

MINUTES of the meeting of the **ADULT SOCIAL CARE SELECT COMMITTEE** held at 10.00 am on 23 October 2014 at Ashcombe Suite, County Hall, Kingston upon Thames, Surrey KT1 2DN.

These minutes are subject to confirmation by the Committee at its meeting on Thursday, 13 November 2014.

Elected Members:

- * Mr Keith Witham (Chairman)
- * Mrs Margaret Hicks (Vice-Chairman)
- * Mr Graham Ellwood
- * Miss Marisa Heath
- * Mr Saj Hussain
- * Mr George Johnson
- Mr Colin Kemp
- * Mr Ernest Mallett MBE
- * Ms Barbara Thomson
- * Mrs Fiona White
- * Mr Richard Walsh
- * Mr Bill Chapman
- * Mr Chris Pitt

Ex officio Members:

Mr David Munro, Chairman of the County Council
Mrs Sally Ann B Marks, Vice Chairman of the County Council

Substitutes

- * Mr Bill Chapman
- * Mr Chris Pitt

70/14 APOLOGIES FOR ABSENCE AND SUBSTITUTIONS [Item 1]

Apologies were received from Colin Kemp. Chris Pitt acted as a substitute for Colin Kemp and Bill Chapman substituted for the vacant position on the Committee.

71/14 MINUTES OF THE PREVIOUS MEETING: [Item 2]

These were agreed as an accurate record of the meeting.

72/14 DECLARATIONS OF INTEREST [Item 3]

None

73/14 QUESTIONS AND PETITIONS [Item 4]

None

74/14 RESPONSES FROM THE CABINET TO ISSUES REFERRED BY THE SELECT COMMITTEE [Item 5]

Response received to one recommendation referred at September's meeting. The response was published in the agenda papers

Witnesses:

Mel Few, Cabinet Member for Adult Social Care
Steve Cosser, Cabinet Associate for Adult Social Care

Declarations of interest: None

Key points raised during the discussion: None

75/14 DIRECTOR'S UPDATE [Item 6]

Witnesses:

Dave Sargeant, Strategic Director for Adult Social Care

Mel Few, Cabinet Member for Adult Social Care
Steve Cosser, Cabinet Associate for Adult Social Care
Cliff Bush, Chair, Surrey Coalition of Disabled People

Declarations of interest: None

Key points raised during the discussion

The Cabinet Member for Adult Social Care wished to update the Select Committee on a recent Cabinet decision. His update follows:

1. The Committee were informed that the Cabinet had approved a consultation on the future of six in-house residential care homes for older people in Surrey. It was acknowledged that there may be some tough decisions ahead. It was noted that that the care homes included in the consultation were under occupied and were not fit for purpose in the long term. It was highlighted that renovating the care homes would cost in the region of £60 million to make the structural changes required to bring the homes to the standard required for modern day residential care. The Committee was advised that all local Members in the areas where the homes are have been briefed on the process. Following the consultation, should there be a decision to close any of the care homes, the Committee was assured that residents would not be moved during the winter months so that their health was protected.
2. Members asked for clarification on the consultation process with the residents and requested assurances that this would be a transparent process. The Cabinet Member for Adult Social Care indicated that the consultation would be a fair and frank process to ensure that the views and opinions gathered were accurate. It was further highlighted that every effort would be made to gather the thoughts of the friends and families of those residing in the care homes.
3. The Committee asked what the future might hold for staff working in these homes should, following the consultation, there be a decision to close any of them, and whether there were an opportunities for them to continue their employment elsewhere within Surrey County Council, alternatively the adult social care sector is an area which currently has a high demand for staff.
4. The Cabinet Member was asked by the Committee whether it would be possible to amalgamate the residents into a few of the homes and close the remaining ones given that they are operating below capacity. The Cabinet Member stressed that the primary problem was with the condition of the homes and the fact that they will become unfit for purpose rather than it being an issue of having additional capacity. The Strategic Director highlighted that the care homes meet current regulatory standards but indicated that under the new CQC framework could be viewed as sub-standard by inspectors. The Committee was also advised that these homes had now stopped accepting permanent new admissions residents to relieve pressure on staff.

5. The Strategic Director (SD) informed the Committee that Surrey has now submitted its plans for the Better Care Fund (BCF). Members were advised that all partners had been involved in the process and that the council worked closely with the six CCGs to develop an innovative strategy for the delivery of adult health and social care services. The plans for BCF funding have been accepted with conditions based on further engagement with acute hospitals in Surrey.
6. The SD provided further information about the realignment of the Adult Social Care (ASC) Directorate. The SD highlighted that, to allow for closer collaboration and a more integrated approach to commissioning, the structure of ASC in Surrey had been amended to bring it in line with the number of Clinical Commissioning Groups (CCGs) operating in Surrey. The small caveat to this is that, while there are six CCGs in Surrey there are five Area Directors (AD) one of which will work with two CCGs. It was highlighted that the Directorate is currently working to disaggregate the county-wide commissioning function to the 6 CCG areas thereby amalgamating operational and commissioning functions. Staff affected by this exercise are now in the 30 day consultation process. The SD further advised that the realignment had saved the Directorate £500k in management costs.
7. Members expressed concern with the flow of information between the boards and committees scrutinising health and social care in Surrey and suggested that communication between Health and Wellbeing Board, Health Scrutiny Committee and Adult Social Care Select Committee should be encouraged especially given that they frequently consider similar issues. The SD commented that there is certainly an overlap between the work of these committees and suggested exploring how these priorities should be considered in the near future to ensure that they function most effectively. The Chairman was advised that guidance on local authority health scrutiny clarifies the governance. It was agreed these would be circulated to each Member of the Committee.
8. The Committee highlighted the growing trend towards the integration of healthcare and adult social care and concerns were raised by Members about the potential loss of democratic accountability as integration deepens over time. The Chair of Surrey Coalition of Disabled People advised that his organisation was supportive of further integration but cautioned the Committee about

the operation and leadership of an integrated care service for service users.

9. The SD advised that work on finding savings in the ASC Directorate's budget was continuing. Particular attention was being paid to transition services in order to integrate these services more. It is hoped that, by ensuring that all services involved in transitions are integrated, savings can be made while providing a better, more – rounded service for users aged 0 to 25 years old. As such, the SD advised that, in conjunction with the Strategic Director for Children, Schools and Families, a piece of work has been commissioned which will explore how transition services can be more closely integrated and that they could learn from other authorities such as Kingston, Richmond and Suffolk who are doing similar work. The results of this project would be fed back to the Committee once it had been completed. Members asked whether there would be any opportunity for them to get involved in the piece of work to which the SD responded that he would very much welcome input on the project from Members of the Committee.

10. Members were advised by the SD that the guidance documents on the Care Act are forthcoming. Once this guidance has been received, further information and plans on the implementation of the Care Act will be shared with the Committee.

Recommendations:

- That the Committee is updated on the co-design process for a new 0-25 service.

Action points/ further information to be provided:

- The Chairman to distribute governance guidelines for the Health Scrutiny Committee to Members.
- Adult Social Care will share weekly updates on the preparations for the Care Act, following the publication of the guidance, in the Directorate's 'e-brief'. If Members have specific information requests they can contact Tristram Gardner (Care Act Project Manager).

Committee next steps:

None

76/14 HEALTH AND WELLBEING PRIORITIES: OLDER ADULTS & PREVENTION AND DEMENTIA FRIENDLY SURREY [Item 7]

Witnesses:

Jo-anne Alner, Director of Quality and Innovation, North West Surrey CCG

Jean Boddy, Area Director: NE Hants and Farnham CCG, Surrey Heath CCG, Surrey Heath Borough Council, Adult Social Care

Helen Atkinson, Director of Public Health

Jen Henderson, Assistant Senior Manager, Adult Social Care

Cliff Bush, Chair, Surrey Coalition of Disabled People

Sue Zirps, Chief Executive Officer, Age UK Surrey

Peter Gordon, Independent Non-Executive Director and Chair, Healthwatch Surrey

Declarations of interest:

Mr Chris Pitt advised the Committee that he was a Trustee of Age UK Surrey. This was noted by the Chairman.

Key points raised during the discussion:

Health and Wellbeing Priorities: Older Adults Supporting People in Surrey to Live and Age Well:

1. The Director of Quality and Innovation at North West Surrey CCG (DQI) gave a presentation to the Committees on some of the challenges that CCGs in Surrey face given the healthcare demands of an ever-increasing elderly population. The Committee were advised that effective collaboration between health and adult social care providers is vital in ensuring that this demand is met and to reduce the number of hospital admissions. Members were also given information on an action plan which had been agreed by all CCGs and healthcare providers in Surrey to ensure a joined-up approach is taken to the delivery of sustainable care services that can cope with the pressures of an ageing population.
2. Members were concerned that the strategies created by each of the six CCGs in Surrey looked disparate and requested assurances that residents would experience the same outcomes in practice. The DQI highlighted that the CCGs were implementing the same schemes in line with the agreed strategy but many of them differed in how they are implementing the strategy. There may be some differences in how each CCG implemented the strategy to take account of the needs of the local population but the primary priorities and outcomes were the same for each of the CCGs.

3. The Committee also asked whether it was also possible to ensure that people die well in Surrey. The DQI highlighted that NW Surrey CCG does have a strategy on this and indicated that this is something that all CCGs will have. There has been real investment and efforts made to improve end of life care but this can sometimes be hampered by the fact that terminally ill patients can be reluctant to discuss the care they want at the end of their life which makes the arrangement of provisions more problematic. The Area Director (AD) indicated that work is currently ongoing to map people's preferred place to die so that they can gather more information on patients' preferences for the delivery of palliative care. The DQI advised Members that a quality of nursing offer will be introduced for care homes so that patients will feel more comfortable ending their lives in care homes with nursing support rather than in a hospital setting

Developing a Preventative Approach Priority Action Plan

1. The DPH outlined the importance of preventative measures in reducing the strain on the NHS, highlighting key priorities such as stopping smoking, promoting more responsible attitudes towards alcohol consumption as well as encouraging a healthy diet and regular exercise among residents. Members were advised that Surrey Public Health takes a life course approach which means promoting healthy attitudes from pre-birth but also wants to get the message out to residents that it is never too late to adopt a healthy lifestyle. The DPH confirmed that Public Health is currently working with the CCGs to develop a prevention plan which the Committee was told each CCG would tailor slightly differently in order to take account of differences within the county but that each CCG will have the same overarching strategy. Public Health will work with General Practices to embed a preventative approach at the primary care level and in CCG commissioning plans.
2. Members asked whether there was a particular strategy in place to focus on deprived areas where people experience worse outcomes and more health problems. The DPH stated that Public Health do take a targeted approach to deprived communities and have introduced measures such as training members of the Troubled Families teams on how to conduct health interventions while also working with Children's Centres to promote healthy lifestyles amongst younger people.
3. The Committee expressed support for the prevention strategy developed by Public Health and recognised the key role that prevention can play in reducing pressure on the NHS and other health services in the future. Members also suggested that they

could get involved by talking to Surrey MPs in an attempt to get preventative approaches to healthcare on the national agenda as the NHS has traditionally been an ill-health service.

4. The Cabinet Member for Adult Social did express some concern with relying too heavily on promoting healthy living to reduce pressure on the NHS and suggested that it was a challenge to get people to change their lifestyles to become more health conscious. He advised that it was crucial to engage people at a young age as it could be harder to change attitudes amongst the adult population.

Stakeholder Perspective

1. The Chairman asked representatives from Healthwatch Surrey, Age UK Surrey and Surrey Coalition of Disabled People to offer their perspective on some of the key issues and challenges for adult social care in Surrey.
2. The Independent Non-Executive Director and Chair of Healthwatch Surrey provided Members with a brief overview of the role of Healthwatch within the Surrey health and social care system and highlighted that it is not simply the voice of residents but also highlighted its role in furnishing SCC, the CCGs and healthcare providers with the tools to engage with patients to get the best possible outcomes. The Committee was advised that Healthwatch very much supports preventative approaches to reduce the pressure on the NHS but highlighted the difficulty of making people think differently about their lifestyle. It was stressed that Healthwatch are eager to work with Public Health and the CCGs in order to develop these strategies further and introduce the perspective of the consumer to these strategies.
3. The Chief Executive Officer of Age UK Surrey drew the Committee's attention to the role played by the voluntary sector in the delivery adult social care services in Surrey and the role it could continue to play under the new processes arising from the Better Care Fund. Members were advised that there were numerous examples of health services and the voluntary sector working together in order to keep people out of hospital, models of collaboration which Age UK had rolled out nationally and that are now being brought to Surrey. Isolation was highlighted as one of the biggest problems for the elderly population and had led to a huge number of people over 65 suffering from depression, a problem requiring urgent attention. It was advised that the development of a single IT system that could

be used as a point of contact used by all services was vital in ensuring that Surrey's older, vulnerable residents receive the care they require.

4. The Chair of Surrey Coalition of Disabled People advised the Committee of problems arising from the transfer of care which need to be addressed particularly in relation to transferring patients from hospital back home and ensuring that prescriptions are accessible. Members asked whether the problem of organisation was a result of individual department and organisations within the NHS protecting their budgets and whether this was a problem across the system. The Cabinet Member for Adult Social Care indicated that he had recently attended a workshop designed to streamline the process of discharging patients and which had revealed different approaches between different parts of the NHS regarding who would provide the required services to the patient and cover the cost of their treatment. The Strategic Director for Adult Social Care advised that there were various factors which could affect the amount of time it took to discharge patients from hospital including the fact that occasionally certain services may not be operating on the day that the patient is supposed to be released from hospital. It was highlighted that action was being taken to make the discharge process more seamless to ensure that patients would be let out of hospital within a reasonable timeframe of their discharge being approved.

Dementia Friendly Surrey

1. The Committee was given an update on the performance of the Dementia Friendly initiative. Members were advised that responses were still being analysed and collated from the programme so it was too early to draw any decisive conclusions on its achievements. Against the Directorate's own objectives, however, the initiative appears to have recorded some significant successes not least the fact that over 100 organisations in Surrey, including Surrey Police, have received dementia awareness training in the first 18 months of the initiative against a target of 50.
2. Public awareness campaigns were further highlighted as one of the main pillars of the initiative and that this was set to continue with the launch of a social media campaign in February. Members were also advised that the Living and Ageing Well awards had been initiated and which give recognition those organisations in Surrey that are providing a good service. The awards further provide the opportunity

to learn what these organisations are doing well and to share best practice throughout the community.

3. The Cabinet Associate for Adult Social Care echoed the sentiments of the Officer in highlighting the success of the Dementia Friendly Surrey programme. The Committee were told that the next step was to evaluate the initiative. It was further advised that a project is about to begin exploring outcomes and Members were encouraged to provide assistance to this project.
4. The Committee requested information about the funding for Dementia Friendly Surrey and asked whether money would be received to continue the project next year. It was stated that the funding for the programme had come from the Department of Health and it wasn't expected that this would be made available next year. The Cabinet Associate for Adult Social Care indicated that the success of the initiative was such that it would receive some kind of funding next year to continue the good work it had been doing.

Recommendations:

- The Committee recommends that the Strategic Director and Cabinet review the working of social care teams in acute hospital over the operation of discharge services.

Action points/ further information to be provided:

- Scrutiny Officer to circulate slides from the Director of Public Health's presentation on preventative approaches to the Committee.
- Members to provide any feedback on the project to the Associate Cabinet Member to inform his analysis of the Dementia Friendly Surrey project.

Committee next steps:

None

77/14 UPDATE FROM THE PERFORMANCE AND FINANCE SUB-GROUP [Item 8]

Witnesses: Ernest Mallet, Margaret Hicks, Saj Hussain, Richard Walsh, Fiona White, Keith Witham

Declarations of interest: None

Key points raised during the discussion:

1. The Chairman and Members of the Adult Social Care Select Committee Performance and Finance Sub-Group advised the Committee that the Sub-Group were still in the early stages of looking at the Adult Social Care Directorate's budget projections for 2015/16 and where potential savings could be made. Members were, however, told that the Sub-Group were looking into statutory and non-statutory responsibilities undertaken by the Directorate and that a report was being prepared on voluntary sector grants by the Vice-Chairman to present to the Sub-Group.

Recommendations:

None

Action points/ further information to be provided:

None

Committee next steps:

- Private Performance and Finance Workshop for the Committee to be held in late November.

**78/14 RECOMMENDATION TRACKER AND FORWARD WORK PROGRAMME
[Item 9]**

Witnesses: None

Declarations of interest: None

Key points raised during the discussion:

1. The Committee were advised that a report on the Surrey Joint Mental Health Strategy for Older Adults which was scheduled to be presented to the Select Committee at its meeting in December had been moved until 2015.
2. Members asked whether it would be possible to add an item to the forward programme for the Committee, in six months, to receive a monitoring report on the amount of time care workers spend with their clients.

Recommendations:

None

Action points/ further information to be provided:

- Scrutiny Officer to add item on receiving a monitoring report detailing the amount of time care workers spend with their patients to the forward programme.

Committee next steps:

None

79/14 DATE OF NEXT MEETING [Item 10]

The Committee noted its next meeting would be 19 December 2014 at 10am.

Meeting ended at: 1.00 pm

Chairman