

Health & Adult Social Care Select Committee

1 October 2015 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Bradbury, Mrs Evans (Chairman), Mr Griffiths, Mr Hillier, Mrs Jones, Mr Sheldon, Mrs Smith, Mr Sutcliffe, Mr Turner and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Hotton (Adur District Council), Cllr Mr Ward (Crawley Borough Council) and Cllr Mr Wye (Worthing Borough Council)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adult Social Care)

Apologies: Ms Kennard and Mrs Rapnik (West Sussex County Council) and Mr Burdett (Healthwatch West Sussex)

Declarations of Interest

34. Mr Sheldon declared a personal interest in respect of item 5 (Forward Plan of Key Decisions) as the Chairman of the Horsham Health and Wellbeing Executive, Mr Griffiths and Mrs Smith declared personal interests in respect of item 7 (Health and Adult Social Care Task and Finish Group concerning the West Sussex Dementia Framework) as registered carers of people with dementia.

Minutes

35. Mr Sheldon, in relation to minute point 24 ii. i), asked that the Business Planning Group not lose sight of the need for the right primary care services to be put in the right places in new housing developments, when considering access to primary care services in future.

36. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 11 June be approved as a correct record and that they be signed by the Chairman

Responses from Coastal West Sussex Clinical Commissioning Group, Horsham & Mid Sussex Clinical Commissioning Group, NHS England and the Chairman of the Performance and Finance Select Committee to Recommendations made by the Committee at its 11 June meeting

37. The Chairman told the Committee that the Performance and Finance Select Committee's Business Planning Group had decided that the systems in place (*for debt recovery for residential and non-residential care charges*) were good and that the level of debt was small in relation to the amount of income actually collected. It was informed that there were also actions being put in place by finance officers to improve debt recovery. Therefore, it agreed that no further scrutiny was required. A formal response from the Performance and Finance Select Committee Chairman would be circulated to the committee by email when received.

38. Resolved – That the Committee notes the responses

Forward Plan of Key Decisions

39. The Committee considered the Forward Plan of Key Decisions for October to January (copy appended to the signed minutes).

40. The Committee requested more detail of the services covered by the 'Framework Agreement for Providers of Community Based Mental Health Support Services for Adults with Mental Health Needs' – this to be dealt with as part of the session on Mental Health in December.

41. The decision regarding 'Procurement of a county wide Advice, Information, Support and Assessment Service for Carers' was partly to test the market and to find a provider to carry out the assessments required as a result of the Care Act. Mrs Smith enquired as to whether there was confidence that providers would be able to fulfil these obligations. It was agreed that a separate briefing would be arranged between Mrs Smith and relevant officers.

42. The decision regarding the 'West Sussex Joint Health and Wellbeing Strategy 2015 – 2018' would not involve funding for wellbeing, but officers were working on plans to fund this in light of a reduced Public Health grant.

43. Resolved – That the Committee notes the Forward Plan of Key Decisions

Musculoskeletal Services Update

44. Resolved - That the Committee notes the update.

Health and Adult Social Care Task and Finish Group concerning the West Sussex Dementia Framework

45. The Committee considered a report by the Chairman of the Task and Finish Group (copy appended to the signed minutes). The report was introduced by Mr Griffiths, Chairman of the Task and Finish Group, who told the Committee: -

- It was encouraging that there was movement towards doing something substantial about dementia
- The review of the Memory Assessment Service (MAS) had been very important, especially the improved links with GP surgeries
- Consistent, co-ordinated and accessible services were very important
- The Task and Finish Group's recommendations were commended to the Committee

46. Summary of responses to Members' questions and comments: -

- Care at Home Service visit times were currently not recorded – it was hoped that they would be in the future
- Increased demand and complexity could be expected along with more social isolation for residents with dementia
- The Committee welcomed the fact that the MAS had been extended to people who were diagnosed prior to the introduction of the service
- Dementia forums and alliances across the county should be encouraged to seek funding from county local committees with the support of their local Member(s)

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- Schools in Crawley, Mid Sussex and Worthing were visited by people with dementia so that pupils could learn more about the condition
 - Not all forms of dementia were unpreventable
 - All community services needed to be aware of dementia
47. Resolved - That the Committee requests: -
- i. That the Chairman writes to the Health and Wellbeing Board to ask it to review how funding for full implementation of the Dementia Framework can be assured.
 - ii. To monitor:
 - a) The impact of any reductions in the Public Health budget
 - b) The review of the Memory Assessment Service, including the service provided to those diagnosed with dementia before the service was introduced
 - c) Dementia diagnosis rates
 - d) The effect on carers and social isolation
 - iii. That the Chairman should write to the chairmen of county local committees encouraging them to explore opportunities to support Dementia Friendly Community initiatives in their areas such as dementia forums and alliances
 - iv. That its Business Planning Group should consider whether any further scrutiny of Care at Home services should be carried out, especially around the length of visit times
 - v. That a copy of the Task & Finish Group's report, along with its previous findings and recommendations, be forwarded to the NHS clinical commissioning groups and the Cabinet Member for Adult Social Care and Health

Business Planning Group Report

48. The Committee considered a report by the Chairman of the Business Planning Group (BPG) (copy appended to the signed minutes).
49. Summary of responses to Members' questions and comments: -
- The BPG would check that Sussex Partnership NHS Foundation Trust was adhering to its action plan
 - The Out Of Hours (OOH) service was variable with different staffing levels in different areas
 - Coastal West Sussex Clinical Commissioning Group had a Task & Finish Group looking into problems with the OOH provider, IC24
 - There had been more calls than expected – pharmacists might be able to help with calls for repeat prescriptions
 - IC24 was involved in resilience planning
 - BPG would be updated again in December
 - BPG should look into the financial resource demands of Brighton & Sussex University Hospitals Trust

50. Resolved that the Committee endorses the contents of the report, and particularly the Committee's Work Programme at appendix A

Residential Care Homes: Current Issues and support for the Market

51. The Committee considered a presentation by the Council's Care, Wellbeing and Education Directorate and a report by Healthwatch West Sussex (copies appended to the signed minutes).

52. The presentation was given by Karen Wells, Head of Contracts & Performance who told the Committee: -

- Of those whose wellbeing suffered, about 166,000 retained their independence, 4,700 regained it and about 8,000 needed support
- An ageing population and increasing/complex demands affected capacity and capability to deliver services
- Arun was the area where pressure was greatest due to the highest proportion of residents aged 65 and over
- Based on where most 40 – 55 year olds lived now, Southwater, Billingshurst, Barnham, Worthing and south east Crawley would be future pressure points
- The number of people with 1 – 3 long-term conditions was increasing, and the number of people diagnosed with dementia was expected to rise from 13,000 now to 27,000 by 2037
- As well as residential and nursing homes, there were another 100 organisations providing soft support
- The residential market had 10,500 beds and was at 95% - 100% capacity
- There was a mixture of national and local providers in the county
- The care industry was being promoted and training leading to qualifications introduced
- The 'Dashboard' tracked issues to support businesses: capacity, number of people supported, conditions in residential care
- The workforce needed to be proportionate to market need
- The Care Quality Commission (CQC) stated that 21% of the residential market had an element of non-compliance and might need support in some areas
- The risk matrix targeted resources used most effectively
- A dedicated team would be in place by December to give extra practical support to the market in conjunction with the clinical commissioning groups, clinicians, business representatives and care professionals

53. Summary of responses to Members' questions and comments: -

- The presentation slide showing the Dashboard to be sent to the Committee
- The Committee was concerned with falling capacity as need increased, care homes being redeveloped for housing and that District/Borough Councils should be lobbied to maintain sites for care provision, use of palliative drug administration, difficulty recruiting and retaining staff and 21% of the market being non-compliant
- The Council was working on other models of care to offset the falling number of residential places – a market symposium with organisations regarding this took place in June
- The Council was working on further education providers to attract staff and would soon be launching an employment website

- There was sensitivity around people's dignity that made work experience opportunities difficult
- The Council was supporting businesses to invest in staff skills - a care qualification was now available and more training and support would hopefully lead to better retention of staff
- It might be possible to arrange for local businesses to offer discounts to care workers as an incentive
- Local growth plans, housing and transport links were looked at when predicting future service need
- The Health & Wellbeing Board was looking at workforce development in many sectors of the health/care industry and the development of 'One Front Door' entry to both sectors
- The Healthwatch report had found problems with a specific provider, but the situation was now improving
- Employers and the Council were conscious of differing cultures of customers and staff – Healthwatch would report any concerns it had via the 'Raise It' campaign
- The CQC had oversight of the care market and notified local authorities of any providers that it thought might be in financial difficulties

54. Resolved that the Committee: -

i. Supports the Council's actions to develop the care home market

ii. Identifies the following issues/gaps: -

- a) Importance of working in partnership to address work force issues
- b) The availability and affordability of housing
- c) Ensure information and intelligence in local neighbourhood plans is used
- d) Look at the role of planning in supporting the development of the care market
- e) Explore the potential for work experience opportunities in the care market
- f) Review the availability of care home provision across the county, especially in the north
- g) Monitor the quality of services provided in care homes

iii. Should receive an update on the development of the care market in one year

iv. Asks its Chairman to discuss the potential for scrutiny of the Joint Health and Wellbeing Strategy (particularly in terms of workforce and end of life care) with the Chairman of the Health and Wellbeing Board

Safeguarding Adults Effectively in West Sussex

55. The Committee considered a report by the Executive Director Care, Wellbeing and Education Directorate (copy appended to the signed minutes).

56. The report was introduced by Sam Bushby, Head of Safeguarding, who told the Committee: -

- The statutory Safeguarding Adults Board (SAB) must produce a strategic plan, an annual report and commission safeguarding adults reviews

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- The interface regarding quality of care concerns and safeguarding concerns were being looked at
- All parties needed to understand the difference between quality of care and safeguarding – safeguarding processes should not be used for quality of care issues
- Delivering the large volume of safeguarding training to ensure compliance with changes in the Care act continued to be a challenge
- A full review of safeguarding procedures will be undertaken in November
- The Orchid View One Year On report be sent to all county councillors when it was published
- The Orchid View Serious Case Review recommended that significant safeguarding concerns in residential settings should be shared with residents and prospective residents. A lot of work has been done to introduce this safely so as to ensure that the approach was appropriate legally and proportionate
- The SAB had agreed with agencies a threshold when the Council would publish suspended admissions due to significant safeguarding concerns

57. Summary of responses to Members' questions and comments: -

- The SAB was separate to the Council's safeguarding unit – the SAB was about how agencies worked better together and the unit supported practice around safeguarding
- Care Point was the single point of contact for anyone who had safeguarding concerns
- Safeguarding was not only about care homes, but also adults within their own homes and included concerns such as domestic abuse, financial abuse, self neglect and sexual exploitation – the SAB would work closely with the Children's Safeguarding Board on cross-over issues
- The County Council had the statutory duty to be lead authority on the SAB, safeguarding leads from the district and borough councils were members of the SAB and addressed safeguarding issues in their areas
- People at the heart of safeguarding issues needed to be involved in the process to resolve them and to give a clear steer of what they wanted to change
- Mutual trust was required from all agencies that made up the SAB
- All agencies could feed into the SAB's work through its sub-groups
- The Committee queried whether detention centres were included in the Council's Care Act and safeguarding duties – Sam Bushby to investigate

58. Resolved that the Committee –

- i. Agrees the actions being taken by the members of the Safeguarding Adults Board to meet the requirements of the Care Act are sufficiently timely and comprehensive
- ii. Agrees that the Independent Chair of the West Sussex Safeguarding Adults Board provides bi-annual updates to the Committee in respect of the strategic plan, action taken, areas of concern and to present the annual report
- iii. Agrees that detailed consideration of the actions taken as a result of the Orchid View serious case review be carried out by its Business Planning Group

- iv. Asks the Cabinet Member for Adult Social Care and Health to provide clarity to all members of the Council on who they should contact if they have operational concerns about adults' safeguarding

Date of Next Meeting

59. The next scheduled meeting on 12 November has been postponed to 4 December at County Hall, Chichester, when there will also be an informal session on mental health,

The meeting ended at 13.09

Chairman.