

## 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 6 September 2012

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PRESENT:	Councillor Pragnell (Chairman) Councillors Healy, Ost, Taylor, Mrs Tidy and Webb 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:	Tamsin Peart, Strategic Commissioning Manager (Carers) Deborah Winterburn, Head of Occupational Therapy Mark Stainton, Assistant Director (Operations) Shane Heber, Head of Directly Provided Services Gemma Dawson, Intermediate Care Programme Manager Paul Welch, Operations Manager (Intermediate Care) Caroline Lees, NHS Programme Manager Caroline Brown, Commissioning Manager (ICES) Louisa Havers, Head of Performance and Engagement

### 14. MINUTES OF LAST MEETING

14.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 14 June 2012.

### 15. APOLOGIES

15.1 Apologies for absence were received from Councillor Scott, for whom Councillor Webb acted as a substitute, and from Councillor Barnes and Dr Laurie Bush.

### 16. DECLARATIONS OF INTEREST

16.1 Councillor Taylor declared a personal, non-prejudicial interest as the owner of a care home which provides respite care and as his family is involved in the provision of reablement services.

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

16.3 Councillor Webb declared a personal, non-prejudicial interest as a former Lead Member for Housing at Hastings Borough Council and as the Hastings Borough Council representative on the Sussex Shadow Police and Crime Panel.

16.4 Councillor Mrs Tidy declared a personal, non-prejudicial interest as a close relative has used the Integrated Community Equipment Service and Hearing Resource Centre.

16.5 Councillor Bentley declared a personal, non-prejudicial interest as a carer.

## 17. REPORTS

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

## 18. HEALTH REFORM UPDATE

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

- The authorisation process for Clinical Commissioning Groups (CCGs) is reaching its conclusion, with Hastings and Rother and Eastbourne, Hailsham and Seaford CCGs in the October tranche and High Weald, Lewes and Havens CCG in the November tranche for submitting applications.
- Significant human resources processes are underway in the NHS to establish the new organisations and staff are in transition between old and new roles.
- The NHS Commissioning Board is establishing its Surrey and Sussex Local Area Team, and Amanda Fadero, current Chief Executive of NHS Sussex, has been appointed its Director.
- There is further work needed to understand how CCGs will operate in relation to the NHS Commissioning Board, the Commissioning Support Service, Clinical Senate and local authorities.
- There are ongoing challenges in the local health economy regarding finance and recovery plans are being developed. There are activity pressures at local acute Trusts from East Sussex, particularly East Sussex Healthcare NHS Trust. The implications of recovery actions are not yet clear.

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

## 19. SCRUTINY REVIEW OF RESPITE CARE: TWELVE MONTH UPDATE

19.1 The Committee considered a report by the Director of Adult Social Care which updated the Committee on progress made against the action plan resulting from the Scrutiny Review of Respite Care.

19.2 The Strategic Commissioning Manager (Carers) highlighted the following points:

- Terminology issues are being addressed through Project Pathway, although this is complicated by different definitions used within legislation.
- 21 GP practices have signed up to the Carers' Charter with Care for the Carers.
- The additional NHS funding for carers is expected to enable the re-establishment of carer liaison posts in hospitals.
- The extension of the Carers' Respite Emergency Service to cover a wider range of circumstances (such as carers' medical appointments) is being considered.
- A survey of approximately 10% of carers will be undertaken in October 2012.
- The assessment process has now changed so that carers should be passed on directly for an initial assessment, thus removing the need to send information in the post before an assessment.
- The additional funding is also likely to be used to extend respite services, for example extending the Hastings free sitting service county-wide and expanding the crisis/short-term service from rural areas into Hastings and Eastbourne. The development of dementia carers' breaks is also being considered.
- The new rolling respite process is working well.

- 13 Care for the Carers support groups are in place across the county, but further development of groups with specific interests is planned, for example groups for mental health carers, and black and minority ethnic carers in Hastings.

19.3 The Director of Adult Social Care explained that the extra carers funding would be used to build on the Carers' Strategy priorities and needs assessment and additional investments for 2012/13 had been agreed by the Joint Commissioning Board. Despite the pressures on the local health economy, carers remain a priority and this is expected to continue with CCGs in the future, particularly as carers services have been highlighted in the NHS Operating Framework. However, there will be a challenging financial context.

19.4 The following points were highlighted in response to questions:

- Further information on the numbers of carers receiving respite and outcomes of the carers' survey could be made available to the Committee, in order to provide a clearer picture of whether carers feel that their experience is improving.
- The new assessment process is about to begin and its impact will be monitored.
- A glossary of terminology is being developed as part of Project Pathway. This is aimed at practitioners, but the leaflet and website information aimed at carers will also be reviewed.
- It is unlikely that all stakeholders will use the same terminology for respite and short breaks, but it is important to note that terminology does not affect the actual support provided.
- The numbers of carers receiving personal budgets is increasing and is monitored through the quarterly reporting process, but there is always room to improve.
- Carers have reacted positively to the planned changes to processes under Project Pathway but will want to see how they are implemented in practice.
- The NHS Operating Framework sets out some expectations for how additional NHS funding for carers should be deployed, for example on supporting short breaks. However, it is also expected that local health economies base decisions on a local needs assessment (as part of the Joint Strategic Needs Assessment) and engagement with carers. Locally, carers do not necessarily want all the additional funding to be spent on short breaks, so local flexibility is being used by the NHS and Adult Social Care to agree priorities for East Sussex.

19.5 RESOLVED to:

- (1) Request a report in November 2012 giving an overview of developments with carers' services, to include carers needs assessment, strategy and deployment of additional funding.
- (2) Request a report in March 2013 on the outcomes of the carers' survey.
- (3) Request a further progress report in March 2013 on the recommendations of the scrutiny review of respite care.

## 20. DISABLED FACILITIES GRANT AND ADPTATIONS SUPPORT

20.1 The Committee considered a report by the Director of Adult Social Care which gave an update on the work undertaken jointly with the District and Borough Councils to develop an adaptation support service and support clients to identify alternative housing options.

20.2 The Head of Occupational Therapy highlighted the following points:

- The new approach to the Disabled Facilities Grant (DFG) is delivering the outcomes set out and has been very positive.
- The Adaptation Support Service contract in Hastings and Rother is meeting its key performance indicators. Rother District Council is leading work on the future of the contract.

- A different model is operating in the west of the county. This is effective but creates more work for occupational therapists, so there is a need to review it.
- 20.3 The following points were made in response to questions:
- Client feedback is collected in relation to the Adaptation Support Service. Anecdotal feedback on the Housing Solution Service has been very positive and feedback on the occupational therapy service is positive, but this is not specific to DFG work.
  - The outcomes of the Housing Solution Service will be shared with the two district councils not currently participating and it is a decision for individual authorities whether they wish to adopt the model. The evidence regarding outcomes appears compelling.
  - Although different models operate in some parts of the county, the overall approach in terms of looking for alternatives to major adaptations is consistent.
  - There was no suitable bid submitted for the Adaptations Support Service in Lewes, Wealden and Eastbourne and Adult Social Care continues to work on developing the market where there are gaps.
  - Moving to alternative accommodation is always the choice of the client – the role of the service is to present the pros and cons of adaptations and how far they will be able to meet the client's needs. A maximum of £30k is available through the DFG.
  - The overall approach is co-ordinated by the Member-led Supporting People Forum which has a mixed level of attendance.
- 20.4 RESOLVED to request further information on client feedback about the services.

## 21. REABLEMENT UPDATE

21.1 The Committee considered a report by the Director of Adult Social Care which provided an update and progress report in respect of the development of integrated reablement services within East Sussex.

21.2 The Head of Directly Provided Services, accompanied by the Intermediate Care Programme Manager, the Operations Manager (Intermediate Care) and the Joint Implementation Manager, highlighted the following points by way of introduction:

- The Adult Social Care Living at Home Service was re-launched two years ago, and included the development of bespoke reablement training for staff.
- Within the last year this service has come together with NHS rehabilitation services to form a specialist integrated reablement and rehabilitation service, known as the Joint Community Rehabilitation Service (JCR).
- The service is accessed via GPs and gives them direct access to both health and social care for patients for the first time. GPs are very supportive of the service and feedback has suggested reduced duplication.
- The JCR is based around three areas with central support.
- The staff from both NHS and social care backgrounds are very positive about working together and can see the benefits of the integrated approach for patients. They welcome the removal of the need to make referrals between teams.
- Clients receive the benefits of a responsive service, without boundaries, whilst still seeing familiar faces.
- In the last quarter 65% of people referred to the service required no ongoing care. This is an increase from the 49% which had been attained by the Living at Home Service. It has also been possible to extend the hours of the service and provide it 7 days a week.
- The JCR represents the first step towards wider integration of health and social care community teams in East Sussex.

21.3 The following points were made in response to questions:

- The model has been developed over the past two years. A local pilot added to the national evidence available to support the introduction of the JCR.
- There is significant evidence from both health and social care of the success of the approach being taken. Savings are expected as a result of making the service available seven days a week and undertaking more preventative work which will avoid attendances at A&E departments.
- Rigorous performance monitoring is being put in place to ensure realistic forecasts are made about the impact of integrated services.
- Additional funding has been made available for the first two years of the service but this is the starting point for an evidence-based wider shift in resources from acute to community settings. There is an underlying strategic risk in achieving this shift.
- A pool of staff with the right mix of specialist skills is being developed in each area and the aim is to work in an interprofessional way, sharing skills so that there is continuity when staff move on.
- There is a significant lead in time for recruiting staff, due to the training they need to complete, and an ongoing recruitment drive is underway. Attention is paid to retaining staff within the service. They are highly motivated and enjoy working in client's homes.
- The service is jointly commissioned by Adult Social Care and the NHS – this is currently the Primary Care Trust but will in future be a decision for the Clinical Commissioning Groups (CCGs). The CCGs have been heavily involved and are very supportive.
- The Ambulance Trust is a key partner in developing pathways as they are a key referrer. It is hoped that the service will give them easier access to alternatives to hospital admission. This will be significantly helped by the extended hours of the service. There are ongoing discussions about the sharing of information about patients to support prevention of acute admissions. The Ambulance Trust is also helping to train call handlers.
- Additional occupational therapy and physiotherapy staff are being recruited to cover the extended seven day service and it is anticipated that recruitment will be possible given the innovative nature of the service. In the meantime locum staff can be used.
- There are a number of issues arising from two different services coming together, which must be worked through, for example IT. The development of the service has taken a bottom-up approach, starting with the staff who have great commitment to working together and can see the benefits to them and their clients. This is demonstrated by their willingness to work flexibly to cover the extended hours of the service.

21.4 RESOLVED to:

- (1) Commend progress with developing integrated services and the enthusiasm of staff.
- (2) Request a copy of the more detailed report on evidence supporting the service model.
- (3) Request a further progress report in September 2013.

22. INTEGRATED COMMUNITY EQUIPMENT SERVICES (ICES) – ADULT PROVISION

22.1 The Committee considered a report by the Director of Adult Social Care which provided an update on the recommissioned Integrated Community Equipment Service (ICES).

22.2 The following points were made by the Commissioning Manager for ICES in response to questions:

- Anecdotal feedback about the service had been positive, but this will be reviewed.

- The equipment provider does not track whether equipment remains in use but clients/carers can contact them if it is no longer required. The cost of retrieving the equipment must be balanced against the cost of buying a replacement. It is not always possible to re-use equipment if there is damage or if there are hygiene issues.
- There has been positive feedback on the new delivery arrangements for equipment, but collection is more complex as the effective use of resources must be considered. The collection of more expensive and re-usable items is prioritised.
- Reviews of clients' needs by Adult Social Care should include a review of the ongoing need for equipment.
- It is expected that the market in relation to minor adaptations will continue to grow and the department has been testing out different ways to package contracts.
- The approach to commissioning ICES will continue to develop as it is a critical element of reablement services and the planned integrated Neighbourhood Support Teams, which are likely to increase the demand for equipment.
- Previously considered approaches, such as issuing prescriptions for equipment and clients choosing their own supplier, had not proved viable in terms of delivering what was needed from the service.
- The performance of the minor adaptations contract has improved significantly over the past six months and there will be further meetings with the contractor to resolve issues such as defining the costs of specific adaptations to determine whether they fall within the £1k bracket for this service.
- Adult Social Care requires assurance of work undertaken as a result of an assessment carried out by the department, so it is not possible for a client to employ their own contractor.

22.3 RESOLVED to request a report on the outcomes of the forthcoming review of ICES in March 2013.

## 23. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

23.1 The Committee considered a report by the Chief Executive which set out the draft policy steers and priority issues for 2013/14.

23.2 The Lead Member for Adult Social Care highlighted the ongoing challenges in terms of resources and the need to be clear and honest about what is deliverable. This was reflected in proposed changes to certain policy steers to make them more focused. The Director of Adult Social Care supported the need for transparency of decisions and priorities given that in four years time the department would have a budget £34m lower than this year, alongside increasing demographic pressures.

23.3 The Committee considered the draft policy steers and made the following observations:

- Adult Social Care policy steer 1 – The Committee questioned the extent to which choice and control is achievable with reduced resources. The Director acknowledged the tension between economies of scale and increasing flexibility and choice, but emphasised the importance of maintaining the progress which had been achieved.
- Adult Social Care policy steer 3 – The Committee questioned the focus on reablement and the removal of the reference to prevention, but noted the intention that steers focus on areas of change and priority rather than attempting to cover all aspects of the department's work.
- Adult Social Care policy steer 4 – It was noted that the proposed change from 'vulnerable adults' to 'adults at risk' reflected a national change in terminology. However, the Committee recommended that the steer be reworded to read 'Improve safeguarding of adults at risk...' to improve the clarity of the steer's intentions.

- Community Safety policy steer 1 – The Committee noted that the wording reflects uncertainties related to the election of a Police and Crime Commissioner (PCC), and the need to work in partnership.

23.4 The Committee considered and endorsed the proposed priority issues.

23.5 The Committee considered the budget breakdowns and noted the uncertainties regarding future use of those community safety grants which would come under the control of the PCC. It was explained that the PCC may decide to retain existing priorities and could continue to route grants through the Council. Core staff and some grant funding will remain with the department, and the case would be made to the PCC to support current priorities and initiatives.

23.6 RESOLVED to:

- (1) recommend the re-wording of Adult Social Care policy steer 4 to Cabinet.
- (2) endorse the proposed priority issues.
- (3) establish an RPPR Board to meet on 7 January 2013 to review the detailed portfolio and budget plans, key outcomes and targets and emerging savings strategy.
- (4) request consideration of the potential co-option of a member of the Police and Crime Panel to the Committee to replace the current Sussex Police Authority representative.
- (5) Thank Marcus Gomm, Head of Safer Communities, for his input to the Committee and the community safety agenda.

#### 24. SCRUTINY COMMITTEE WORK PROGRAMME

24.1 The Committee considered its current work programme.

24.2 RESOLVED to update the work programme.

#### 25. FORWARD PLAN

25.1 The Committee considered the Forward Plan for the period to 31 December 2012.

25.2 RESOLVED - to note the Forward Plan.

The Chairman declared the meeting closed at 12.50pm