

Health and Adult Social Care Scrutiny Committee

8 January 2025 – At a meeting of the Health and Adult Social Care Scrutiny Committee held at 10.30 am at County Hall, Chichester, PO19 1RQ.

Present: Cllr Wall (Chairman)

Cllr Cooper	Cllr Walsh	Cllr Glynn-Davies
Cllr Atkins	Cllr A Jupp	Cllr Long
Cllr Johnson	Cllr Lanzer	Zoey Harries
Cllr McGregor	Cllr Baine	
Cllr O'Kelly	Cllr Bates	

Apologies were received from Cllr Patel

Absent: Cllr Ali and Cllr Nagel

Also in attendance: Alison Challenger, Alan Sinclair

Part I

36. Declarations of Interest

36.1 Cllr Long declared a personal interest as a member of their GP Practice Patients' Participation Group under agenda item 6.

36.2 Cllr Walsh declared a personal interest as a current member of the British Medical Association and a prior professional relationship with Dr Glyn Williams of NHS Sussex under agenda item 6.

37. Urgent Matters

37.1 No urgent matters were raised.

38. Minutes of the last meeting of the Committee

38.1 Resolved – That the minutes of the meeting held on 27 November 2024 are approved as a correct record and are signed by the Chairman.

39. Responses to Recommendations

39.1 Prior to taking general comments about the recommendations, the Chairman drew the attention of the Committee to the letter received from Sussex Community Foundation NHS Trust pertaining to the Committee's concerns about Zachary Merton Hospital.

- 39.2 Concerns were raised by members about the financial expenditure required to reopen the site and the lack of action by the Trust to make the necessary repairs at the appropriate time, resulting in a loss of community bed capacity for the East Arun area. The Committee was encouraged to keep raising this matter with Sussex Community NHS Foundation Trust.
- 39.3 The Committee was reassured that there was extra funding coming in the 25/26 budget on top of current funding available to repair NHS sites and that where the funding could not be focussed on bedded units, it would be directed at prevention measures, and that the Trust had committed to providing further updates at the March meeting of this Committee, as well as attending a public meeting to address this ongoing issue in the future.
- 39.4 A question was raised about public vaccination uptake numbers and whether it might be possible to extend the vaccination offer to residents under 60, with the possibility of reduced costs for workforces, to address the increased strain on businesses during the winter period. Further concerns were raised that local residents were struggling to access current vaccination programmes, either due to supply issues or because they were not in the eligible groups, and that more could be done to circulate information on vaccinations to West Sussex residents.
- 39.5 The Committee was assured by NHS representatives that they would be happy to circulate any information members requested outside the meeting and additionally, reminded members that eligibility criteria for vaccination programmes are set nationally, not locally.
- 39.6 The Director of Public Health informed the committee that, firstly, eligible residents would still access vaccination programmes, and secondly, reminded the members of the importance of conveying the importance of hand hygiene as a preventative measure against respiratory infections.
- 39.7 Members raised concerns about the public messaging and how this was being sent out in the wake of East Surrey Hospital declaring a critical incident due to the rise in respiratory viral infection cases?
- 39.8 The Director of Public Health confirmed that this messaging was a part of winter planning and was routinely circulated by both the Council and by NHS partners across the County.
- 39.9 A suggestion was raised that press releases related to vaccination programmes and public health messaging could be circulated to members for them to circulate in turn to district and borough councils and to local residents through their platforms.
- 39.10 A point was raised about some employers requiring their staff to come into work while sick and not offering remote working, resulting in wider staff infection and sickness rates due to financial pressures, and the risks this creates to the wider public, in particular those working in the hospitality sector.

39.11 Resolved – that the Committee:

1. Thanks Sussex Community NHS Foundation Trust for the letter and meeting with the Chairman to update on the situation regarding Zachary Merton.
2. Will ensure it remains in close contact with the Sussex NHS Foundation Trust to provide regular updates on this matter.
3. Will recommend that a conditions survey on other buildings within the Sussex Community NHS Foundation Trust is undertaken to ensure future issues are dealt with as soon as possible
4. Requests that members use their platforms as elected councillors to circulate information concerning vaccinations and preventative measures to combat infection from Public Health.

40. Dentistry Update

40.1 The Committee considered a report (copy appended to the signed minutes) on plans by NHS Sussex to improve access to dentistry across the county, highlighting any challenges and risks and how these are being addressed, introduced by Garry Money, Director of Primary Care, presented by Carole Crathern, Head of Primary Commissioning, Dentistry and Optometry, and supported by Agi Tarnowski, Chair of the West Sussex Local Dental Committee.

40.2 In presenting this report, the following key points were made:

40.3 In July 2022, NHS Sussex took on the responsibility for commissioning primary, secondary, and community dental services but local authorities retained commissioning responsibilities for oral health promotion services.

40.4 Local and national priority is to enhance access to local dental services.

40.5 Following the general election in 2024, the incoming government committed to its manifesto pledge on the dental rescue plan, with four main focus areas: to reform the national dental contract; to roll out supervised tooth-brushing for 3-5 year-olds; to fill the appointments gap with 700,000 emergency dental appointments; and finally to flood so-called 'dental deserts' and support recruitment in problem areas.

40.6 In West Sussex, there are 104 contracts for mandatory dental service providers, delivering 1.1 million units of contracted dental activity during the year.

- 40.7 Since the onset of COVID, underperformance has been an ongoing issue at a local and national level.
- 40.8 In 2018, nationally dentistry services were at 94% performance, this dropped to 65% in 2021/22 but recovered to 84% in 2023/24. In West Sussex specifically, four local providers were above the 84% threshold but there have been challenges in Arun, Chichester, and Mid-Sussex, which fell below the 84% performance threshold.
- 40.9 NHS Sussex has worked with dental providers to identify factors behind underperformance and find ways to improve that performance.
- 40.10 Since 2019 and the COVID pandemic, there has been an increase in the number of dental contract 'hand-backs', which peaked in 2023/24 with seven hand-backs, four of which were in West Sussex, contributing to loss of dental activity in the county.
- 40.11 Contracts were tendered in Horsham and Chichester and a new provider started delivering services in Horsham last year.
- 40.12 NHS Sussex has worked with providers to understand why they have been handing back their contracts.
- 40.13 NHS Sussex has enhanced dentistry access by implementing all national guidance.
- 40.14 NHS Sussex has introduced 'golden hellos' as part of their recruitment strategy and identified Arun, Worthing, and Crawley as their target areas.
- 40.15 Following a 12-week pilot earlier this year, NHS Sussex has implemented an emergency dental care and stabilisation programme that supports patients with urgent treatment needs and ongoing support which can be accessed by the NHS Dental Helpline or 111. NHS Sussex are in the process of expanding this programme outside the initial pilot areas.
- 40.16 NHS Sussex has also set up a domiciliary care home pilot in Crawley, catering to elderly residents who might struggle to access dental care. This started in November 2024 and will run for 12 months, with the possibility of roll-out to other areas if successful.
- 40.17 As part of their dental transformation plan, NHS Sussex continues to monitor levels of contracted dental activity and population health management on a quarterly basis.
- 40.18 They are utilising the Southeast Framework to support practice resilience.
- 40.19 NHS Sussex are working with local authority colleagues to promote oral health support for younger children.

- 40.20 NHS Sussex are implementing a local dental leadership initiative to ensure that local services are led and informed by local dentistry providers.
- 40.21 Agi Tarnowski shared the perspective of the local dental providers community in West Sussex. She informed the Committee that the LDC recognise the efforts of NHS Sussex to improve things where they can and the innovation and willingness to listen to providers has been noted. She noted however that dentistry was struggling and the long-term stability of NHS dentistry require contract reform, which it was acknowledged is outside the remit of NHS Sussex. Agi Tarnowski acknowledged the key work of scrutiny and councillors in ensuring that these issues continue to reach Parliament in order to drive that reform.
- 40.22 Members' questions and the responses are as summarised:
- 40.23 A question was raised about dentists' pay and the timescale for delivery of UDAs.
- 40.24 The committee was informed that UDAs are relative to the practice and not to the time taken for delivery, with the monetary value linked either to historic contracts or a new targeted UDA contracts in higher need areas.
- 40.25 A question was raised about the appointment booking system and changes in routine appointment bookings from six months to nine months, and the requirement for upfront payment for treatments which might be cancelled further down the line.
- 40.26 It was confirmed that recall interval for routine dental care should be based on patient need and risk factors. It was stressed to the committee that prepayment for routine care is normal due to the set payment bands.
- 40.27 A question was raised around the urgent dental appointments and are they seeing repeat appointments from people for these without routine care being set up for them.
- 40.28 It was agreed that people access dentistry differently and routine care isn't always wanted or necessary so repeat urgent dental appointments are not unheard of. Members were informed that the urgent dental care and stabilisation clinics are tasked to deal with recurrent urgent dental problems and stabilise their condition so patients can see their needs met according to their own wishes.
- 40.29 A further point was raised by members that from a prevention perspective, for those patients who cannot or will not pay for dental care, these frequent urgent care patients may be causing a build up of pressure on urgent dental care services. It was agreed that prevention was always better than dealing with urgent cases as they arise, and the ideal was to move a patient from urgent care into a continuing care arrangement, however this cannot be imposed upon a patient.

- 40.30 Members asked if NHS Sussex had a KPI monitoring the number of dental emergencies in A&E and whether these are going down as a result of the performance improvement referenced in the report and whether in future, a KPI on tooth extractions to monitor the prevention programme for 3-5 year-olds could be implemented.
- 40.31 Further concerns were raised about the Crawley pilot project's success and whether it was necessary to wait to roll it out further.
- 40.32 Members were assured that NHS Sussex tracked some data about dental admissions in A&E and the suggested KPIs about A&E dental admissions and tooth extractions for 3-5 year-olds were something they would be happy to look into further. It was further explained that they were conducting some work with GP practices to ensure they were aware of the various pathways for urgent and emergency dental patients and where to signpost them on to.
- 40.33 The Committee was informed that the most common reason for underperformance, according to providers, has been recruitment and retention issues with staff. They were also informed that in some cases, feedback around changes in lifestyle and a desire for a different work/life balance has necessitated a mitigating approach and the use of flexible commissioning. The need for reform of the national contract was reaffirmed to members in order to attract and retain staff in dentistry.
- 40.34 It was explained to the Committee that there was a financial element to consider in the rollout of the Crawley UTC project to the wider county as well as considerations around how best to expand the project to other areas of West Sussex. The Committee was assured that evaluation of the success of the project would begin after feedback was received at the 3-4 month mark, however it was still very early days.
- 40.35 A question was raised about the quantitative gap between service demand and providers' capacity to deliver services in dentistry and whether more detail could be provided, potentially as a KPI.
- 40.36 The question about 'golden hellos' was raised as to how successful they were in attracting dental staff to those practices suffering from a shortage.
- 40.37 Members raised concerns that there was no data on the increase in patients showing up GP practices with dental issues and whether this is improving or getting worse.
- 40.38 In response, the Committee was assured that NHS Sussex did have the requested data and they would be happy to share it further. They also confirmed that they would be happy to conduct some exploratory work around GP practices and the number of dental cases they are receiving.
- 40.39 It was confirmed to members that the 'golden hellos' were only approved recently and that providers have six months in which to

recruit. NHS Sussex stressed that they were in regular contact with providers and received regular updates on recruitment, which they would be happy to circulate to the Committee around March/April 2025.

- 40.40 Members raised concerns about the phrase 'dental deserts' and the lack of capacity in several areas of West Sussex, including Worthing, Crawley, and Arun. A question was asked about whether it would be possible to publicise details about NHS dentists with capacity to the residents of underserved areas to improve this, either through the Integrated Care Board, or through West Sussex County Council itself.
- 40.41 Members were assured that NHS dentists are required to regularly update their NHS profiles with their practice's availability and that information was publicly available, as well as the NHS dental helpline that would help patients find an NHS dentist, however it was stressed that they were happy to take on the challenge of improving this.
- 40.42 A question was raised about the performance of Mid-Sussex and NHS contract underperformance, namely the reasons behind the underperformance, the geographical concentration of those instances, and what was being done to rectify them.
- 40.43 It was confirmed that NHS Sussex was meeting regularly with underperforming dental practices to understand how and why they were underperforming. Members were told that they had temporarily agreed to offer the UDAs from underperforming practices in Haywards Heath to other practices in the Mid-Sussex area to ensure continuity of access to dental services while they are seeking to recruit additional dental staff. The Committee was assured that Mid-Sussex was a priority area for NHS Sussex.
- 40.44 A question was raised about those patients on benefits, who may have large families, and with the two-child benefit cap, struggle to pay NHS dental treatment costs and what is done to help in these cases.
- 40.45 Members were told that eligibility criteria for patients under the NHS were not set by NHS Sussex and they could not amend them however, dentists could choose to set their private treatment costs to the same rate and do so, although this has led to confusion.
- 40.46 Healthwatch informed the Committee that there was currently a poll running on their website, asking local residents about their experiences, needs and suggested areas of focus about dentistry, and asked the Committee members to circulate it, and for any members of the public watching to visit the website to complete themselves.
- 40.47 The Chairman agreed and encouraged committee members to circulate the information and to fill it in themselves, as well as encourage others to do so.
- 40.48 Members noted the improvements brought about by NHS Sussex's strategy to improve dental access and asked about further work to be

done on identifying the need for dental services across West Sussex, in order to reach patients who otherwise might fall under the radar.

40.49 It was confirmed to the committee that NHS Sussex would continue to work with Healthwatch and other partners to identify patient need and areas for focus going forward. It was also explained that NHS Sussex works closely with Public Health to support their needs assessments and oral health campaigns and would continue to do so but there was still a lot of work to do on this issue.

40.50 A question was raised about why the NHS does not pay for dental patients to receive private treatment if it cannot be provided in a timely fashion on the NHS, as it will do for patients receiving medical treatment.

40.51 Members were informed that this is due to the national contract terms, and while NHS patients on waiting lists for medical treatment can be referred to the independent sector if necessary, there is no provision for NHS dental patients to do so, and there is ongoing conversation at the national level about the need for reform and the shape it needs to take. It was reiterated to the Committee that some dental practices do offer private dental treatment at the same rate as the NHS costs, however, this is not conducted by NHS Sussex and is implemented by individual practices.

40.52 Resolved – that the Committee:

1. Will continue lobbying to MPs on dental contract reform as this is the key to unlocking these issues.
2. Requests that NHS Sussex produce data on whether GPs are being presented with patients with dental issues.
3. Requests an update from NHS Sussex on golden hellos in March/April 2025.
4. Requests NHS Sussex to provide data on dental emergencies in A&E.
5. Will look at what more can be done to publicise NHS dentistry places across West Sussex.
6. Will publicise and circulate Healthwatch's poll to HASC members and their constituents.
7. Commits to keeping this item on the committee's work programme for future and ongoing scrutiny.

41. Improving Access to General Practice in West Sussex

41.1 The Committee considered a report (copy appended to the signed minutes) on current and ongoing actions by NHS Sussex to improve access to Primary Care countywide, presented by Garry Money,

Director of Primary Care, and supported by Dr Glyn Williams, Clinical Lead for Primary Care and GP.

- 41.2 In presenting this report, the following key points were made:
- 41.3 Improving access to primary care has been a constant local and national focus.
- 41.4 In West Sussex, there are currently 75 GP practices and 149 community pharmacies. The total registered population for these is 940,000 people.
- 41.5 There are some discrepancies in the dataset due to the difference between registered and resident population data, mainly the fact that it is possible to be a resident in a different geographical area but still be within the catchment area of a Sussex GP practice.
- 41.6 Registered population growth since 2022 has been averaged at 0.5% for GP practices.
- 41.7 It was stressed that the General Medical Service contract only requires GP practices to provide core services between 8am-6.30pm, Monday to Friday, and any services delivered outside of these core requirements is a side enhanced service or subject to local commissioning arrangements, and not decided by NHS Sussex or NHS England.
- 41.8 The recent change in government has not changed the national policy agenda, with continuity of focus on areas such as reducing bureaucracy, but also local work on areas such as improving interfaces between GP practices and NHS trust providers.
- 41.9 The number of available GP appointments is 15% higher than before the COVID-19 pandemic. However patient satisfaction has been decreasing since November 2022.
- 41.10 West Sussex compares favourably with the rest of Sussex on a number of measures but there will be variations between GP practices.
- 41.11 West Sussex is showing an upward trajectory in the number of patients per GP, in comparison to the rest of the country, however NHS Sussex remains aware and focussed on areas of recruitment difficulty.
- 41.12 NHS Sussex has continued to make use of the alternative workforce supporting GP practices, such as physiotherapists, counsellors, and others working directly in GP practices.
- 41.13 Focus is not just on recruitment but also on staff retention, with an ongoing piece of work to support the wellbeing of the workforce.
- 41.14 There are enhanced access schemes running in areas covered by Primary Care Networks (PCNs), such as Crawley, which are required to

offer a set number of minutes of GP appointments outside the core hours, which NHS Sussex tracks.

- 41.15 Enhanced access schemes and PCNs have struggled in recent months to keep up with the delivery of these additional GP appointments due to staffing issues, which remains an area of focus for NHS Sussex.
- 41.16 Since the pandemic, GP practices have been trialling different methods of delivery of services, such as cloud telephony systems so patients don't have to attend in person where appropriate, more staff can be available to take calls without the need to be physically present in the practice, allowing more patients to get through, as well as different methods of triage to ensure patients see the right practitioners at the right time.
- 41.17 NHS Sussex stressed that they do not think this is an end to the work of improving access to primary care for West Sussex residents and there is more to be identified and done in future as an ongoing piece of work.
- 41.18 It was also stressed to the Committee that the future of primary care was in integrated neighbourhood teams, with a focus on local areas rather than countywide or through the use of PCNs, and how to best support these local areas, their residents, and the NHS staff working in primary care.
- 41.19 GP practices have been working with patient participation groups to enact changes and support engagement.
- 41.20 There is a need to avoid disadvantaging population groups with such changes, such as the elderly who may not be comfortable with the use of technological solutions such as online appointment booking, computer and email use, and remote appointments via telephony or video calling.
- 41.21 Questions and responses are as summarised:
- 41.22 A question was raised around how primary care presentations are being reduced if appointments at A&E and Urgent Treatment Centres are being reduced, and how the qualitative aspect of this impacts supporting the frailest patients and improving community resilience.
- 41.23 Members were assured that NHS Sussex is in constant dialogue with secondary care providers about patient demand and attendance, and analysis has shown that increases in attendance at A&E is still less than the increase in the number of appointments offered by GP practices. They recognised that demand was increasing, across primary and secondary care, and they were trying to match that demand with more primary care services.
- 41.24 A point was raised about Annex B in the report and that the data was difficult to read and assess. A request was made that the data be presented in more accessible, clear manner in future.

- 41.25 Concerns were raised about the increasing use of physician associates in general practice, and the confusion this can cause in patients due to the associations of the title, and unrealistic expectations as a result with reference to increasing evidence of mistakes made by unsupervised physician associates with dangerous consequences for patients. Assurances were sought that when in use by GP practices, it was made plain to patients that they were a supportive role rather than a substitute for a medically qualified GP.
- 41.26 Members were assured that the government had recently announced a national inquiry into the role of physician associates. It was stated that physician associates are supervised by a GP and it is made clear to patients who they are seeing and what role they play, however it is accepted that this can be confusing for patients. There has also been new guidance issued by the British Medical Association and NHS England around scope of practice, supervisions, and appropriate use of physician associates.
- 41.27 Concerns were raised about GP practices closing their lists to new registrations and the reasons behind these closures, in reference to the reported population growth figure of 0.5%, how they were being tracked, and were they temporary closures.
- 41.28 A question was raised about an update on the number of patients on referral pathways who present multiple times to primary care.
- 41.29 In reference to GP practice list closures, the Committee was informed that GP practices usually have two options but commonly they don't close their lists but temporarily cap their list until capacity is increased. These closures or caps can be caused by sudden influxes of new patients, such as a housing development, workforce issues such as staff vacancies or sickness. It was explained to members that this cap can shift pressure onto neighbouring practices who are then forced to enact the same cap on their patient lists to cope with demand. It was stressed to members that NHS Sussex work with these practices to minimise these periods as much as possible, and that patients can contact the Integrated Care Board to be allocated to practices in their area if such a cap is in place.
- 41.30 A full closure is a second option, however, it is rare and has several layers of governance through the Integrated Care Board. NHS Sussex confirmed there are currently no fully closed GP lists in West Sussex.
- 41.31 Concerns were raised by members that the NHS app was not working to full functionality, with issues around ordering repeat prescriptions.
- 41.32 Members raised concerns that pharmacy staff might not be able to access key medical information when seeing patients to prescribe drugs such as contraceptives.

- 41.33 A question was raised about the opening of the new Integrated Care Centre in Worthing and the lack of sexual health services being made available there.
- 41.34 In response to the question about the NHS app and patient information, NHS Sussex confirmed that the government had recently announced plans to improve patient access to their information, including an overhaul of the NHS app, and they were awaiting more detail.
- 41.35 It was acknowledged that there were some issues with the interoperability of the NHS app when ordering repeat prescriptions, with information sometimes not transferring between the GP practice's systems and the app, with the hope that the government's plans to overhaul the app will improve functionality over the next 1-2 years. NHS Sussex added that they could bring more information on pharmacy pathways and the improvements being made to give patients more access and more choice to the Business Planning Group and a future meeting of the Committee.
- 41.36 Members noted concerns around comments being made about physician associates, acknowledging the need to review the role without demoralising staff who have chosen to fill these roles, and put further strain on an already pressured workforce, as well as undermining any confidence patients might have in these roles.
- 41.37 Members requested reassurance that local NHS authorities are working to provide, occupy, and operate promised primary care facilities in new housing developments are being built and to serve the new residents.
- 41.38 A further question was raised about how NHS Sussex was addressing public perceptions about the changes referenced in the report.
- 41.39 NHS Sussex reassured members that they regularly had discussions at district and borough level about the need for health service provision to keep pace with new housing developments and this was a constant dialogue. They advised that they were still waiting for more information on the planning regulation changes and how they will affect health service provision and other services when new developments are planned.
- 41.40 NHS Sussex explained to members that ensuring patients see the right practitioner at the right time for their needs has always been a challenge however they are committed to ensuring patients receive this information and are advised of the changes during their appointments. It was also stated that self-referral cases are on the rise and this will be made available through the NHS app. NHS Sussex also confirmed they were working with patient engagement groups and their own communication teams to get information about the changes to the wider public.

41.41 It was acknowledged by NHS Sussex that the planning process can be time-consuming and this causes frustration, especially when feasibility of a new practice within a new development is assessed and found to be unviable. It was stressed to the members that there were many challenges in the process, such as increased construction costs, and these challenges have impacted development of new practice sites. It was iterated to the Committee that NHS Sussex continues to develop existing GP practice sites to increase capacity and expand their services.

41.42 Healthwatch informed the Committee that they had just completed their Q3 survey and shared the 5 main priorities the public had identified:

1. To make booking appointments easier.
2. To have quicker turnaround times for appointments.
3. Be patient-centred rather than process-led by having priority appointments for carers, veterans, and other vulnerable groups
4. For GP reception staff to show greater flexibility when booking appointments and helping patients to do so.
5. In general, greater support for those who struggle to access digital services, such as those without access to IT equipment or who struggle to use such.

41.43 Healthwatch said that there had been some positive feedback and the survey suggested that there simply needed to be a response to the asks identified and a consistent approach across NHS services in West Sussex.

41.44 In response to the previous question about sexual health services in Worthing, the Director for Public Health confirmed that Public Health was the main commissioners for sexual health services in West Sussex, including most contraception services. She emphasised that they work closely with NHS partners in this area and were working to develop a new model for a new contract, starting in 18 months time, and as part of that, they had recently had a roundtable discussion with primary and secondary care providers and they would be happy to provide a written response detailing further information about the Worthing clinic.

41.45 Resolved – that the Committee:

1. Welcomes the report and recognises the positive trajectory since the last report to HASC
4. Request more data on how primary care presentations are being reduced.
5. Requests data relating to whether people are still having to go to hospitals for emergencies.
6. Requests that Annex B be presented in clearer form.
7. Requests that Pharmacy be kept on the Business Planning Group agenda.

8. Requests response from Public Health on questions relating to sexual health services in Worthing.
7. For NHS Sussex to meet with Healthwatch to learn more about their survey.
8. That this item remains on the Work Programme, to be reviewed at least annually.

42. Work Programme Planning and Possible Items for Future Scrutiny

- 42.1 The Committee considered its Work Programme, and the following key points were made:
- 42.2 Members requested that an item on social prescribing funding and GP surgeries be added to the Work Programme for discussion at the next Business Planning Group.
- 42.3 The Committee requested an update on the proposed reconfiguration of mental health services, preferably at the March meeting.
- 42.4 Members requested for a review of adult social care to be added to the Work Programme in light of the government's upcoming reforms to adult social care and the need to discern how West Sussex services are benefiting.
- 42.5 The Cabinet Member for Adult Social Care gave a brief update on the government announcement of the launch of an independent commission in adult social care, to be chaired by Baroness Louise Casey. She informed the Committee that this cross-party commission, reporting directly to the Prime Minister, will draw on the experiences of those accessing care and support, their families, staff, politicians, and the public; private and public sector representatives, to make recommendations on how to rebuild the adult social care system to ensure it meets current and future needs of the population. The Cabinet Member further explained that it would be split over two phases and outline a future vision for adult social care with recommended measures and roadmap for delivery, with the first phase expected to deliver its findings in 2026, with further findings and recommendations for transformation due for publication in 2028
- 42.6 Concerns were raised that the commission would be repeated in the same exercise as previous inquiries when the causes and recommendations for the issues in adult social care were already well known. It was stated that a plan of action was needed rather than more inquiries and that social service authorities needed to raise such concerns with their local MPs.
- 42.7 Resolved – that the Committee:

1. Notes the Work Programme up until March 2025 and the end of the current administration.
2. Consider the relationship between social prescribing and GP surgeries at the Business Planning Group.
3. Consider an agenda item including an update on Mental Health services at the Business Planning Group for March/June.
4. Discuss a future review of adult social care at the Business Planning Group.

43. Requests for Call-in

43.1 There had been no requests for call-in to the Committee within its constitutional remit since the date of the last meeting or since the agenda was published.

44. Date of Next Meeting

44.1 The next meeting of the Committee will be held on 5 March 2025 at 10.30 am at County Hall, Chichester.

The meeting ended at 1.08pm.

The meeting ended at 1.08 pm

Chairman