

Health and Adult Social Care Select Committee

22 June 2018 – At a meeting of the Committee held at 12.30 pm at County Hall, Chichester.

Present: Mr Turner (Chairman)

Dr Walsh	Dr O'Kelly	Cllr Edward Belsey
Mrs Arculus	Mr Petts	Cllr Tina Belben
Lt Cdr Atkins	Mrs Smith	Cllr Kevin Boram
Mrs Bridges	Cllr Keith Bickers	Miss Frances Russell
Mrs Jones	Cllr George Blampied	

Apologies were received from Mr Edwards, Ms Flynn, Cllr Caroline Neville and Cllr David Coldwell

1. Committee Membership

1.1 Resolved – that the Committee approves the co-opted membership.

2. Declarations of Interest

2.1 The following interests were declared: -

- Cllr Belsey declared a personal interest in respect of item 6 (Adults In-House Social Care Services 'Choices for the Future') as his wife is a Trustee of Age UK East Grinstead & District
- Mr Turner declared a personal interest in respect of items 8 (Outturn Total Performance Monitor 2017/18) and 9 (Business Planning Group Report) as a pharmacist

3. Minutes of the last meeting of the Committee

3.1 Resolved - that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 8 March 2018 be approved as a correct record and that they be signed by the Chairman.

4. Forward Plan of Key Decisions

4.1 The Committee had questions over the decision for procurement of housing support services and learned that this was an extension to two existing contracts to help mental health patients find accommodation. The Council was working with the clinical commissioning groups to ensure people were discharged from hospital as soon as possible and aimed to meet targets by the end of the year.

4.2 Resolved - that the Business Planning Group look at this in more detail at its July meeting and that the Committee notes the Forward Plan of Key Decisions. (*Post meeting note: The July meeting of the Business*

Planning Group was subsequently cancelled so this will be go to the October meeting).

5. Adults In-House Social Care Services 'Choices for the Future'

5.1 The Committee considered a report by the Executive Director for Children, Adults, Families, Health and Education (copy appended to the signed minutes) which was introduced by Jana Burton, who highlighted the following: -

- The Care Act stipulated that services needed to be modernised, be more preventative and help people maintain their independence
- West Sussex County Council still allocated a significant amount of funding to in-house services compared to many other local authorities
- Work had taken place over the last two years involving 800 people to develop the proposals which were intended to be adaptable to future needs
- Not all feedback had been received as yet so the analysis which had been included in the report was incomplete, however all information would be shared with members when available

5.2 Barry Poland, Operations Manager Provider Services, highlighted the following: -

- There had been 11 reviews of in-house services over 10 years, but none had considered bringing customer groups together to share resources
- Engagement had taken place with service users, families, carers and organisations (including district/borough councils) over the past two years – from this, success factors had been developed that formed service principles and 'Choices for the Future' had been published in 2018
- The aim was to maintain levels of service at the heart of local communities whilst rationalising use of buildings as 55% of capacity was currently not used

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

- The three service managers responsible for daily operations and development were already in post so there would only be three new posts
- It would cost £15m to maintain services, but in five years residential stock would be unfit for purpose, already there were eight vacancies in learning disability accommodation due to inaccessible upper floor bedrooms
- Services would still be offered to the same number of people (900) but in fewer buildings with more community-based services which would be tailored to need and could cope with increased demand
- Service uptake often increased when there were good community opportunities available
- When the consultation was complete there would be a better idea of what people wanted

- The use of personal budgets could also affect people's choice of service
- Members had concerns over: -
 - evidenced support for the proposals by users and volunteers
 - the lack of consultation on specific proposals
 - a seemingly rushed implementation
 - mixing different user groups
 - the potential break-up of relationships between groups of service users and service users and staff
 - the proposals being buildings/finance-based not people-based
 - difficulties for people getting transport to different centres, especially in rural areas
 - closing centres leading to less choice of service
 - community services not being developed now in readiness for the changes
 - no consideration of a mix of out and in-house services
 - some services leaving large buildings for smaller ones with less customer transport available – Maidenbower to Deerswood/Burley's Wood
- Maidenbower day services were used by 12 people a day on average and there were vacancies at Deerswood and Burley's Wood that could accommodate them subject to needs assessments and personal choice of service
- Maidenbower would not close, but the Council's day services would be based elsewhere
- The Council would continue to lease Maidenbower with or without in-house services based there
- The Council leased space at Glen Vue from Mid Sussex District Council, if in-house services were moved from Glen Vue other organisations based there should not be affected
- 58% of people who used the Wrenford Centre in Chichester came from Bognor Regis so would have less distance to travel if they took-up the new service at the Chestnuts in Bognor Regis
- Staff would be re-trained so they could work with more than one type of user group
- Members requested information on the number of people who used each centre and where they came from – **ACTION**: Barry Poland to provide
- Service users and their families would be involved in the design of new co-located services
- Unlocking the power of communities was another workstream that could help with future services
- In-house services were just a small part of services overall (7%)
- Service provision would cover all needs taking account of the Lifelong Services project which would feed in to in-house services
- Relationship groups and demographics were important
- It would take five years to complete the programme
- There were filmed examples that showed where mixed groups worked that could be shown to interested people
- The expected £0.75m savings would come from the proposals overall
- There would only be capital receipts if there were site disposals
- The capital investment was expected to lead to future savings

- In-house services had a good bank of volunteers which would be developed and grown – they had been involved in the engagement process and were excited by the new proposals
- Voluntary organisations would be part of the range of providers supporting people in a dynamic way
- UNISON had been included in developing the new staff structure and was happy with the service proposals
- It was complicated for self-funding people to use in-house services, but this would be looked at on a short-term basis in the new model
- People from Coastal Enterprises would be assessed and offered a choice of local alternative services if the service closed – many who used the service travelled there by public transport

5.4 Amanda Jupp, Cabinet Member for Adults and health, told the Committee: -

- This was about working together with communities, which would present certain challenges
- The decision was about people and the services they received
- Concerns over the timeline were recognised
- Talks were being held with district and borough councils regarding Glen Vue and Maidenbower however, no decisions had been made yet
- Burnside in Burgess Hill had been kept open
- Meetings were arranged with service users/families whose comments would be taken on board
- Ideally there would be accessible services in all areas which current users were happy with and would be suitable for future users
- The Committee's recommendations would be taken on board

5.5. Resolved - that the Committee: -

i. Asks the Chairman to write to the Cabinet Member for Adults and Health informing her that the Committee recognises that closing facilities will always be an unpopular choice, but can be managed by maintaining and valuing existing relationships with service users, carers and staff. The Committee asks for an assurance that necessary services will continue to be provided for those residents that require them and that any impact regarding transport is mitigated appropriately. The Committee also asks for assurance that when mixing user groups, detailed planning to cater for different needs, the provision of any specialist equipment and access to suitable available space, with appropriately trained staff will be provided and that the necessary management of sharing space and transport is undertaken

ii. Asks that locality information, as requested during the debate, is provided

iii. Asks for updates at the end of each year of the five year programme to ensure that the Committee's comments to the Cabinet Member are being addressed and in light of this, decide whether any further formal scrutiny is required

6. Improved Better Care Fund (iBCF) Update

6.1 The Committee considered a report by the Executive Director, Children, Adults, Families, Health and Education (copy appended to the signed minutes) which was introduced by Martin Parker, Head of Integrated Adult Care Commissioning, who told the Committee the iBCF had three grant conditions: -

1. Pool the grant funding into the local Better Care Fund (BCF) so it comes within the Section 75 agreement that governs arrangements of BCF spend
 2. Work with relevant clinical commissioning groups and providers to meet the Integration and Better Care Fund National Condition 4 (Managing Transfers of Care), and
 3. Provide quarterly reports
- There was a possibility that iBCF funding would be withdrawn, but this did not happen due to the good performance of the Council regarding Delayed Transfers of Care (DTOCs)
 - The iBCF has been used to: -
 - Support the Council to fulfil its Care Act duties to meet eligible assessed needs
 - Mitigate the risk of overspending in the Adult Social Care budget due to increased demand and complexity
 - Reduce the number of days people remain in hospital
 - Ensure that people have the appropriate care and support to meet their longer-term needs and remain independent in their own home
 - Support providers in the care market so as to prevent disruption to people receiving care
 - There is an uncommitted budget of £1.3m that the Council could have used to meet the adult social care overspend, however it has been agreed that the funding be taken forward to fund one-off adult social care costs that deliver system-wide benefits

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

- A small amount of iBCF money had been used to create a small team responsible for working with providers to develop recruitment, retention and capacity plans and to identify and support providers with workforce training.
- DTOC figures come out six weeks after the end of each month, the latest were for April which showed a slight increase – the Council was working with the clinical commissioning groups on year round resilience planning
- Shortfalls in 2017/18 spending were as follows: -
 - Workforce development – £16k was spent on four recruitment campaigns, the balance was designated to create a small team that was not recruited until after the 17/18 financial year end.
 - Investment in occupational therapists – this was due to problems in recruitment (a campaign to recruit more occupational therapist had recently been launched)

- Transfers from community health services – this was a two year plan for which costs were expected to be higher
 - Implementation of the High Impact Change Model – work is still ongoing with the three accident & emergency boards across the county to establish this
 - Lifelong conditions – work to review packages of care had started but would need to continue into 2018/19 as will work to source appropriate services and managing underspends in the joint health and social care budget
- The timing of the iBCF announcement and the necessary consultation with partners had taken time which had caused some delays in delivering elements if the Council's spending plan – full expenditure was expected during 2018/19
 - iBCF grant conditions clearly state that iBCF money can only be used for social care spend and therefore can only be used on DTOCs that were attributed to delays due to social care
 - The Council was aligning its services now with health and aimed to integrate them from 2020 in accordance with NHSE and Government plans
 - Pooled budgets worked well in mental health and learning disability services where there was joint commissioning and provision
 - The Council is working with a contracted residential service to increase dementia beds in the community
 - Money had been set aside to establish a Technology Enabled Lives Service investment fund that would be used to support the sourcing of a Technology Enabled Lives service by the end of the 18/19 year
 - The Council couldn't use iBCF money to help clear NHS deficits as that would not meet the iBCF grant conditions

6.3 Resolved – that the Committee: -

- i. Agrees that the improved Better Care Fund money spent in 2017/18 achieved the outcomes and intended use of the funding as set out in the grant conditions
- ii. Agrees that it should review improved Better Care Fund investment for the financial year 2018/19 in terms of outcomes achieved, scheme suitability and priority at a future meeting

7. Outturn Total Performance Monitor 2017/18

7.1 The Committee considered a report by the Director Finance, Performance and Procurement (copy appended to the signed minutes) which was introduced by Chris Salt, Strategic Finance Business Partner, who told the Committee: -

- The budget overspend of £0.5m was due to: -
 - Delays in delivering savings in disability-related expenditure
 - Lifelong Services
- The overspend was managed corporately and it was expected that the savings will be delivered in future years

- £2.5m from the improved Better Care Fund was used to support pressures on the budget
- Of the seven performance targets, four were green, two amber and one, appropriate admissions to residential care, was red

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

- There was disappointment at the level of detail provided in the Total Performance Monitor
- Members queried whether the final early dementia diagnosis figures were available – **ACTION**: Chris Salt to check
- Innovation sites had shown the direction of travel to reduce admissions to residential care homes and the Local Government Association peer review was leading to plans for stronger foundations
- Residential/nursing care home figures had gone down due to less people presenting early, but with complex needs, meaning stays were shorter – numbers were less than in 2016
- Information was available for those looking to arrange their own care
- The figures attending memory assessments clinics in the Coastal West Sussex Clinical Commissioning Group area were lower than in the rest of the county and an action plan was in place to improve the situation
- The Child and Adolescent Mental Health Service (CAMHS) was struggling capacity-wise, but the new Youth Emotional Support service was helping with only 3% of those who used it being referred on to CAMHS

7.3 Resolved - that the Committee: -

- Asks the Cabinet Member to provide the Committee with the latest data regarding the dementia diagnosis rate
- Asks Coastal West Sussex Clinical Commissioning Group to provide detail regarding its Memory Assessment Service performance and action plan
- Asks the Performance & Finance Select Committee to review the level of detail provided to individual select committees when reviewing the outturn Total Performance Monitor in future years
- Reviews investment and referrals into Children's Mental Health Services at a future meeting

8. Business Planning Group Report

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

- A Home Office Select Committee report on the welfare of detainees in detention centres was due to be published in July – the Business Planning Group would await the outcome of this report before deciding if any further action was needed
- South East Coast Ambulance Service NHS Foundation Trust would attend a future Committee meeting where its performance would be discussed

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

9. Appointment of the Committee's Business Planning Group

9.1 Resolved – that the Committee agrees the appointment of the following members to its Business Planning Group, Mr Turner (Chairman), Dr Walsh (Vice Chairman), Mrs Arculus, Mr Petts and Mrs Smith.

10. Brighton and Sussex University Hospitals Trust (BSUH) Regional Working Group and South East Coast Ambulance Service (SECAMB) NHS Foundation Trust Regional Working Group Progress Reports

10.1 The Chairman updated the Committee on the most recent meetings pointing out that BSUH had a plan to improve the culture of the organisation and that the Care Quality Commission was regularly checking its progress.

10.2 Resolved – that the Committee notes that the South East Coast Ambulance Service NHS Foundation Trust Working Group will cease to meet and that representatives from the Trust will attend future Committee meetings when invited.

11. Date of Next Meeting

11.1 The next scheduled meeting is on 27 September County Hall, Chichester at 10.30.

The meeting ended at 4.00 pm

Chairman