

Health & Adult Social Care Select Committee

22 January 2014 – 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 Hunt, Ms Kennard, Mrs Rapnik, Mrs Smith, Mr Sutcliffe, Mr Turner and Dr Walsh (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mr Burgess (Crawley Borough Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Edwards (Arun District Council), Cllr Mrs Hamblin (Adur District Council) and Cllr Mrs Turner (Worthing Borough Council)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adult Social Care), Mrs Field (Cabinet Member for Community Wellbeing and Deputy Leader) and Mr Patel (Deputy Cabinet Member for Health & Adult Social Care)

Apologies for absence were received from Mrs Jones (West Sussex County Council), Mr Liley (Healthwatch) and Cllr Dr Skipp (Horsham District Council)

Committee Membership and Appointments

90. The Committee approved the appointment of Mr Griffiths to the Committee and the Business Planning Group, and Mr Turner to the Business Planning Group.

Declarations of Interest

91. In accordance with the Code of Conduct, the following personal interests were declared: -

- Cllr Belsey, in respect of item 7 (Adult Social Care: Choice and control, inclusion and advocacy) and item 8 (Commissioning of Care and Support at Home Service) as a member of Age UK
- Mr Griffiths, in respect of item 8 (Commissioning of Care and Support at Home Service) as a registered carer

Minutes

92. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 14 November, be approved as a correct record and that they be signed by the Chairman.

Response to Recommendations

93. The Committee considered responses from the West Sussex Clinical Commissioning Groups to recommendations made by the Task Force on Short Breaks Services for Children with Complex Health Needs and Disabilities and from Sussex Partnership NHS Foundation Trust to the recommendation made by the Committee at its 3 October meeting asking that commissioners and service providers look to extend the Memory Assessment Service to people with an existing diagnosis (copies appended to the signed minutes).

94. Resolved – That the Committee notes the Responses.

The County Council Draft Budget 2014/15 to 2017/18

95. The Committee considered a report by the Director Finance and Assurance and Director Public Health, Commissioner for Health and Social Care (copy appended to the signed minutes).

96. The report was introduced by Chris Salt, Finance and Assurance, who told the Committee that: -

- The financial situation for the Committee's portfolio should be seen in the context of the Care Bill, the Better Care Fund, the integration of health and social care services and demographics
- The main effects of those issues on the budget would be seen from 2015/16 onwards
- The proposed budget for 2014/15 had increased by 3.3%, mainly due to inflation uplift and a specific allocation of £6.25m for demographics
- The appearance of a 60% reduction in the Public Health budget for 2014/15 was in proportion to how much the Council spent on Public Health, not in relation to the Public Health Grant – the Council would receive an extra £700k from the Public Health Grant

97. Summary of responses to Members' questions and comments:

- £6.25m had been allocated to the Health and Adults' Services portfolio for the effect of increased demand - £2.6m to mitigate the underlying overspend which has needed to be managed in 2013/14, £1.9m to cover anticipated increased demographic pressures in 2014/15 and £1.75m to cover increases in the Learning Disability budget
- Money from the Better Care Fund would go into a pooled budget – the Council, Clinical Commissioning Groups (CCGs) and the Health & Wellbeing Board would agree how they wished the money to be spent, with NHS England having the final decision
- Whilst money from the Better Care Fund was not ring-fenced, it could only be spent on services other than health and social care if all partners agreed
- The Council was currently in discussions with the CCGs about the Better Care Fund. One of the national criteria was protection of social care services. If money was not forthcoming, the Council would have to consider changes to non-statutory services, but every effort would be put into securing funds as soon as possible
- The Better Care Fund was set-up to transform adult social care services to support people better in the community – the Council was working with NHS partners to achieve this result, which would have benefits for all partners
- Mental health services for young people were not covered by the Better Care Fund, but there was a clear focus to remodel Children's Emotional Health and Wellbeing Services to make them fit for purpose
- Over the next few years around 100 children with continuing health care (CHC) needs would make the transition from Children's to Adults' Services, but were unlikely to meet the eligibility criteria for Adults' CHC, therefore it was necessary to plan for the proper provision for these young people to be put in place
- There were issues with the condition of the buildings of two County Council older people's resource centres: Marjorie Cobby House (Selsey) and New

Tyne (Durrington) – as Marjorie Cobby House supported people with health needs, the Council would discuss sharing costs with the NHS. New Tyne provided respite care for people with dementia, and its services would be reviewed along with all other dementia services

- It was important to differentiate services from buildings, and focus on outcomes for service users
- Plans for the County Council to rebalance qualified and non-qualified social work staff was not about deskilling, but broadening skill sets and enabling efficiencies through creating a more flexible workforce. This should also help provide a better service, with fewer different professionals needing to visit customers
- The key role of Prevention Assessment Teams (PATs) in helping to support people at home and also helping encourage older residents to claim for attendance allowance was highlighted
- In general, levels of wealth were increasing, and so customers were able to contribute proportionately more towards the cost of their care now than they had in the past, the contribution requested could therefore be raised and still be within statutory regulations
- Occupancy in Shaw Homes was above the 90% rate required

98. Resolved – That the Committee: -

- i. Endorses the County Council's draft budget for its portfolio areas for 2014/15
- ii. Identifies the following issues for referral to the Performance & Finance Select Committee when it considers the draft budget on 23 January, and for the Cabinet to take into account when it considers the draft budget on 28 January: -
 - a) The importance of providing more detail in the schedule of savings so Members and the public can have a clear understanding of the implications
 - b) The importance of collaboration and partnership working with the Clinical Commissioning Groups to achieve the integration of health and social care, and appropriate allocation of the Better Care Fund
 - c) The need for assurance that the £16.5m share of the Better Care Fund is guaranteed (and for what the plans will be if the Council does not get this funding) either in full or in part

Adult Social Care: Choice and control, inclusion and advocacy

99. The Committee considered a report by the Director of Adults' Services (copy appended to the signed minutes) which was introduced by Greg Slay, Adults' Services, who highlighted the following points:

- Choice and control – Adults' Services recognised that people knew what they want and aimed to help them achieve this through self-directed support, whereby people received personal budgets to pay for their social care needs following assessment
- Isolation – no assessment was needed for people who wished to access preventative services such as those provided by the Regaining Independence Service and the Prevention Assessment teams

- Advocacy – work was underway mapping demand for Advocacy of which there were two types, statutory and non-statutory

100. Ray Chandler, made the following points on behalf of the Adults' Services Customer Carer Group: -

- On-going monitoring by the Council meant that some customers did not have full choice or control over how they ran their lives; however monitoring was suitable for those without the mental capacity to manage their own affairs
- Support was less costly and more effective when organised independently with good advice – the Council had a duty provide this support and advice and act as an enabler, but customers felt it went too far in monitoring/supervision
- The Group was pleased that the Council had signed-up to the 'Think Local Act Personal, Making it Real' initiative, but the Council should engage with it more in the development of policies, one of which stated that councils should release personal budget money to eligible people without support plans in place
- The Group welcomes the Council's approach to engagement and consultation
- The Group felt that the delivery of principles of citizens' rights should be kept under scrutiny to ensure they underpin the Adults' Service Redesign and the Personalisation Strategy

101. Clare Ockwell, Capital Project Trust and also a member of the Adult's Services Customer and Carer Group, made the following points: -

- People with mental health issues wanted choice and control, and whilst some received self-directed support, many feel that the self-directed element was missing, as care packages were drawn-up by co-ordinators
- There was evidence that managing budgets caused extra stress to people with mental health issues – a pre-loaded payment card might be one way of addressing this
- It was important to check people's capacity to manage direct payments
- Lower level support to prevent crises was welcomed and was better than intervention during crises
- There was uncertainty about whether the 'Home from Hospital' system was available to mental health patients – if not, it should be
- Good advocacy was invaluable, but there were waiting lists and rationing that could mean someone in great need would not get the help needed, leaving others to pick up the pieces

102. Amanda Rogers, Director Adults' Services, made the following points: -

- Direct payments and self-directed support from social care were not state benefits and there needs to be a degree of supervision
- The Care Bill did not use the term 'Choice and Control', but talked of ensuring that people's wellbeing was preserved and that their social care needs were met (by the Council)
- Adults' Services generally assessed people when they were in crisis
- There were many cases where underspend on direct payments had built up, meaning no money was left in the budget for others – under spending was monitored, needs reassessed and unspent money reclaimed.
- Those with physical disabilities who have mental capacity should manage their own budgets, but the main group asking for support were those lacking capacity and who were in crisis

- Adults' Services recognised that employing carers was stressful, and thought that a pre-loaded payment card was a good idea

103. Summary of responses to Members' questions and comments:

- People with personal budgets or direct payments could use these to cover transport costs to activity centres, others might be able to use community transport - large organisations such as Age UK were commissioned to run activities as they usually had the ability to resolve these types of problems
- People's use of preventative health and wellbeing services was monitored, but it was up to individuals how long or how regularly they attended

104. Resolved – That the Committee: -

- i. Supports the work already underway to further improve the way in which adult social care needs are met in West Sussex by the County Council
- ii. Asks that the redesign of Adults' Services should ensure that:
 - a) As much low level support as possible is available to prevent a crisis
 - b) Advocacy should not be rationed
- iii. Asks the following issues to be reflected in the new Personalisation Strategy (currently under development):
 - a) The rights of people with disabilities, where capable, to manage their own budgets
 - b) The need for proper checks on assessments of customers' mental capacity to cope
 - c) The potential for pre-loaded payment cards to help people manage personal budgets
- iv. Asks the 'Home from Hospital' system to be extended to mental health hospital patients if not already included

Commissioning of Care and Support at Home Service

105. The Committee considered a report and presentation by the Director of Public Health, Commissioner for Health and Social Care and Interim Head of Integrated Adult Care Commissioning (copies appended to the signed minutes). The report and presentation were introduced by Juliette Garrett, Health and Social Care Commissioning, who made the following points: -

- There were currently 119 providers of domiciliary care providing services under the Council's current arrangements
- NHS continuing health care and the Council use many of the same services
- Continuing health care personal budgets operated in a similar way to social services personal budgets
- Challenges were; short call durations, payment for travel time, and the number of providers impacting on quality assurance
- The increase in direct payments should lead to less people needing the Council to buy services on their behalf

- An ageing population meant there might be more older people requiring care and less people in the working age population able to care for others
- The need for consistency was highlighted most often in customer feedback
- The Council was carrying out consultation and investigating the market
- A staged approach was being taken and the Council would need to be flexible to allow for changes as a result of the Care Bill
- The Council wanted to ensure quality of services with fewer health and social care professionals visiting customers
- A care governance framework was being developed that would be proactive supportive and proportionate, and would focus on good leadership and management - current monitoring would change and ensure a consistent approach

106. Summary of responses to Members' questions and comments:

- It was anticipated that around 150 people would have taken up personal health budgets by the end of 2014
- Quality assurance would include monitoring of the contract arrangements, Care Quality Commission regulations, and care governance
- It is hoped that rapid response step-down beds would be developed across West Sussex
- There should be admissions avoidance teams throughout the county
- Whilst it was hoped to reduce the number of home visitors, this might not always be possible if providers had problems with capacity or availability – this was an on-going problem in rural areas where better understanding of the market and costs would aid commissioning
- A more collaborative approach with providers was being sought
- Ensuring appropriate contact time with customers is a national concern and there is a need to establish a robust quality measure to assess this
- Call times varied depending on what service was required, e.g. only a short time was needed if a visit was to deliver medicine; it is difficult to be clear on contact time as these are agreed within personal care plans by customers and their providers
- Certain times were popular (e.g. to provide help getting up in the morning/getting ready for bed in the evening), but providers could not visit everyone at the same time
- Calls times/durations should be appropriate, and if not contracts should be reviewed
- There is a lack of supply of independent home care providers in some parts of West Sussex (particularly rural areas and the north east) – and the commissioning process would aim to ensure equality of access as far as possible
- The Committee could not scrutinise the terms and conditions of service for the staff of private companies, but it was suggested that the Council should commission providers that operated in ways as close to that of the Council as possible

107. Resolved – That the Committee: -

- i. Supports the approach to commissioning future care and support at home services

- ii. Asks the Cabinet Member to take the following issues into account as part of the decision-making process on the commissioning of care and support at home services:
 - a) Quality and consistency should be key factors in the procurement of care and support at home services, including through the development of clear quality assurance processes
 - b) Admissions avoidance teams should be extended across West Sussex
 - c) The need to ensure small providers are considered and an avoidance of large providers monopolising service provision
 - d) There needs to be consistency across the county in rapid response times
 - e) Travel times should be factored into contracts
 - f) That visit time/durations should be monitored, and be as agreed in contracts
 - g) The need for market development, to ensure there is an availability of labour/service providers

- iii. Agrees that the Committee's Business Planning Group should be updated on the outcomes of further consultation and monitor implementation of the new commissioning arrangements

Business Planning Group Report

108. The Committee considered a report by the Chairman of the Business Planning Group (copy appended to the signed minutes).

109. Resolved – That the Committee

- i. Endorses the content of the report
- ii. Endorses the Committee's Work Programme

Forward Plan of Key Decisions

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

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

Members' Items

112. Mrs Evans asked if any members of the Committee wanted to raise any issues regarding Surrey and Sussex Healthcare NHS Trust's application for Foundation Trust status, currently under public consultation – none were forthcoming.

113. Resolved – That the Chairman writes to Surrey and Sussex Healthcare NHS Trust informing it of the Committee's support for its application for Foundation Trust status.

114. Mrs Smith requested that the Committee urge NHS England to find a quick solution to problems after a GP surgery in Crawley was badly damaged in a storm.

115. Resolved – That the Chairman writes to NHS England for an update on the situation.

Date of Next Meeting

116. The next scheduled meeting is on 13 March at County Hall, Chichester

The meeting ended at 12.56

Chairman.