to individuals as needed. Partnership and co-production (finding shared solutions with people who use services and other stakeholders) must be embedded within our overall approach.

To achieve this adult social care must:

- Support and nurture community assets that will enable people to live independently for longer.
- Ensure that there is appropriate support for informal carers
- Safeguard the most vulnerable, in a person-centred and dignified manner
- Ensure that people have the information, advice and guidance they need to be able to support themselves.
- Integrate with the NHS

When people do need formal support services these need to be based on the principles of:

- Co-production
- Enablement and reablement - supporting people to learn or re-learn skills needed for daily living
- "Just enough" support to enable independence
- Person-centred support, delivered in a way that works for the individual rather than prescribed by availability or service type.

Formal care services, particularly residential and nursing care, should be the exception rather than the norm, focusing on short-term or end-of-life care. However, the right type of good quality formal care must be available to meet the needs of the population. The focus should be on supporting people in their own homes for as long as possible. This will be achieved by increasing the use of assistive technology, for example equipment or devices such as alarms and sensors, informal and community based supports and by exploring innovative alternatives to traditional home care models. Integrated health and social care working should contribute to a reduction in unnecessary and lengthy hospital admissions.

Adults' Services must work in partnership within the wider Council but also with external partners from the Care Quality Commission, the NHS, housing and the voluntary, community and independent sector, if we are to achieve these outcomes and support individuals locally using a community-based approach. In West Sussex we must commit to this if we are to achieve the Government requirements of integration with the NHS.

This vision and strategy for adult social care must form part of a wider health and well-being approach to supporting residents across the county. To this end this **strategy** focuses on the steps that Adults' Services must take to meet its

responsibilities and work towards achieving joined up community-based services.

Strategy

The **mission** is for “West Sussex adults to live healthy & independent lives”⁷. This outcome has five priorities:



Achieving these priorities will support us to deliver a Care Act compliant and sustainable adult social care service, which delivers high quality and good outcomes for people in West Sussex. . These priorities will support the realisation of the vision through focusing on commissioning, improving the way people access services, reshaping our In-House offer (the services we provide which includes day centres, residential homes and our Shared Lives scheme), and developing our partnership resources. All of this will be underpinned by the development of a resilient workforce supporting a model for adult social care that enables best use of limited financial resources.

Commissioning and Market Shaping

Commissioning and market management is fundamental to delivering this strategy and we will ensure that the vision is supported by our market position statements and our commissioning strategies (which are the documents that we use to help providers understand the types of services that we want and need). We will work with our partners to:

- Further develop our information, advice and guidance offer;
- Ensure that there is support for carers;
- Maximise the availability and accessibility of assistive technology support;
- Develop an outcome-based approach to commissioning which aims to achieve the goals and aspirations defined by people using services; and
- Assure the quality of services.

⁷100 day plan: longer term and transformation work-stream

In order to deliver this there will need to be a shift of resources from residential provision to the delivery of a broader range of options based around supporting people in their own home and communities and a focus on driving quality outcomes across the whole care sector.

Review the customer pathway

Accessing the right information and support at the right time is a challenge for residents in our current system. We will review the way people access services in West Sussex (the customer pathway) to simplify these so that they make sense to people rather than being system or organisationally driven. We will do this using an asset-based approach which draws on individual and community strengths and support networks. There will be a local focus and a strong emphasis on supporting individuals at the earliest stage through an integrated approach with our NHS and voluntary and community sector partners. Building on best practice nationally, the learning from our Supporting Lives Connecting People "innovation sites"⁸ and the needs of our communities⁹, we will review and shape our future offer, to simplify the system for people who use our services and maximise opportunities to promote independence.

Provider Offer

The in-house provision should support the strategic aims of the service and deliver sustainability. We will continue to review our In-House services to ensure they fit with our strategic aims, offer value for money, and focus on the provision of support within local communities. Currently we run seven residential homes and fourteen day services as well as a countywide Shared lives scheme. We will move our offer away from the more traditional care elements of these services and focus on prevention, reablement and short breaks whilst retaining flexibility to deliver more complex and intensive support during periods of significant pressure, such as during winter or individual provider instability.

We will work with partners to maximise prevention services locally. We will explore options to share buildings with partners and other groups and enable these to be available to communities over a seven day period. We will develop outcome-based day service provision focussing on the goals people want to achieve and we will create further options to help residents self-serve and understand the range of support available to them.

Partnerships and Co-Production.

⁸ Innovation Sites: this was an Adults' Services pilot known as Supporting Lives Connecting People' undertaken in 2016/17 across six sites to trial strength based approaches.

⁹ Which we can understand from our Joint Strategic Needs Assessment (JSNA)

Adults' Services must be outward looking and strive to deliver excellence for our residents. We will achieve this by continuing to developing relationships and resources within the Council, at a District and Borough level and in partnership with our NHS, voluntary, community and independent sector colleagues working towards a community-based approach.

Consultation undertaken in 2017¹⁰ indicated that there was broad support for the principles of early engagement, a community-based focus, promotion of independence and connection with local communities. It also highlighted the sometimes negative impact of the current system on informal carers.

We will continue to consult, collaborate and co-produce options and solutions with customers, carers, partners and staff to achieve our vision and strategy.

Resilient workforce

Underpinning this approach is a strong and resilient adult social care workforce, both within the Council and externally in the wider health and social care workforce.

Internally our workforce will understand its purpose and function and articulate this in relation to day-to-day functions and the wider Council priorities. We will review services to make sure we have the right staff in the right places that leadership is consistent and our workforce has a set of shared goals. We will achieve this through ensuring our workforce have the right skills to implement a strength-based approach - both at front line and leadership levels. We will work corporately and proactively to model new approaches, ensure the right training and development opportunities are in place, provide opportunities for reflection, co-production and performance management in order to create the framework needed to support the adult social care offer.

There are significant challenges to the social care and health workforce nationally and locally in relation to gaps in both capacity to meet increasing demand and in attracting and developing an appropriately skilled workforce. We will work with our partners locally and wider initiatives to address the challenges of a sustainable and stable health and social care workforce in West Sussex. We will consider how we can integrate services with our NHS partners and other stakeholders to maximise flexibility and adaptability, to reduce duplication and streamline support for residents, and to jointly tackle wider challenges of recruitment and retention.

Measuring Success

This vision and strategy sets out a framework for delivery of adult social care which will incorporate detailed and wide ranging programmes of work. To

¹⁰ Consultation undertaken as part of the innovation sites work-stream July – August 2017 (703 survey respondents & 10 focus groups)

measure success we must focus on outcomes for people who use our services and carers. Challenging ourselves to look outwards, we will learn from other local authorities and organisations, benchmark against the best, and learn from what has worked well in other areas (sector-led improvement initiatives) and actively seek feedback from a range of sources and stakeholders including people who use our services and carers. We will develop a monitoring and evaluation plan. This will help us to see the impact of what we are doing at both a local level, looking at how our work contributes to a joined up health and social care offer, and at an individual level on how this impacts on people who use our services and residents of West Sussex.

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Health and Social Care Select Committee
15 November 2018
Establishment of a Joint Health Overview & Scrutiny Committee (JHOSC) across Sussex and Surrey
Report by Director Law and Assurance

Summary

The report outlines the role and functions of Joint Health and Overview Scrutiny Committees (JHOSC); explains the need to establish a JHOSC across West Sussex, Brighton & Hove, East Sussex and Surrey; and presents a draft JHOSC Terms of Reference for member approval.

The focus for scrutiny

To consider the need for a JHOSC across West Sussex, Brighton & Hove, East Sussex and Surrey, and to review and approve the Terms of Reference attached at Appendix A.

Recommendation

The Committee is asked to:

- i) Agree that a Joint Health and Overview Scrutiny Committee (JHOSC) be established with membership from Brighton & Hove City Council, East Sussex County Council, Surrey County Council and West Sussex County Council;
- ii) Agree the JHOSC Terms of Reference attached at Appendix A;
- iii) Appoint three County Council members to the JHOSC, based on the County Council's proportionality rules (2 majority group and 1 minority group representatives) and one co-opted member (district/borough representatives and Healthwatch) to represent the West Sussex Health and Adult Social Care Select Committee.

1. Background and Context

- 1.1 The Health & Social Care Act (2001) and its regulations established local authority health overview and scrutiny committees (HOSCs), granting them statutory powers to scrutinise significant NHS plans for service change (Substantial Variation in Service: SViS). The Act also sets out that, when a SViS relates to services provided across two or more upper-tier local authority areas, a Joint HOSC (JHOSC) must be established to scrutinise the plans. The most up to date regulatory framework is provided by the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, but JHOSC responsibilities remain relatively unchanged.

- 1.2 A JHOSC is typically convened to scrutinise a single NHS reconfiguration plan, although some areas have successfully introduced 'standing' JHOSCs, particularly where a series of major changes are anticipated over several years. JHOSCs are delegated statutory powers by their constituent HOSCs in relation only to the matters that the JHOSC is concerned with. This means that individual HOSCs may not scrutinise an issue that is being examined by the JHOSC. It also means that the JHOSC has no powers to scrutinise issues that lay outside its remit.

Clinically Effective Commissioning (CEC)

- 1.3 CEC is a Sussex-wide NHS initiative which aims to improve the effectiveness and value for money of healthcare services by ensuring that commissioning decisions across the region are consistent, that they reflect best clinical practice, are in line with the available evidence, and that they represent the most sensible use of limited resources. This Committee received a presentation on the programme in September 2017. Although CEC entails local CCGs working together, any service changes will be made by individual CCGs at locality level. However, since the aim of CEC is to standardise commissioning approaches across the county, any SViS for West Sussex will also constitute a substantial change for East Sussex and Brighton & Hove. In consequence, any substantial change generated by the CEC will potentially require scrutiny by a JHOSC.
- 1.4 To date, CEC has reviewed a number of clinical procedures. It is the CCGs' view that none of the plans agreed to date constitutes a SViS requiring formal consultation with HOSCs/JHOSC. However, the CCGs believe that some of the plans in the CEC pipeline are likely to constitute SViS; and, as they will also apply across local authority boundaries, they will therefore need to be formally considered by a JHOSC.
- 1.5 There is currently no information on which specific service change plans the JHOSC will be asked to scrutinise, since establishing the pipeline of procedures for CEC is an ongoing process. However, establishing a JHOSC takes time, as it requires coordination between several local authorities, and it is therefore necessary to begin preparations now in order to be ready to scrutinise plans in several months' time.

Sustainability and Transformation Partnership (STP) – Sussex and East Surrey

- 1.6 The emergence of the STP as a regional NHS planning footprint that is larger than any single local authority area means that it is likely that there may be more cross-border NHS change plans emerging in the near future, either as formal STP initiatives or otherwise. Establishing separate JHOSCs for each cross-border SViS would be very time-consuming. It is therefore proposed that a single JHOSC is established between Brighton & Hove City Council, East Sussex County Council, Surrey County Council and West Sussex County Council to consider all cross-boundary SViS. The JHOSC would set up sub-groups to scrutinise issues that do not involve the whole membership (e.g. CEC plans would be scrutinised by a sub-group of Brighton & Hove, East Sussex and West Sussex members, as Surrey is engaged in a parallel

Surrey-wide process rather than in CEC). Additional councils could also be co-opted to specific sub-groups if plans affect a larger footprint than the STP area. The JHOSC would be time-limited (existing for a maximum of four years).

JHOSC Terms of Reference (ToR)

- 1.7 A draft JHOSC ToR is attached as Appendix A to this report. The Chairmen of the four health scrutiny committees involved have been consulted and have approved in principle the ToR as set out and that they be presented to each of the committees for formal approval. HASC is able to suggest amendments to the ToR, but any changes it proposes would need to be unanimously approved by all the committees involved (hence in part the need to begin preparations at an early point).
- 1.8 It is proposed that each HOSC/HASC appoints three County/City Councillors to the JHOSC, based on each authority's proportionality rules (for West Sussex - 2 majority group and 1 minority group representatives) and one co-opted member (for West Sussex – one of the district/borough representatives or Healthwatch representative) to represent the West Sussex Health and Adult Social Care Select Committee.
- 1.9 When a JHOSC is established, HOSC statutory powers to refer SViS to the Secretary of State for Health can be retained by individual HOSCs or delegated to the JHOSC. In this instance it is not proposed to delegate powers of referral to the JHOSC. Should this JHOSC believe that a referral is required, it would make a recommendation, backed by evidence, to its constituent local authorities. Each local authority (so for West Sussex, this would be the HASC) would then individually decide whether to refer.

2. Proposal

- 2.1 That a Joint Overview and Scrutiny Committee (JHOSC) be established in preparation for any potential requirement to scrutinise significant NHS plans for service change (Substantial Variation in Service: SViS) across two or more upper-tier local authority areas (Brighton & Hove City Council, East Sussex County Council, Surrey County Council and West Sussex County Council).

3. Resources

- 3.1 Administration and venues for meetings of the JHOSC will be met from current health scrutiny support arrangements within the constituent authorities.

Factors taken into account

4. Issues for consideration by the Select Committee

To consider and approve that a JHOSC across West Sussex, Brighton & Hove, East Sussex and Surrey is established to consider any SViS which may arise from CEC and the STP, as set out in the report and the Terms of Reference attached at Appendix A are approved.

5. Consultation

The Chairmen of the four HOSC/HASC involved have been consulted and have approved in principle the ToR as set out and that they be presented to each of the committees for formal approval.

6. Risk Management Implications/Other Options Considered/Equality Duty/Social Value/Crime Disorder Implications/Human Rights Implications

6.1 Implications under these headings are not applicable at this stage but will form an explicit part of the JHOSCs substantive work.

Tony Kershaw

Director Law and Assurance

Contact: Helena Cox, Senior Advisor, Democratic Services 0330 222 2533

Appendices

Appendix A – Draft JHOSC Terms of Reference

Appendix B – JHOSC Rules of Procedure

JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE TERMS OF REFERENCE

1.1 The Sussex and Surrey Joint Health Overview and Scrutiny Committee is established by the Local Authorities of **Brighton & Hove City Council, East Sussex County Council, Surrey County Council** and **West Sussex County Council (constituent areas)** in accordance with s.245 of the NHS Act 2006 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

1.2 It will be a standing Joint Overview and Scrutiny Committee or a sub-committee thereof which will undertake scrutiny activity in response to a particular reconfiguration proposal or strategic issue affecting some, or all of the constituent areas.

1.3 The length of time a specific matter / proposal will be scrutinised for will be determined by the Joint Committee or Sub Committee.

1.4 The purpose of the Standing Joint Committee is to act as a full committee or commission sub-committees to consider the following matters and carry out detailed scrutiny work as below:

(a) To engage with Providers and Commissioners on strategic sector wide *proposals* in respect of the *configuration* of health services affecting some or all of the area of Brighton & Hove, East Sussex, Surrey or West Sussex (constituent area).

(b) Scrutinise and respond to the consultation process (including stakeholder engagement) and final decision in respect of any reconfiguration proposals affecting some, or all of the constituent areas.

(c) Scrutinise in particular, the adequacy of any consultation process in respect of any reconfiguration proposals (including content or time allowed) and provide reasons for any view reached.

(d) Consider whether the proposal is in the best interests of the health service across the affected area.

(e) Consider as part of its scrutiny work, the potential impact of proposed options on residents of the reconfiguration area, whether proposals will deliver sustainable service change and the impact on any existing or potential health inequalities.

(f) Assess the degree to which any proposals scrutinised will deliver sustainable service improvement and deliver improved patient outcomes.

(g) Agree whether to recommend to its constituent areas that the local authorities individually use their statutory powers of referral to refer either the consultation or the final decision in respect of any proposal for reconfiguration to the Secretary of State for Health.

(h) As appropriate, review the formal response of the NHS to the Committee's consultation response.

1.5 The Joint Committee will consist of three Councillors and one co-opted member nominated by each of the constituent areas and appointed in accordance with local procedure rules, and with regard to the requirement for nominees to statutory joint committees to be proportionate to the political make-up of the constituent authority. Each Council can appoint named substitutes in line with their local practices.

1.6 Appointments to the Joint Committee will be made annually by each constituent area with in-year changes in membership confirmed by the relevant authority as soon as they know.

1.7 The life of the Joint Committee will be for a maximum of four years.

1.8 The JHOSC is being established to scrutinise NHS change plans that affect two or more councils within the Sussex and East Surrey STP footprint. In the event of the footprint changing so that one of the constituent JHOSC bodies is no longer part of the footprint, that council is free to resign from the JHOSC. Should the JHOSC Chairman or Vice Chairman represent such a council, the JHOSC will elect replacements.

1.9 For each specific piece of scrutiny work undertaken relating to consultations on reconfiguration or substantial variation proposals affecting all or some of the constituent areas, the Joint Committee will either choose to act as a full Committee or can agree to commission a sub-committee to undertake the detailed work and define its terms of reference and timescales. This will provide for flexibility and best use of resource by the Joint Committee.

1.10 In determining how a matter will be scrutinised, the Joint Committee can choose to retain decision-making power or delegate it to a sub-committee.

1.11 The overall size of each sub-committee will be determined by the main Committee and must include a minimum of 1 representative per affected constituent area.

1.12 Where a proposal for reconfiguration or substantial variation covers some but not all of the constituent areas, in establishing a sub-committee, formal membership will only include those affected constituent areas. Non affected constituent areas will be able to nominate members who can act as 'observers' but will be non-voting.

1.13 The Committee and any sub-Committees will form and hold public meetings, unless the public is excluded by resolution under section 100a (4) Local Government Act 1972 / 2000, in accordance with a timetable agreed upon by all constituent areas and subject to the statutory public meeting notice period.

1.14 The JHOSC will be responsible for determining whether any specific NHS change plan which impacts on two or more of the JHOSC members constitutes a Substantial Variation in Service (SViS) such that it requires formal consultation

with the JHOSC.

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**BRIGHTON & HOVE, EAST SUSSEX, SURREY & WEST SUSSEX JOINT
HEALTH OVERVIEW AND SCRUTINY COMMITTEE (JHOSC)**

RULES OF PROCEDURE

1. Membership of Committee and Sub-Committees

1.1 Brighton & Hove City Council, East Sussex County Council, Surrey County Council and West Sussex County Council will each nominate three Councillors to the JHOSC, appointed in accordance with local procedure rules and with the relevant statutory regulations.

1.2 Appointments will reconfirmed annually by each relevant authority.

1.3 Individual authorities may change appointees in accordance with the rules for the original nomination.

1.4 Individual authorities will be strongly encouraged to nominate substitutes in accordance with local practice.

1.5 In commissioning Sub-Committees, membership will be confirmed by the JHOSC and can be drawn from the main Committee or to enable use of local expertise and skill, from other non-Executive members of an affected constituent area (excluding Health & Wellbeing Board members).

1.6 The membership of a sub-committee will include at least one member from each affected constituent areas. An affected constituent area is a council area where the proposals will impact on residents. Non affected areas can appoint 'observer' members to sub-committees but they will be non-voting.

1.7 The JHOSC, may as appropriate review its membership to include authorities outside the JHOSC boundaries where those authorities are equally affected by a SViS. Members of such local authorities may be appointed to serve as members of relevant sub-committees.

2. Chairman

2.1 The JHOSC will elect the Chairman and Vice Chairman at the first formal meeting. A vote will be taken (by show of hands) and the results will be collated by the supporting Officer.

2.2 The appointments of Chairman and Vice Chairman will be reconfirmed annually.

2.3 Where a sub-committee is commissioned, at its first meeting a Chairman and Vice-Chairman will be appointed for the life of the sub-committee.

3. Substitutions

3.1 Named substitutes may attend Committee meetings and sub-committee meetings in lieu of nominated members. Continuity of attendance is strongly encouraged.

3.2 It will be the responsibility of individual committee members and their local authorities to arrange substitutions and to ensure the supporting officer is informed of any changes prior to the meeting.

3.3 Where a named substitute is attending the meeting, it will be the responsibility of the nominated member to brief them in advance of the meeting.

4. Quorum

4.1 The quorum of a meeting of the JHOSC will be the presence of one member from any three of the four participating constituent areas.

4.2 The quorum of a meeting of a Sub Committee of the JHOSC will be the presence of members representing two or more constituent areas.

5. Voting

5.1 Members of the JHOSC and its sub Committees should endeavour to reach a consensus of views and produce a single final report, agreed by consensus and reflecting the views of all the local authority committees involved.

5.2 In the event that a vote is required, each member present will have one vote. In the event of there being an equality of votes the Chairman of the JHOSC or its sub-committee will have the casting vote.

6. JHOSC Role, Powers and Function

6.1 The JHOSC will have the same statutory scrutiny powers as an individual health overview and scrutiny committee that is:

- accessing information requested
- requiring members, officers or partners to attend and answer questions.

However, the power to refer to the Secretary of State for Health will be retained by the constituent areas rather than being delegated to the JHOSC. Should the JHOSC believe that there is a case for referral, it will make an evidenced recommendation to refer to its constituent areas.

6.2 The JHOSC can choose to recommend to constituent areas that they refer to the Secretary of State for Health for a particular scrutiny matter or delegate this function to an established sub-committee.

7. Support

7.1 The lead governance and administrative support for the JHOSC will be

shared by constituent areas.

7.2 The lead scrutiny support for sub-committees will be provided by constituent areas on a per issue basis to be agreed by the sub-committee.

7.3 Meetings of the JHOSC and its sub-committees will be rotated between participating areas.

7.4 The host constituent area for each meeting of the JHOSC will be responsible for arranging appropriate meeting rooms and ensuring that refreshments are available.

7.5 Each constituent area will identify a key point of contact for all arrangements and Statutory Scrutiny Officers will be kept abreast of arrangements for the JHOSC.

7.6 All costs of the JHOSCs will need to be met from within existing HOSC budgets: there is no additional funding for the JHOSC. Any decision to apply to the constituent areas for additional funding would need to be unanimously agreed by the JHOSC.

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Health and Adult Social Care Select Committee

15 November 2018

Business Planning Group Report

Report by Chairman, Business Planning Group

Executive Summary

Each Select Committee has a Business Planning Group (BPG) to oversee the Committee's work programme and prioritise issues for consideration by the Committee. This report provides an update to the Committee of the BPG meetings held on 1 and 8 October 2018 setting out the key issues discussed.

Recommendation

The Health and Adult Social Care Select Committee is asked to endorse the contents of the report in particular the Committee's Work Programme revised to reflect the Business Planning Group's (BPG's) discussions (attached at Appendix A).

1. Background

- 1.1 The Business Planning Group (BPG) met by video conference on 1 and 8 October, members in attendance on 1 October were: Mrs Arculus, Mr Turner (Chairman) and Dr Walsh (Chichester) and Mr Petts (Horsham). Also present were: - Mark Dow (Homeless Prevention Lead) and Dave Sargeant (Interim Director of Adults' Services) by phone, Rob Castle and Helena Cox (Democratic Services), Anna Raleigh (Director of Public Health).
- 1.2 Members in attendance on 8 October were: Mrs Arculus, Mr Turner (Chairman) and Dr Walsh (Chichester) and Mr Petts and Mrs Smith (Horsham). Also present were Alison Hempstead and Nicola Stemp (Crawley and Horsham & Mid Sussex clinical commissioning groups) (Horsham), Simone Button, Brian Solts, Richard Hunt and John Wilkins (Sussex Partnership NHS Foundation Trust), Rob Castle and Helena Cox (Democratic Services) (Chichester).

1 October

2. Declarations of Interest

- 2.1 Mr Turner declared a personal interest as a pharmacist in relation to item on (Public Health Update – Substance Misuse).

3. HASC Work Programme Planning 2018-20 – Council Issues

a) Director of Adults' Services – verbal update

- Negotiations were continuing with Shaw Health Care (SHC) regarding preparedness for winter to ensure there was sufficient bed capacity
- Dave Sargeant to look into the possibility of SHC beds being used for step-up/step-down patients
- There were no reports of safeguarding issues in SHC homes
- The Council was looking for a new provider for domiciliary care

Agenda Item 10

- More capacity was needed in the workforce to enable people to stay in their homes
- Brighton & Hove City Council was paying high rates for staff that covered reablement and some jobs usually done by, for example, occupational therapists
- Assessment of innovation sites would be included as part of the 100 day programme

b) Director of Public Health – verbal updates

i) Redesign of Sexual Health Services

- School interventions had produced good outcomes and a needs assessment had been completed

ii) Substance Misuse

- There would be a Care Quality Commission inspection in October
- Some deaths and treatments were due to long-term conditions and suicides, not drug use
- The alcohol pathway for dependent drinkers would be looked at

iii) Health & Wellbeing Board Strategy

- Consultation on the strategy would take place in November with publication in April and would define how the Health & Wellbeing Board would operate in the future - there would be champions for 'Start Well', 'Live Well' and 'Age Well'

v) Health Protection Assurance

- There had been a breakdown in the tuberculosis screening pathway in Crawley – this was now on the clinical commissioning group's risk register and was being prioritised
- Surrey and Sussex Healthcare NHS Trust would meet with Public Health West Sussex and Public Health England to make sure the service specification was fit for purpose
- There were concerns over vacancies and latent screening in the community, including of people coming in to the country

c) Forward Plan of Key Decisions

- BPG considered the Forward Plan, but decided not to add any items to the work programme

d) Work Programme Changes

- 100 day Programme to come to the November meeting
- Health & Wellbeing Board Strategy to come to the January meeting
- Substance Misuse – Drugs and Alcohol to come to the January meeting

4. HASC Work Programme Planning 2018-20 – NHS Issues

a) Proposal to improve mental health services in West Sussex

- As they were no longer fit for purpose, it was currently proposed to close the Harold Kidd Unit (Chichester) and the Iris Ward (Horsham Hospital) with beds relocated to Meadowfield Hospital and Salvington Lodge (Worthing) and Langley Green Hospital (Crawley)

- The proposals would mean that there would no longer be any mixed sex wards or stand alone units in the county
- Community services would be strengthened to reduce hospital admissions
- Pre-consultation with staff and some users had raised concerns over bed reduction and transport – these would be mitigated and a full consultation undertaken
- If a review showed that the beds to be lost were needed, more could be installed at Langley Green and Meadowfield
- It might be possible to have family rooms available for relatives to stay overnight when visiting
- Some staff would move from working in hospitals to working in the community
- Evidence showed that people recovered better in their own homes than in hospitals, but people would still be admitted to hospital if it was in their best interests
- Although the proposals were clinically led, upgrading existing buildings was not financially viable
- Early intervention, more preventative services and working with the voluntary sector would mitigate increase in future demand
- Committee members were invited to visit the units concerned prior to any consideration of final proposals

Resolved – that the Business Planning Group considers the proposals to be a substantial change of service and that formal scrutiny should be undertaken by the Committee

b) Clinical Commissioning Groups Updates

i) Integrated Urgent Care Model

- The model for the standardisation of urgent treatment centres would reduce duplication of services and avoid confusion of access routes and service offer to the public
- Urgent treatment centres could be accessed by anyone, regardless of where they lived
- There may be some change of opening times to some of the units based on local demand
- Littlehampton Minor Injury Unit was not being considered as part of the model as it was a primary care service development and not part of the CCG urgent care commissioned services
- Communications with stakeholders and public were being undertaken as part of the planning and design process

Resolved - that an update should be given to the Committee as part of the 30 November project day. *N.B. This has since been postponed to make way for a Sexual Health Inquiry Day in conjunction with the Centre for Public Scrutiny*

ii) Sustainable Transformation Programme and community step-up/down bed capacity

- The Bailey Unit, Midhurst had closed and the Kleinwort Unit, Haywards Heath, was struggling with staffing, so recruitment in responsive services was planned to ease admissions
- Some staff would move from working in hospitals to working in the community and support would be needed to develop their skills accordingly
- A workforce that was integrated with social care was required
- Some discharge to assess beds commissioned from the private Care Home sector were already being used within the system

Resolved - that an update should be given to the Committee after its 15 November meeting.

iii) **NHS 111 Procurement**

- The new model would be thoroughly explained to potential providers which would hopefully increase interest

Resolved - that an update should be given to the Committee as part of the 30 November project day. *N.B. This has since been postponed to make way for a Sexual Health Inquiry Day in conjunction with the Centre for Public Scrutiny*

v) **Total Performance Monitor and Risk Register**

- There were four areas of risk which could lead to some overspend that would be compensated for by the improved Better Care Fund: -
 - 1) **In-house Service Review** – the decision originally planned for July would now be taken in November leading to a £250k shortfall which could be mitigated by reductions in other areas of the portfolio budget
 - 2) **Preventative Services** – it was likely that only £0.5m of the anticipated £2m savings would be achieved this year
 - 3) **Shaw Homes Contract** – the Council could now use Shaw Homes beds for people with dementia and complex needs, which meant it was less reliant on the market. Depending on how long it took to put this in place, savings on £600k could be realised
 - 4) **Learning Disability Services** – there was an underlying £1m risk that would be mitigated by the Lifelong Services programme, however, this was not yet ready so mitigation of the full amount could not be guaranteed

5. Work Programme Changes

- 5.1 The terms of reference for a Joint Health Overview & Scrutiny Committee on tranche 3 of the Clinically Effective Commissioning programme would be circulated to the BPG and brought to the Committee at its 15 November meeting

6. Implications

- 6.1 There are no social impact, resource, risk management, Crime and Disorder Act or Human Rights Act implications arising directly from this report.

Bryan Turner

Chairman, Health and Adult Social Care Select Committee

Contact: Rob Castle, 033022-22546; rob.castle@westsussex.gov.uk

Appendices - Appendix A - HASC Work Programme

Background Papers - None

Health and Adult Social Care Select Committee Work Programme January 2018 – December 2020

Topic/Issue	Purpose of scrutinising this issue	Timing
Sexual Health Inquiry Day	In conjunction with the Centre for Public Scrutiny	30 November Project Day
Strategic Budget Options: a) Housing Related Support b) Local Assistance Network (LAN) Funding c) Minimum Income Guarantee for Working Age Adults	To consider the proposals for engagement on budget proposals regarding a), b) and d) and results from engagement regarding c) and provide comment to the Cabinet Member for Adults and Health prior to the planned formal decision.	12 December 2018
SECamb CQC Inspection Report	To consider the implications of the latest CQC report on SECamb	16 January 2019
West Sussex Joint Health and Wellbeing Board Strategy and Five Ways to Wellbeing	To comment on the development of a refreshed West Sussex Joint Health and Wellbeing Board strategy	16 January 2019
Substance Misuse – Drugs and Alcohol	Further to a referral from the Environmental Communities & Fire Select Committee regarding the performance of these contracts, BPG agreed for HASC to consider at a future meeting, as separate items	16 January 2019
Proposals to improve mental health services in West Sussex	To consider the proposals	16 January 2019
Safeguarding Adults Board Annual Report	To consider the annual report of the Safeguarding Adults Board	16 January 2019
Procurement of Mortuary Services		BPG February 2019
Radiotherapy in West Sussex	To consider the outcome of the national NHS England consultation regarding radiotherapy services and receive a presentation from the Sussex and Surrey Cancer Alliance	Item for a future meeting – date to be confirmed – awaiting outcome of national consultation

Topic/Issue	Purpose of scrutinising this issue	Timing
Dementia Framework 2014-19 Update	To review the refreshed Dementia Framework and consider the progress of recommendations from the last time the committee scrutinised the Dementia Framework	March 2019
NHS 111 mobilisation	To consider the mobilisation of the new NHS 111 contract	Item for a future meeting – date to be confirmed
Contract arrangements for Social Support Services	Further to a proposed Cabinet Member decision in March 2018, to award interim contracts for the provision of social support services, the committee will consider proposals prior to a formal procurement process.	Item for a future meeting – date to be confirmed
Sustainability and Transformation Partnerships (STPs)	To consider any proposals from NHS partners in terms of the Sussex and East Surrey Sustainability and Transformation Partnership (STP)	Item for a future meeting – date to be confirmed
Clinically Effective Commissioning	To consider any proposals from West Sussex Clinical Commissioning Groups, in relation to ongoing work to ensure that commissioning arrangements are both clinically and cost effective (further to HASC 29/9/17)	Item for a future meeting – date to be confirmed
Improved Better Care Fund (iBCF)	Further to consideration in June 2018, to review the improved Better Care Fund Plan (iBCF) for the financial year 2018/19 in terms of outcomes achieved, scheme suitability and priority.	Item for a future meeting – date to be confirmed (2019)
Integrated Urgent Care Model	Briefing for the Committee	Future project day/post meeting briefing
NHS 111 Procurement	Briefing for the Committee	Future project day/post meeting briefing
Primary Care (General Practitioners)	To consider action being taken across the NHS to include GP surgery	Future project

Topic/Issue	Purpose of scrutinising this issue	Timing
	provision across the county.	day/member day – date to be confirmed
Mental Health (HASC/CYPSSC)	<p>Topics for potential inclusion:</p> <ul style="list-style-type: none"> • children/adolescents – self harming • what is being done in West Sussex schools • Front-line service provision for adults • How long to get a first appointment, timescales, waiting list • Skills/capacity of the service <p><i>N.B Development of the West Sussex Suicide Strategy (being presented to HWB next year) could be included to ensure effective implementation of Council's suicide prevention plans. Suggested by House of Commons Health Committee.</i></p> <p><i>Members should also note Sustainability and Transformation Partnership (STP) work on Mental Health which could inform any potential scrutiny.</i></p>	Future project day/member day – date to be confirmed
Voluntary Sector (All)	<p>To consider how the County Council works with the voluntary sector at the moment, what could be done better and how can we encourage more interaction.</p> <p><i>N.B. PFSC BPG have asked that the Director of Communities is asked to attend their next BPG to outline the work Communities is doing with the voluntary sector in order to develop terms of reference.</i></p>	Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed
Integrated Transport System (All)	<p>This is an over-arching issue which affects the remit of all select committees: - access to services (transport and parking).</p> <p><i>N.B. ECSSC BPG to consider how this could be taken forward taking into consideration current related items on ECSSC work programme.</i></p>	Cross Cutting (Scrutiny across Select Committees) – dates to be confirmed

Topic/Issue	Purpose of scrutinising this issue	Timing
<p>Domestic Violence (HASC/CYPSSC/ECSSC)</p>	<p>To seek assurance that all services are working together.</p> <p><i>N.B Methodology to be confirmed.</i></p>	<p>Cross Cutting (Scrutiny across Select Committees) - dates to be confirmed</p>