

SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND COMMUNITY SAFETY

MINUTES of a meeting of the Scrutiny Committee for Adult Social Care and Community Safety held at County Hall, Lewes on 10 November 2011

- PRESENT: Councillor Pragnell (Chairman)
Councillors Barnes, Healy, Ost, Scott and Mrs Tidy
Janet Colvert, LINK representative
- Chief Officer: Keith Hinkley, Director of Adult Social Care
- Scrutiny Lead Officer: Claire Lee, Scrutiny Lead Officer
- ALSO PRESENT: Councillor Bentley, Lead Member for Adult Social Care
Councillor Elkin, Lead Member for Children's and Adults' Services
Gemma Dawson, Intermediate Care Programme Manager
Sue Dean, Head of Supporting People
Jane Goldingham, Workstream Manager (Access and Self-Directed Support)
Shane Heber, Head of Directly Provided Services
Beverley Hone, Assistant Director (Strategy and Commissioning)
Paul Welch, Operations Manager (Living at Home Service)

32. MINUTES OF LAST MEETING

32.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 27 October 2011.

33. APOLOGIES

33.1 Apologies for absence were received from Councillor Taylor and Dr Laurie Bush.

34. DECLARATIONS OF INTEREST

34.1 Janet Colvert declared a personal interest as a recipient of care services. She did not consider this interest to be prejudicial.

35. REPORTS

35.1 Copies of the reports referred to below are included in the minute book.

36. HEALTH REFORM UPDATE

36.1 The Committee considered a verbal update by the Director of Adult Social Care which focused on the development of Clinical Commissioning Groups (CCGs) and the Health and Wellbeing Board (HWB). Key points included:

- CCGs are beginning to develop plans for their shadow year of commissioning responsibility (2012/13). CCGs are also going through a quality assurance process which includes an assessment of their viability. This will highlight any issues with the current proposed configuration of four CCGs in East Sussex in terms of critical mass.
- CCGs will need to consider their infrastructure and support requirements. This presents an opportunity for the County Council to outline ways in which it could offer support to CCGs and share resources.
- The HWB held an initial meeting in October and will now be engaging in the NHS and County Council annual planning cycle and the development of the East Sussex Healthcare NHS Trust Clinical Strategy, alongside considering the development of a Health and Wellbeing Strategy for East Sussex.

36.2 The Committee raised the issue of cross-border patient flows, in particular where constituent GP practices of CCGs have registered patients who live outside East Sussex or where East Sussex residents are registered with GP practices in CCGs outside the county. The Director agreed that this is a significant issue requiring consideration and indicated that the question of co-terminosity would be examined through the quality assurance process. He also indicated that the size of some of the current proposed CCGs in East Sussex may present challenges in terms of viability.

36.3 RESOLVED to: continue to request verbal updates at future meetings.

37. IMPLEMENTATION OF LEAN WITHIN ADULT SOCIAL CARE

37.1 The Committee considered a report by the Director of Adult Social Care which assessed progress with the implementation of LEAN following a recent evaluation.

37.2 The following points were made in response to questions from the Committee:

- Capacity issues relate to the numbers of staff in some areas, but also to the different skill sets required under the new model. There is a need to look flexibly at staffing to meet increasing demand in the future, which Project Pathway will do.
- The capacity issues in occupational therapy (OT) would be looked at closely to ensure the right capacity and to identify whether certain tasks could be undertaken elsewhere to free up OT resource. The emphasis on reablement would also have implications for OT capacity. There is a national recruitment issue in relation to OT.
- It is too early to identify specific savings which have been made through LEAN. The estimated £1m long-term savings would be a combination of cash releasing savings and freed-up capacity which could then be used to meet increased demand.
- A multi-disciplinary neighbourhood care team approach is being developed to manage the complex care planning and delivery for the increasing number of people with long term conditions. This approach is expected to underpin commissioning over the next year or two.
- The use of telephone assessment within the LEAN pathway is about taking a proportionate approach to the level of need. Interviews are being undertaken with service users about their experience of the LEAN pathway. However, initial feedback has been positive due to the ability to address straightforward, immediate needs quickly following a telephone assessment rather than the service user having to wait for a visit. Project Pathway will be aiming to increase the numbers of skilled staff overseeing the telephone assessment stage.
- The process of fully rolling out LEAN across the department is expected to take 3-5 years and would be ongoing due to continual evolution.

- LEAN will not suit all services in the County Council but the Chief Officer Management Team is using the learning from Adult Social Care to help determine other areas of the organisation which would be suitable.

37.3 The Committee concluded that the evaluation of the pilot had been positive, particularly the impact on service users and carers, but that some key challenges would need to be monitored and addressed. The Committee noted that there would be consultation with staff on the restructuring being led by Project Pathway, with a view to implementation in September 2012.

37.4 RESOLVED to:

- (1) request a further progress report in June 2012.
- (2) consider implications for the strategic use of resources through the Reconciling Policy, Performance and Resources (RPPR) process.

38. ADULT SOCIAL CARE REABLEMENT

38.1 The Committee considered a report by the Director of Adult Social Care which provided an overview of the development of reablement services (the Living at Home service). The following points were made in response to the Committee's questions:

- The relatively large proportion (25%) of service users not completing their reablement package is not unexpected given that the service has no eligibility criteria. This open access approach (designed to ensure as many people as possible benefit from reablement) means that inevitably some people will be too unwell to complete the package or will be admitted to hospital or residential care before it is completed. In addition, the rapid response offered by the service means that sometimes very limited information about a person's circumstances is available to the service. The service works with referrers to increase awareness of when to refer and the reasons for non-completion are monitored closely.
- Staff recruitment has been challenging due to the specific potential skillset being sought which is a higher level than traditional home care. In addition, there is a three to four month lead in time from recruitment to active work while necessary checks and an intensive induction programme are undertaken.
- The Integrated Community Access Point acts as a 24/7 gateway for referrals from emergency response services such as the Ambulance Service and Lifeline so that needs can be met in the most appropriate way, including reablement if suitable. The department is also working with care homes to increase staff skills to meet needs in-house rather than admitting residents to hospital, and pursuing other initiatives to prevent admissions such as the neighbourhood care team approach. The development of 24/7 alternatives to hospital is a key objective.
- Further Department of Health investment of £3m has now been confirmed for 2012/13. This additional resource is significant and may enable a shift towards more use of 'step-up' care to prevent hospital admissions as opposed to the current emphasis on 'step down' care.
- The pilot project to encourage independent sector home care providers to take a reablement approach is just beginning. As well as staff training, it will be important to undertake a significant communication exercise with service users and carers who may feel concerned that the new approach represents a loss or reduction of their care package.

38.2 RESOLVED to:

- (1) request further analysis of the outcomes experienced by service users accessing the service as 'step-up' care compared to those using it as 'step-down' care, if this information is available.
- (2) request a progress report in September 2012.

39. SUPPORTING PEOPLE COMMISSIONING PROJECT

39.1 The Committee considered a report by the Director of Adult Social Care which provided an update on implementation of the Supporting People Commissioning Project. The following points were made in response to questions from the Committee:

- The savings anticipated from the re-tendering of domestic violence refuge services will be achieved from delivering services in different ways and bringing unit costs to the mid-point of the current range, as there is considerable variation. There will be no gap between the end of the current contract and the start of the new services which are scheduled to begin on 1 April 2012.
- The system for care leavers to access accommodation has been simplified by no longer requiring a separate housing assessment, as a Children's Services assessment will already be in place for this relatively small group.
- The department has stressed that appropriate back-up is required from mental health services if accommodation providers are to take more complex cases.
- There have been a range of proposals for the volunteer element of the new floating support service for people with long term housing support needs. A core peer support model is being considered but with wider engagement so that a broader range of volunteers can be involved.
- Following the tender process it was not possible to award a contract for the older people's floating support service as the tenders did not provide the value for money the department was looking for. Negotiation with two existing providers has led to an alternative approach which is being run as a two year pilot.

39.2 RESOLVED to examine any change to resources allocated to Supporting People through the RPPR process as this funding stream now forms part of the formula grant.

40. CARING FOR OUR FUTURE

40.1 The Committee considered a report by the Director of Adult Social Care which summarised a national engagement exercise on the future of adult social care and requested the Committee's input to the County Council's response. Following the engagement exercise a government White Paper is expected in Spring 2012.

40.2 The Committee recommended that the following issues be highlighted within the County Council's response:

- East Sussex County Council is ahead of most other areas in facing the issues associated with an ageing population due to the county's older age demographic.
- The current funding formulas for health and social care do not accurately reflect the distribution of demand for services and should be reviewed.
- Funding future care needs is a significant source of anxiety and fear for many older people in our population and they want to see this addressed. There are specific fears amongst self-funders about what will happen to their care when their funds run out.
- The need for a sustainable future funding model for social care is critical. The debate on this has been ongoing for many years and a decision is now urgently needed.
- Local authority social care funding is under considerable strain in the face of increasing demand as the population ages. Demand will continue to grow exponentially and the current funding arrangements will not be able to cope.
- The inevitable growth in cases of dementia associated with increases in life expectancy will present additional demands.
- It is important to recognise that as life expectancy increases people tend to be older and frailer in the last few years of life when they have the most intensive use of

services. This increases the amount of social care support required and the cost of this.

- Future policy and funding arrangements should take a whole systems approach and ensure the right incentives are built in. They should promote health and social care integration, be evidence based and take account of innovative examples of integration e.g. Torbay Care Trust.
- Proposals to rationalise the social care legislative framework are welcome but need to balance national standards and requirements with local flexibility.
- ESCC's preventative and reablement work is successful in part due to its universal approach and the ability to determine this locally. It would not be helpful to introduce inflexible national criteria for access to services as decisions must be taken locally to ensure appropriateness.

40.3 RESOLVED to request that the Committee's comments be considered for inclusion within the County Council's response.

41. INTEGRATED JOINT COMMISSIONING

41.1 The Committee considered a report by the Director of Adult Social Care which set out progress with establishing integrated joint commissioning arrangements for key client groups in East Sussex.

41.2 The Assistant Director (Strategy and Commissioning) described the benefits of a joint approach to commissioning based on joint needs assessment and the real outcomes which have been achieved as a result. She highlighted the ongoing work being undertaken with local GPs as the NHS reforms move forward and Clinical Commissioning Groups become established. Where possible and appropriate a joint, partnership approach is being promoted and the ability of the County Council to offer commissioning and infrastructure support is being set out.

41.3 The following areas were covered in discussion:

- The Joint Commissioning Board (JCB) could in some respects be seen as the 'engine room' of the Health and Wellbeing Board (HWB). The HWB has an overarching role to ensure that the various commissioning strategies across health and social care fit together coherently in support of the Health and Wellbeing Strategy. However, the HWB will not be expected to undertake detailed management of specific commissioning arrangements. The JCB and specialist commissioning boards will sit behind the HWB and have accountability for specific joint commissioning strategies.
- There is a tension between maintaining sufficient flexibility for local GP practices/CCGs to innovate and commission locally sensitive services, whilst also ensuring consistent access to services and benefiting from economies of scale across the county. This can be managed by defining consistent service standards, quality and expected outcomes at a county level, whilst allowing different delivery models in different areas.
- East Sussex is reacting proactively to system changes which affect joint commissioning arrangements and laying solid foundations for the future, whilst also recognising that the new NHS commissioning system is still evolving and further adjustment will be required.

41.4 RESOLVED to:

- (1) request further information on the composition of CCG Boards.
- (2) request a further update in March 2012 and, following this update, to give consideration to undertaking a more detailed examination of joint commissioning arrangements for a specific client group as a case study.

42. SCRUTINY COMMITTEE WORK PROGRAMME

42.1 The Committee considered various amendments to its current work programme to ensure agendas for each meeting would be of a manageable size.

42.2 RESOLVED to update the work programme.

43. FORWARD PLAN

43.1 The Committee considered the Forward Plan for the period to 29 February 2012.

43.2 RESOLVED - to note the Forward Plan.

The Chairman declared the meeting closed at 12.44pm