

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

- 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

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Appendices - Appendix A - HASC Work Programme

Background Papers - None