

## 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 14 June 2012

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PRESENT:	Councillor Pragnell (Chairman) Councillors Barnes, Field, Ost, Scott, Taylor and Mrs Tidy Janet Colvert, LINK representative
Lead Members:	Councillor Bentley, Lead Member for Adult Social Care Councillor Elkin, Lead Member for Children's and Adults' Services
Chief Officer:	Keith Hinkley, Director of Adult Social Care
Scrutiny Lead Officer:	Claire Lee, Scrutiny Lead Officer
Also present:	Mark Stainton, Assistant Director (Operations) Samantha Williams, Assistant Director (Planning, Performance and Engagement) Marcus Gomm, Head of Safer Communities Jacqueline London-Willis, Project Manager (LEAN) Nikki Laugharne, Project Manager (SDS/LEAN) Vicky Smith, Head of Policy and Service Development Martin Robinson, Head of Operations (Mental Health)

### 1. MINUTES OF LAST MEETING

1.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 1 March 2012.

1.2 The Committee thanked staff at Mount Denys and Pinehill for hosting a recent visit by Members which had been very informative. The Committee registered its appreciation for the positive response of staff at Mount Denys to recent Care Quality Commission inspections and the improvements made. Staff at Pinehill were also congratulated for the welcoming atmosphere and range of activities available to service users.

### 2. APOLOGIES

2.1 Apologies for absence were received from Councillor Healy and Dr Laurie Bush. Councillor Field acted as a substitute for Councillor Healy.

### 3. DECLARATIONS OF INTEREST

3.1 Councillor Taylor declared a personal, non-prejudicial interest as the owner of a care home.

3.2 Councillor Pragnell declared a personal, non-prejudicial interest as a close relative has used services provided by Adult Social Care.

### 4. REPORTS

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

## 5. HEALTH REFORM UPDATE

5.1 The Committee considered a verbal update by the Director of Adult Social Care which included the following main points:

- The three East Sussex Clinical Commissioning Groups (CCGs) will be going through their authorisation process from September to November 2012.
- Chairs and accountable officers of CCGs are in the process of being appointed.
- The NHS business planning cycle had begun early as the CCG authorisation process includes consideration of whether viable business plans are in place. This will be challenging given resource constraints.
- The complex transition of roles from Primary Care Trusts to a wide range of existing and new organisations, including the County Council, is underway.
- New structures are becoming clearer including the Surrey and Sussex Commissioning Support Service and local arms of the NHS Commissioning Board.
- Consultation on the East Sussex Health and Wellbeing Strategy is due to begin later in June and the strategy should be finalised by October 2012.

5.2 RESOLVED to continue to request verbal updates at future meetings.

## 6. ANNUAL REVIEW OF COMMUNITY SAFETY PERFORMANCE, PRIORITIES AND ISSUES

6.1 The Committee considered a report by the Director of Adult Social Care which updated the Committee on performance in relation to community safety in 2011/12 and the priorities and issues for 2012/13 highlighted in the Partnership Business Plan

6.2 The Head of Safer Communities gave a presentation which provided an overview of the written report. A copy of the slides is included in the minute book.

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

- The future of several grants is uncertain due to transfer of funding to the Police and Crime Commissioner. However, a number of potential candidates have indicated that grants would be passported to community safety partnerships in the first year.
- The Safer Communities Team is working with Sussex Police Authority to develop both Sussex-wide and East Sussex information packs for candidates. Information is also provided on a dedicated page of the Safer Communities Partnership website. Information events are being held for prospective candidates.
- The establishment of a joint delivery unit is intended to take partnership working to the next step which is integrated delivery. Although its development preceded the announcement of Police and Crime Commissioners it will place East Sussex in a good position to present an integrated approach to the successful candidate. The delivery unit will also facilitate information sharing as analysts from the various partner organisations will be working more closely together.
- The impact of the Welfare Reform Bill is as yet unclear but may be felt in terms of changes to people's benefits. Some local authorities in high cost areas are moving families to areas such as East Sussex which are more affordable.
- The prevalence of metal theft is more closely linked to the price of metals than to the effects of the recession. Sussex Police lead a group tasked with taking action to address this issue.
- A specific police operation exists to target burglary, which has increased since the onset of the recession. This includes working with partnerships to alert residents and encourage people to take security measures.
- The drug testing on arrest pilot in Hastings will be evaluated to determine how it should be taken forward in East Sussex.
- A local alcohol strategy will be developed in response to a new national strategy and changes in public health funding arrangements.

- There had been a decrease in violent crime which is thought to be recession-related, with less drinking occurring in towns. However, there has been an increase in domestic violence as more alcohol is consumed at home.
- National changes to anti-social behaviour policy will be discussed by the partnership. East Sussex has been a pilot area for some of the new measures so will be in a good position to implement the changes.

6.4 The Committee noted that it would be helpful to highlight the health and wellbeing impacts of community safety activity in future reports.

6.5 RESOLVED to:

(1) request a further overview in June 2013.

(2) consider, at the forthcoming awayday, whether to add a report on the joint delivery unit to the Committee's work programme.

## 7. IMPLEMENTATION OF SELF DIRECTED SUPPORT WITHIN ADULT SOCIAL CARE

7.1 The Committee considered a report by the Director of Adult Social Care which gave an overview of progress with the implementation of self-directed support (SDS).

7.2 The Assistant Director (Operations) advised the Committee that targets for the introduction of SDS had been exceeded and the department was now focusing on increasing choice and control (e.g. through direct payments), changing the culture and systems in terms of how assessors interact with clients and carers, and developing the local market in care services.

7.3 The following points were made in response to the Committee's questions:

- There is scope to increase take-up of direct payments, but the level of support needs to be improved in order to increase the threshold of people who can manage them. A balance must be struck between reducing bureaucracy whilst maintaining accountability for public funds.
- Direct payments are likely to remain a high priority nationally and a key area of focus locally. Efforts to encourage take-up will be targeted at tier three of the SDS pathway (when long term needs have been identified). At this point the option of a direct payment is expected to be actively discussed. An improved take-up across all age groups is anticipated as a result of this approach.
- Personal budgets take account of the employment/overhead costs of care staff employed through direct payments or through the personal assistant agency pilot, therefore choosing this type of service does not affect the amount of direct care available to clients.
- The department is looking to extend the support available to self-funders, potentially including opening the personal assistant agency service to this group.
- Micro and small providers can access support from local enterprise organisations in relation to general business issues. The Council offers support through the Support with Confidence Scheme.
- A range of methods are used to obtain client feedback including the Personalisation Advisory Group, surveys, representation on partnership boards and feedback direct to staff.
- The capacity issues in occupational therapy, which were identified during the LEAN pilot, are being addressed through Project Pathway. The demand for the service has been analysed to assess the capacity needed. As a result, there has been a slight increase in the workforce and some tasks have been reallocated to other staff, enabling therapists to focus on the more complex work which requires their skills.

7.4 RESOLVED to request a further progress report in June 2013.

## 8. DEVELOPING THE LOCAL MARKET

8.1 The Committee considered a report by the Director of Adult Social Care which provided an introduction to the department's activity to develop and support the local care market to deliver personalisation. It was noted that this report complemented the previous agenda item on self directed support.

8.2 The Head of Policy and Service Development highlighted the need to join up the market development work with the ongoing culture shift amongst staff in order to increase their knowledge of the range of personalised care options available.

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

- The support available to people interested in starting or developing a social care business is available to all, including any council staff who may be considering this.
- The market position statements aim both to attract new providers, and to encourage existing providers to develop their services. It is important for services to be embedded in the local area and it is more difficult to draw in non-local providers.
- There are a number of opportunities to expand the use of East Sussex 1Space in the future. These will need to be prioritised in the context of limited resources to identify how it can bring most value.
- The department's intention is to stimulate the market via one-to-one work with providers and through the market position statements, focusing on where there are gaps. In terms of Support with Confidence, this includes encouraging providers from all areas of the county to register with the scheme so that there is a good geographical spread. Local Members can have a role in highlighting the scheme to local businesses.

8.4 RESOLVED to request a progress report in June 2013.

## 9. INTEGRATED JOINT COMMISSIONING IN EAST SUSSEX

9.1 The Committee considered a report by the Director of Adult Social Care which provided an update on new arrangements for integrated joint commissioning for key client groups in East Sussex.

9.2 The Director highlighted the following points:

- Due to significant challenges in the local health economy, joint commissioners are currently focused on health service issues such as the Quality, Innovation, Productivity and Prevention (QIPP) programme. Ensuring health economy sustainability is also important for Adult Social Care due to the close relationship between the two sectors.
- Clinical Commissioning Groups (CCGs) have made a commitment to sustain the existing joint commissioning arrangements but there is significant work to do on how the new commissioning arrangements will fit together, as it will be a more complex picture in the future.

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

- The voice of service users and the community has been embedded in joint commissioning strategies, which are based on needs assessment and engagement. The CCGs support this model and Adult Social Care will ensure its continuity, including the approach to engagement.
- The membership of the Joint Commissioning Board reflects the current period of transition to new organisations in the health service. The Board's role is to ensure the implementation of strategies agreed by statutory organisations through their usual decision making processes. The Board provides cross-system accountability at officer level for the delivery of business plans.

- Ongoing lay representation in jointly commissioned services is through the partnership boards.
- The Health and Wellbeing Board will take a strategic overview of joint commissioning rather than be directly involved in the management of these arrangements.

9.4 RESOLVED to:

(1) Request a further update in November 2012.

(2) Arrange for one or two Members of the Committee to attend a meeting of each of the partnership boards in order to gain a greater understanding of their role.

10. MENTAL HEALTH SERVICES

10.1 The Committee considered a report by the Director of Adult Social Care which provided an update on progress following the transfer of management of mental health staff to Adult Social Care in April 2010 and a previous report to the Scrutiny Committee in June 2011.

10.2 The Head of Operations (Mental Health) highlighted the demonstrable improvement in performance over the past two years. He informed the Committee that the team's focus was now on consolidating this and continuing the cultural adjustment to local authority management following a lengthy period under NHS management. He also highlighted the need to adjust to new developments such as the introduction of neighbourhood support teams which would have a particular impact on older people's mental health services.

10.3 In response to a question on services for younger people with dementia, the Committee was advised that this group still represented a small proportion of people with the condition, but is expected to grow as diagnosis improves. Adult Social Care directly provided services and some independent sector homes had amended their registration with the Care Quality Commission in order to take people aged under 65. However, services will need to be developed to reflect the differing needs of this group, who are less physically frail, and it may become necessary to commission a specialist service in the future.

10.4 RESOLVED to conclude monitoring of this service, in light of the improved performance, unless any significant new issues emerge.

11. SCRUTINY REVIEW: DEMENTIA – CARING FOR PEOPLE WITH CHALLENGING NEEDS

11.1 The Committee considered a report by the Chairman of the Review Board which presented the outcomes of the Review.

11.2 The Director of Adult Social Care informed the Committee that there may be an opportunity to bid for regional funding to undertake some pilot work on dementia friendly community status. This would enable the benefits and costs to be evaluated.

11.3 The Committee agreed that it would be helpful to add an additional sentence to paragraph 37 of the draft report in order to clarify that early intervention and appropriate intervention by trained staff could mitigate the impact of challenging behaviour.

11.4 Subject to the amendment to paragraph 37, RESOLVED to endorse the report and make recommendations to Cabinet for comment and County Council for approval.

12. SCRUTINY COMMITTEE WORK PROGRAMME

12.1 The Committee considered its current work programme and noted that there would be an opportunity for a full review at the forthcoming awayday.

12.2 RESOLVED to update the work programme.

13. FORWARD PLAN

13.1 The Committee considered the Forward Plan for the period to 30 September 2012.

13.2 RESOLVED - to note the Forward Plan.

The Chairman declared the meeting closed at 1.14pm