

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

Health & Adult Social Care Select Committee

14 November 2013 – At a meeting of the Committee held at 10.30 a.m. at County Hall, Chichester.

Present: Mr Bradbury, Mr Hunt, Mrs Jones, Ms Kennard, Mrs Rapnik, Mrs Smith, Mr Sutcliffe, Mr Turner, Dr Walsh and Mrs Whitehead (Chairman) (West Sussex County Council), Cllr Mr Belsey (Mid Sussex District Council), Cllr Mrs Dignum (Chichester District Council), Cllr Mr Edwards (Arun District Council), Cllr Mrs Hamblin (Adur District Council), Cllr Dr Skipp (Horsham District Council), Cllr Mrs Turner (Worthing Borough Council) and Mr Liley (Healthwatch)

In attendance by invitation: Mr Catchpole (Cabinet Member for Health & Adults' Services), Mrs Field (Cabinet Member for Community Wellbeing and Deputy Leader)

Apologies for absence were received from Cllr Mr Burgess (Crawley Borough Council)

Committee Membership

67. The Committee approved the appointment of Cllr David Edwards as the representative of Arun District Council to the Committee.

Minutes

68. Resolved – That the minutes of the Health & Adult Social Care Select Committee meeting held on 3 October, be approved as a correct record and that they be signed by the Chairman.

Cabinet Member Response

69. The Cabinet Member for Adult Social Care and Health agreed to the Committee's request that a timetable for the implementation of dementia forums across the county be supplied to the Committee.

70. Resolved – That the Committee notes the Cabinet Member Response.

NHS Short Breaks Services for Children with Complex Health Needs and Disabilities

71. The Committee considered a report by the Chairman of the Task Force on NHS Short Breaks Services for Children with Complex Health Needs and Disabilities and the report on the Public Consultation led by Clinical Commissioning Groups of Coastal West Sussex, Crawley and Horsham & Mid Sussex (copies appended to the signed minutes).

72. The Consultation report was introduced by Aaron Gain, Public Health and Health and Social Care Commissioning, who told the Committee that the recommendations in the consultation report had been accepted by the West Sussex Clinical Commissioning Groups. It was planned to keep a service at the Cherries till March that would include some overnight stays. Updates on the situation would be provided in January and May.

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

73. Heather Mooney, Public Health and Health and Social Care Commissioning Directorate, told the Committee that all families had been offered one to one sessions if the Cherries were to close, but some had chosen not to take this offer up. Options and choices were given to all families and some had been taken up.

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

- Whilst Sussex Community NHS Trust (SCT) ran services from the Cherries, it had 'operational ownership' of the building; full ownership would revert to NHS Property Services when services ceased. NHS Property Services would be the body that decided the future of the building.
ACTION: Aaron Gain to ask NHS Property Services to provide a full written explanation of the ownership situation of the Cherries and Holly Lodge to the Committee
- Further one to one sessions with families were being arranged
- Now the decision had been taken to close the Cherries, alternative options for those affected would start to be confirmed
- The Task Force had reluctantly accepted that Holly Lodge and the Cherries would have to close due to staffing problems and a change in eligibility criteria meaning fewer children qualified for the services provided, but hoped that satisfactory alternatives would be found for all the children involved
- The quality of services at the Cherries would be maintained till final closure, and a reduced level of service would be available between December 2013 and end of March 2014, subject to the availability of registered nurses and care staff
- NHS At Home was a collection of models of children's community care provided in locations other than hospitals, and could be at least partly funded by the money saved by closing buildings
ACTION: Aaron Gain to provide the Committee with a written detailed description of the NHS At Home Service
- Overnight breaks would continue in a variety of settings
- Additional transport costs for families taking children to new facilities would be paid for by SCT till the old facilities closed – costs would then be picked-up by the Council's Child Disability Team or via personal budgets
- Personal budgets were funded by the Council and were tailored to families' needs, so amounts varied from family to family – they could be used to employ personal assistants for children with special needs, or for practical things such as special equipment – all those on middle rate Disability Living Allowance could apply for personal budgets without being referred to the Child Disability Team
- From April 2014, children with continuing health care needs would be offered personal health budgets, and those with special educational needs would also be offered personal budgets
- The Task Force will review the impact of the service change on transport costs when it reconvenes in May 2014

75. Resolved – That the Committee agrees with the recommendations as set out in the Task Force report to be forwarded to the West Sussex Clinical Commissioning Groups.

Update from Healthwatch West Sussex

76. The Committee considered a report by David Liley, Manager of Healthwatch West Sussex (copy appended to the signed minutes) who highlighted the following points:

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

- Healthwatch West Sussex started in April under the overarching body, Healthwatch England (a sub committee of the Care Quality Commission (CQC))
- Healthwatch must have a constitution and be a social enterprise – Healthwatch West Sussex is a Community Interest Company
- The Healthwatch role is to: -
 - Help individuals by providing and signposting people to information via its website, helpline, social media and citizens advice bureaux
 - Engage with communities – the general public, special interest and hard to reach groups
 - Influence decision-makers by presenting trends in evidence gathered by its Enter & View volunteers, focus groups and networks
- Initial Healthwatch Board priorities had been influenced by external factors, but would in future be based on evidence Healthwatch gathered itself
- The Board was made up of volunteers representing community interests and delivery partners
- Healthwatch had sponsored the Youth Parliament elections and worked with the West Sussex Youth Cabinet
- Reviews of complaints and of GPs' surgeries would be published soon
- Healthwatch had a statutory power to enter and view care homes, which it would soon start using
- Healthwatch was starting to make an impact leading to local improvements and wants to make a greater influence in future and aimed to move from networking to community engagement

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

- Healthwatch had regular liaison meetings with the Clinical Commissioning Group's Patient Reference Panels and GPs' Practice Participation Groups, and wanted to share training and involve members of these groups in its Enter & View teams – it also wished to pull together and rationalise the many review initiatives undertaken by various groups
- No plans had been developed yet for working with users of social care services
- Healthwatch would provide more details of its directors, contract, budget and how it spent its money at the next Healthwatch/HASC liaison meeting **ACTION:** David Liley to provide this information
- Data would be protected by the well established systems used by Help & Care and the Citizens Advice Bureau – further protection would be provided if necessary – Healthwatch would also seek advice from the Council's Research Team
- All Clinical Commissioning Groups and provider organisations (particularly Public Health) were co-operating openly with Healthwatch
- Healthwatch West Sussex could refer issues to Healthwatch England, which was the body that would try to influence regional and national matters, or the CQC

78. Resolved – That the Committee agrees that the Chairman and Vice Chairman would liaise with Healthwatch West Sussex to identify opportunities for joint working between Healthwatch and the Committee.

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

County Council Commissioning Plans and Performance Objectives 2014-15/Future Council

79. The Committee considered a report by Judith Wright, Director Public Health, Commissioner for Health and Social Care (copy appended to the signed minutes) who introduced the report making the following points: -

- The key aim, within the financial constraints, was to help people help themselves whilst ensuring the most vulnerable were supported and safe
- In recent years, much had been done for the wellbeing of residents: Prevention Assessment Teams and Health & Wellbeing Hubs had been set-up and services to promote independence had been developed
- The Council now had to develop ways to meet its statutory duties to those needing care as set out in the Care Bill
- Positive proposals were being developed for the future, which would put emphasis on information, advice, advocacy, care and be person-centred with more control over personal budgets. The Council would be supporting many more people than it is now.
- The Council needed to ensure any support was of sufficient quality regardless of provider, and would grow its role of developing the market
- The direction of travel was towards the integration of health and social care services in 2015-16, which had already begun in areas such as mental health, proactive care and hospital discharges

80. Mr Catchpole, Cabinet Member for Health & Adults' Services, emphasised the following points:

- The need for the Council to work with the NHS to provide an integrated system with better services and savings for both organisations
- Funding from the NHS to social care to be used in areas of best practice so that people got the right services in the right places
- The Council and NHS would engage with people earlier in their lives with ways in which they could support themselves in their own homes
- Building on past procurements, the Domiciliary Care and Regaining Independence Service would continue to improve the way services were designed to benefit users
- Commissioning was a long-term process and all providers would be held to account for delivery of services

81. Amanda Rogers, Director Adults' Services, told the Committee: -

- The Care Bill would mean a radical whole system change involving the biggest ever transformational change for Adults' Services
- The Council was building the foundations for further significant change

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

- The threshold for eligibility of services would be set nationally by the Government in future and the definition of eligibility criteria was under consultation (the Council was involved) and would be outlined in the Care Bill (the first draft showed the criteria to be more generous than before)
- As more people qualified for assessments under the Care Bill, the way people were assessed would be reconsidered

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

- Commissioning plans needed to be based on the best way to deliver services within financial constraints and would be results-based – and more detail on the financial implications and actions to be taken would be available for the Committee's consideration in January
- Preventative services that delayed people needing health or social care services would be highlighted as the plans developed
- Data sharing between the NHS and the Council had taken a step forward with social care being able to include people's unique NHS numbers in its information
- Staff from the NHS and the Council working for the same organisation would benefit from using the same IT systems
- It will be important to develop on-going and robust plans for the development of IT systems
- There were more ways of accessing services than just through GPs
- Transformation plans had to be in place by November 2014 so that commissioning could be planned for 2015
- The average age of older people needing care services was 85 - the transformed service would give earlier support to people to avoid crises later
- The Council would deliver services differently than before, in a way that would save money without increasing Council Tax

83. Resolved – That the Committee: -

- i. Endorses the aspirations set out in the commissioning plans and performance objectives
- ii. Requires further detailed information on the financial implications of the commissioning plans and performance objectives for its meeting in January
- iii. Identified the following key areas of concern, to be forwarded to the Performance & Finance Select Committee for consideration:
 - The capacity of the voluntary sector to take on the running of some services
 - The need for clarity around the timescales of the transformational change required, as this will need to be carried out at pace
 - The Council needs to work in partnership with the NHS to deliver the necessary transformational change
 - It is important that safeguarding is recognised as a community responsibility and that it is not just about health and social care

Business Planning Group Report

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

85. There was concern that the Section 106 money set aside for health facilities in Arun would all be spent on developing plans and that none would be left for buildings.

86. Resolved – That the Committee

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

Unconfirmed minutes – subject to approval/amendment at the next meeting of the Health and Adult Social Care Select Committee

- iii. Agreed that the Business Planning Group should review the development of a new health facility in Littlehampton in the light of concerns regarding the use of the allocated Section 106 monies

Forward Plan of Key Decisions

87. The Committee considered the Forward Plan of Key Decisions for December 2013 to March 2014 (copy appended to the signed minutes) without comment.

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

Date of Next Meeting

89. The next scheduled meeting is on 22 January at County Hall, Chichester

The meeting ended at 12.53

Chairman.