

Health & Adult Social Care Select Committee

18 January 2017 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mrs Jones, Mrs Jupp, Ms Kennard, Mrs Rapnik, Mr Sheldon, Mrs Smith, Mr Turner (Chairman) and Dr Walsh (West Sussex County Council), Cllr Mr Barton (Adur District Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Bickers (Worthing Borough Council), Cllr Mr Blampied (Arun District Council), Cllr Mrs Neville (Chichester District Council), Cllr Mrs Sudan (Crawley Borough Council), Mr Pickering (Healthwatch West Sussex)

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

Apologies: Mr Evans, Mr Griffiths, Mr Peters and Mr Sutcliffe (West Sussex County Council), Mrs Field (Cabinet Member for Community Wellbeing (and Deputy Leader)).

Committee Membership

112. The Committee noted the appointment of Cllr Mrs Neville as the new representative of Chichester District Council.

Declarations of Interest

113. The following interests were declared: -

- Cllr Mr Belsey declared a personal interest in respect of item 5 (Call-in – Community Reablement Service) as a governor of Sussex Community Foundation Trust
- Mrs Jones declared a personal interest in respect of item 9 (Care Act 2014 – implementation update) as president of Neighbourly Care in Mid Sussex

Minutes of the last meeting of the Committee

114. Resolved that the minutes of the meeting of the Health & Adult Social Care Select Committee held on 10 November 2016 be approved as a correct record and that they be signed by the Chairman.

Call-in – Community Reablement Service

115. The Committee considered the decision report by the Executive Director Children's, Adults', Families, Health and Education, the call-in request by Mr M Jones, Member for Southgate and Crawley Central and the response by the Cabinet Member for Adult Social Care and Health (copies appended to the signed minutes)

115. Mr Jones outlined the reasons for the call-in saying he believed that: -

- The decision had been taken prematurely and was based on an ideological direction of outsourcing services
- The reablement contract had been dogged by underspend

- The outsourcing of the service had been done without taking account of staff concerns over long-term savings to the Council, reducing bed-blocking/hospital readmissions and people's long-term reliance on social care
- Providing a good service to people should be a greater concern than possible instability in the market place if an in-house option was pursued
- An in-house service would lead to a more stable workforce and save the Council money if delivered with optimum effectiveness – there would not be capacity issues if the service was in-house
- Issues could be resolved better if the Council ran the service
- The lack of bidders during the 2015 procurement exercise did not bode well for future procurement exercises
- Taking the decision before testing the market was illogical
- The decision should be withdrawn and the proposal brought back to the Health & Adult Social Care Select Committee in March to scrutinise the entire proposal including the outcome of the proposed market testing to enable the committee to make a fully informed decision

116. Daniel Sartin, UNISON, presented the views of UNISON members: -

- The service was considered a major success before being outsourced
- There was no options appraisal when the service was outsourced
- It was thought that the market would be stimulated by the opportunity to run the service, but only Essex Cares Ltd (ECL) and one other company bid for it, with the second bidder exiting the tender process early
- There was a long start-up period for the new service whilst rates were negotiated
- Whilst staff numbers were reduced from 94 to 74 full time equivalent over the course of the tender process, project officers and consultants were used a great deal (933 days in total) – other costs not budgeted for were also incurred
- Procurement costs had been underestimated
- The lessons learned from the past procurement should be used now and a full cost analysis undertaken so that the full costs of procurement and monitoring since 2012 would be taken into consideration
- The contract had not delivered the hours required of it
- There was no assumption to pay staff more under the procurement option – ECL paid less than Lidl and some cleaning companies
- Staff shortages at ECL lead to breaches of the Working Time Directive
- There was a pay freeze at ECL which did not support recruitment
- Pension costs of an in-house option looked like they had been over-estimated
- Both the benefits to the service and cash savings from additional reablement hours facilitated by better recruitment due to higher terms and conditions for staff were not factored in
- UNISON members couldn't understand why an in-house option would destabilise the market and would like the Cabinet Member to look at soft market testing and an in-house option before progressing the procurement
- It was hard to compare the outsourced service to the in-house service as the idea of reablement was new at the time of the change

117. Peter Catchpole, Cabinet member for Adult Social Care and Health, gave his response to the call-in request: -

- The current contract was performing effectively with 93% of customers rating the service as good overall

- The majority of customers were having their on-going service needs reduced
- ECL can only decline referrals if it has no capacity to deal with them
- ECL was flexible and able to adjust its service to meet Adults' Services needs – for example providing domiciliary care to support hospital discharge
- ECL faced workforce issues, like other care providers, that reduced capacity – it had responded well and was recruiting extra staff
- A comprehensive analysis of all options including in-house and external procurement was completed using experienced external consultancy support and County Council officers
- The preferred option was agreed by a team of experienced County Council experts in Human Resources, Procurement, Legal, Commissioning and Reablement
- A full external competitive procurement process will be required when integrating services with health due to the value of the contract - any increase cost due to insourcing now would reduce interest from external market providers for this
- Most local authorities use external procurement to secure reablement services
- A design group has developed new pathways and processes for the future reablement service, building on changes over the last five years
- The increased costs of an in-house service of around £500,000 per annum would mean there would be a reduction in current service capacity
- Without extra money, in-house provision would not be able to cope with increased numbers due to demography, complexity of need, the new Adult Operating Model and increasing demand to support hospital discharge
- Time constraints and NHS withdrawal meant that the Council had to develop its own reablement service aligned to health services not integrated with them
- Re-procurement was the most cost effective, would best meet current and anticipated increased in demand within the current budget, would best support a move to an externally procured integrated service and enable a new service to be in place by the end of September 2017, when the current contract expires
- Council finance and commercial services were reviewing alternative payment structures to ensure maximum value was obtained from the new service
- Market testing would take place in late January/early February
- If market testing was successful, a competitive procurement process would start late February/early March for commencement of the new service from 1 October 2017.

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

- A contract officer was in place to monitor the quality of the service
- Customer satisfaction comments were taken on board
- The service was value for money as it brought long-term cost benefits and was good for individuals
- ECL had recently taken on seven more members of staff and employed about the same number now as when it took on the contract
- ECL had been flexible in providing the Council with domiciliary care support where it had been unable to find packages of domiciliary care in the market
- The current service was a county-wide service provided, where resources allowed, equally across the County. ECL would move staff from one area to another to meet peaks and troughs in demand
- Four providers were taken forward during the 2015 procurement process which had to be stopped for technical reasons

- The Council believed there was a market to provide this service, but had planned to confirm this through soft market testing that would be put to all interested parties in the market
- Any delay in the procurement process could create problems in getting any new service provider mobilised to start in October when the current contract ends. If delays looked likely, the Council would approach ECL to see if a way could be found to extend the contract so that the service could continue
- The decision was not rushed as the recommissioning of the service had been under review since early 2016
- The Council's approach to procurement followed national policy and best practice
- An officer expressed the opinion that members could not be further involved in the contracting process as they were not well enough equipped to deal with the complexities – although members did not agree with this view

119. Mr M Jones summed up as call-in requestor: -

- If there is a market, why was a lack of providers stated as a risk?
- The decision should be made after market testing had taken place in February
- A delay until March in making the decision would still mean the contract could be in place around the same time as originally planned
- The Council's record on contract management was not good
- Members had been told that they should get involved in the commissioning of services to ensure the Council signed-up to good contracts

120. Mr Catchpole summed up as the decision-maker

- There were no concerns over commissioning arrangements as these had been carried out by professionals
- The decision was not taken because of ideology, but as a result of a thorough options appraisal process
- The option chosen was the best and any change would cause difficulties

121. Resolved – that the Committee endorses the decision by the Cabinet Member for Adult Social Care and Health on the Procurement of Community Reablement Service (ASCH716-17) but asks that the outcome of the proposed market testing is shared with the Committee at its next meeting on 8 March and for further information regarding the reablement pathway.

Responses to Recommendations

122. The Committee considered responses from Coastal West Sussex Clinical Commissioning Group, Crawley and Horsham & Mid Sussex Clinical Commissioning Group, Surrey and Sussex Healthcare NHS Trust, the Patient Transport Service and the Health & Wellbeing Board.

123. Resolved – that the Committee notes the responses.

Forward Plan of Key Decisions

124. The Committee considered the Forward Plan of Key Decisions for February 2017 to May 2017 (copy appended to the signed minutes).

125. Resolved - that the Committee notes the Forward Plan of Key Decisions

Safeguarding Adults Board Annual Report 2015/16

126. The Committee considered a report by the Independent Chair of the West Sussex Safeguarding Adults Board (WSSAB) (copy appended to the signed minutes) which was introduced by David Cooper, Independent Chair of the WSSAB who told the Committee that: -

- Since the introduction of the Care Act in 2014, the WSSAB has continued to strengthen its governance arrangements and ways to improve decision-making and engagement, and will do more on prevention and awareness
- It has reviewed its strategic priorities and written a robust business plan
- The Board was still engaging with relatives of people affected by events at Orchid View
- There has been an increase in safeguarding adult reviews and multi agency reviews which could be complex and have financial implications for the Board
- The number of alerts was increasing in-line with the national picture, although West Sussex's percentage of concerns raised in care homes (59%) was higher than the national average (39%), but this might simply reflect West Sussex's very large care market, and increased awareness of safeguarding following events at Orchid View - more concerns could equal more awareness
- Care home alerts could be high because of the way quality issues are dealt with, in that these currently follow a Safeguarding route
- The Council and the clinical commissioning groups are working on a pathway for quality issues that do not constitute safeguarding concerns, to be dealt with via the relevant contract and commissioning teams

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

- There were national and local discussions taking place about the new safeguarding categories
- There were no safeguarding categories covering older people intimidated by neighbours, but the police could issue anti-social behaviour orders in extreme circumstances
- The Board was liaising with South East Coast Ambulance NHS Foundation Trust and Sussex Partnership NHS Foundation Trust following recent reports which touched on issues of safeguarding
- Incidents of carers abused by partners with dementia were dealt with delicately as these were as a result of illness not malice
- The Board had strong links with ethnic communities
- Safeguarding training levels seemed low at Brighton & Sussex University Hospitals NHS Trust, but this could be down to poor data and the Board would be reviewing training performance across partner agencies in next year's annual
- Helping cases of self-neglect took time to deal with as relationships needed to be built first, but early action could prevent more serious issues later
- It was hoped that a GP would join the Board and that efforts were being made to raise awareness of adult safeguarding within general practice
- District/borough council Board members supported work on domestic violence

128. Resolved - that the Committee: -

- i. Notes the West Sussex Safeguarding Adults Board Annual Report 2015/16 including the key areas of focus and agrees that sufficient action is being

taken to ensure that adults in West Sussex are being protected from abuse and neglect;

- ii. Agrees that the Independent Chair of the West Sussex Safeguarding Adults Board continues to provide annual updates to the Committee in respect of the strategic plan, action taken, areas of concern, and to present the next annual report for 2016/17 in the autumn;
- iii. Is encouraged by the work planned to raise awareness of key messages and would welcome an update on communications when the Committee receives a further update from the West Sussex Safeguarding Adults Board in the autumn

Care Act 2014 – implementation update

129. 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 Mark Howell, Director of Adult Operations who told the Committee: -

- The Council was concentrating on preventative services and was spending £3.7m on carers to put them on the same footing as those they cared for
- The number of carers known to the Council had risen by 3,000 to 16,000
- A Quality & Assurance Management Board monitored social workers so that good quality was maintained
- The Council was Care Act compliant
- Innovation sites with multi-discipline teams had been introduced

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

- The Committee broadly welcomed the report but the following comments were made: -
 - health and social care should be integrated
 - better government funding should be provided to meet the challenge of recruiting in the social care sector
 - social care needed to be promoted as a career with prospects
 - mental health, children's and adults' social care were problems in particularly deprived wards
 - the Council was Care Act compliant, but not service orientated
- Letters had been sent to the Chancellor of the Exchequer and Secretary of State, Department for Communities and Local Government by the Leader, following the debate at County Council regarding funding for adult social care and recruitment/retention of staff in the social care sector
- The Council had run two successful recruitment campaigns in East Grinstead and Petworth and hoped to repeat these across the county over the next four years
- The high cost of housing in the county hindered recruitment
- Salary benchmarking took place to keep the county competitive
- The Council was also changing the culture so that people could see opportunities to progress here instead of moving to another area
- Innovation sites would: -
 - build on Care Act duties
 - help with recruitment/retention of staff
 - work with district/borough councils and the voluntary sector in local areas

- respond quickly to referrals
- be person centred
- The Council worked well with educational facilities that were accessible to students in the north and south of the county – by taking students on placements, the Council had access to free courses
- It was too early to know if Brexit would affect the employment of staff from the EU, but the Council was developing wider networks including student social workers and occupational therapists
- The care sector would be promoted via communication channels
- There was a need to continue working on Proactive Care so that funding was put to good use
- There were good local relations between health and social care with social care staff based in hospitals aiming to improve and integrate discharge teams
- Although the Care Act did not specify when integration between health and social care should happen, other legislation said there had to be plans in place by 2017 and integration by 2020 without specifying how integration should look
- Sustainability Transformation Plans will transform the local health economy and added impetus to thinking on collaborative working locally
- The Adults Services Operating Model aligned with health locality planning and there was a commitment to work together for the greatest benefit of local people
- There were regular meetings with ex-military personnel but no targeted recruitment as yet

131. Resolved - that the Committee: -

- i. Is satisfied that the Council has met its duties as set out in the Care Act 2014
- ii. Asks that the work of the Council as part of its Care Act duties are sufficiently publicised
- iii. Agrees that a further letter be sent to the Secretary of State for Communities and Local Government, reflecting the concerns expressed by the Committee
- iv. Welcomes the success of the Innovation Project and its extension to the whole county

Business Planning Group Report

132. The Committee considered a report by Chairman of the Business Planning Group (copy appended to the signed minutes) and heard that it would not scrutinise the local Sustainability Transformation Plan (STP) until the government had given its response to it. The Business Planning Group would continue to monitor the situation and all Committee members were welcome to attend meetings of the Health & Wellbeing Board which received updates on the development of the STP.

133. Resolved - that the Committee endorses the contents of the report, in particular the Committee's Work Programme.

Brighton & Sussex University Hospitals NHS Trust Care Quality Commission Report Monitoring

134. Resolved - that the Committee notes the update.

South East Coast Ambulance Service NHS Foundation Trust Care Quality Commission Report Monitoring

135. Resolved - that the Committee requests that patient handover times, especially with Brighton & Sussex University Hospitals NHS Trust are considered as part of the monitoring.

Date of Next Meeting

136. The next scheduled meeting is on 8 March County Hall, Chichester

The meeting ended at 13.32

Chairman