

## 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 8 November 2012

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PRESENT:	Councillor Pragnell (Chairman) Councillors Barnes, Healy, Ost, Scott, and Taylor 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 Alice Webster, Director of Nursing, East Sussex Healthcare NHS Trust Barry Atkins, Head of Strategic Commissioning Tamsin Peart, Strategic Commissioning Manager Deborah Winterburn – Head of Occupational Therapy

### 26. MINUTES OF LAST MEETING

26.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 6 September 2012.

### 27. APOLOGIES

27.1 Apologies for absence were received from Councillor Mrs Tidy and Dr Laurie Bush.

### 28. DECLARATIONS OF INTEREST

28.1 Councillor Taylor declared a personal, non-prejudicial interest as the owner of a care home which provides respite care.

28.2 Councillor Pragnell declared a personal, non-prejudicial interest as he is applying for a blue badge on behalf of a close relative.

28.3 Councillor Scott declared a personal, non-prejudicial interest as a member of the Fire Authority.

28.4 Cllr Elkin declared a personal, non-prejudicial interest as a family member has a blue badge.

28.5 Cllr Bentley declared a personal, non-prejudicial interest as a family member has a blue badge and he is a carer.

28.6 Ms Colvert declared a personal, non-prejudicial interest as she has a blue badge.

### 29. CHAIRMAN'S BUSINESS

29.1 The Chairman and Committee registered their congratulations in relation to East Sussex's receipt of an award for 'best Compact'.

29.2 The Chairman noted that, soon after the election of a Police and Crime Commissioner on 15 November 2012, Sussex Police Authority would cease to exist. Dr Laurie Bush would therefore cease to be a co-opted representative of the Authority on the Scrutiny Committee. In future the primary link would be to the Police and Crime Panel, on which Cllr Elkin currently sits as the East Sussex County Council representative.

### 30. REPORTS

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

### 31. HEALTH REFORM AND JOINT COMMISSIONING UPDATE

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

- Clinical Commissioning Groups (CCGs) have appointed their designate Chief Operating Officers and further appointments will be made over the coming weeks.
- A joint commissioning workshop was held in October with key stakeholders, including GPs and Chief Operating Officers from CCGs and joint commissioning staff. It was decided that existing joint arrangements would continue and possible extension of the arrangements to cover more services would be considered in 2013.
- CCGs are focused on issues associated with budgets and their authorisation process, which has reached the point of site visits.
- There are real resource challenges in the local health economy and further input from the Strategic Health Authority or NHS Commissioning Board Local Area Team may be forthcoming, with specific actions required.

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

### 32. SAFEGUARDING ADULTS AT RISK PROGRESS REPORT

32.1 The Committee considered a report by the Director of Adult Social Care which updated the Committee on the progress of the Safeguarding Adults at Risk agenda in East Sussex.

32.2 The Assistant Director – Operations informed the Committee that the number of safeguarding alerts received from care homes for elderly mentally infirm (EMI) residents had decreased since the launch of the dementia 'good practice guide' for homes. This guide has been well received and will be adapted for use in other settings. It is also being shared nationally.

32.3 The Director of Nursing at East Sussex Healthcare NHS Trust (ESHT) confirmed the strength of the multi-agency approach taken by the Safeguarding Adults Board.

32.4 The following points were made in response to questions:

- The number of deprivation of liberty safeguards (DoLS) referrals in East Sussex is relatively high compared to other local authority areas. There is more to be done to raise awareness amongst providers of when to make a DoLS request. Patterns are analysed and follow-up takes place with services where there is a lack of requests.
- A policy is in place regarding self neglect which requires agencies to develop a joint plan and to persevere. However, if a person has mental capacity they are entitled to

make choices. By keeping in contact with them and taking a proactive approach agencies are on hand, ready to intervene if support is asked for.

- There is ongoing work between East Sussex Fire and Rescue Service, Adult Social Care and the NHS regarding fire safety for vulnerable people. Following a recent fire death a new process is being introduced at ESHT to identify vulnerable people on discharge from hospital. It is planned to extend this approach to other neighbouring NHS Trusts. Links are also in place with community services and staff can make referrals to the fire service who are keen to receive them.
- The biggest issues identified in relation to recent fire deaths included mobility and smoking. There are potential additional risks for people with dementia, and telecare is being considered as a way to address these.
- Both Adult Social Care and ESHT have staff leading on end of life care, which relates to care in the last year of life. The use of the Liverpool Care Pathway, which is an approach to managing the last 72 hours of life, is monitored by ESHT. A protocol is in place regarding the moving of patients at the end of life to other settings, including hospices.
- The impact of dementia patients in hospitals is acknowledged, both for the patient themselves, other patients and staff. ESHT has a dementia lead in place and 93 dementia champions working across the Trust's services. A new training programme has led to changes in practice and the Sussex-wide dementia partnership continues to work on these issues.
- Safeguarding is a core competency for Adult Social Care staff and this is checked in appraisals. ESHT has a mandatory awareness session for all staff and further training is provided dependent on the nature of the job. A range of free of charge training is available to the independent and voluntary sector. The Care Quality Commission checks training records when services are inspected.
- The Performance and Quality Framework is focused on Adult Social Care as the lead authority but it has been developed by a multi-agency group. It would be possible to include more context on how the framework relates to other documents and how it is monitored.
- New NHS organisations are in the process of considering how they will participate in safeguarding work. The Safeguarding Adults Board holds partners to account for making appropriate contributions. The Health and Wellbeing Board will receive a report on safeguarding in February 2013.

32.5 The Lead Member for Adult Social Care commented on the significant improvement in the information available to support monitoring of safeguarding activity and thanked staff and the Safeguarding Board for developing this.

32.6 RESOLVED to:

- (1) note the East Sussex Safeguarding Adults Board Annual Report March 2011-April 2012 and the East Sussex Safeguarding Performance, Quality and Audit Framework.
- (2) request a further annual report in September 2013.
- (3) request a separate report on end of life care at a joint session with representatives of the Health Overview and Scrutiny Committee.

### 33. CARERS' STRATEGY

33.1 The Committee considered a report by the Director of Adult Social Care which provided information on recent developments in relation to carers' services.

33.2 The Head of Strategic Commissioning informed the Committee that three years of NHS funding for carers' services had been agreed by the Primary Care Trusts (£1m in 2012/13, £2.4m in 2013/14 and £4m in 2014/15). However, as CCGs will now take over commissioning responsibility from April 2013 the latter two years funding arrangements have

yet to be confirmed. CCGs have requested an additional report setting out proposed areas of spending which will be considered by the Joint Commissioning Board in January 2013. This timing will enable the recently completed refreshed needs assessment to influence priorities, particularly the limited number of gaps identified, many of which relate to health issues. National guidance specifies that a significant amount of the NHS funding should be used to provide breaks for carers. Overall, the aim is for a balance of universal and targeted services.

33.3 The following points were made by the Head of Strategic Commissioning and the Strategic Commissioning Manager - Carers in response to questions:

- It will be necessary to demonstrate the benefits of services to carers' health and/or the NHS to secure funding from CCGs.
- The NHS Operating Framework does signal a clear intention for the NHS to fund carers' services and local CCGs have been reminded of this.
- There are some practical issues arising from the inability to commission services beyond the initial six month period of 2012/13 for which funding is agreed.
- The business case for supporting carers is very strong. However, it is necessary to demonstrate that this case applies to health and wellbeing as well as social care.
- Local evidence is available via Brighton University and demonstrator site projects. National research on the economic impact is also available broken down to local level.
- The use of a 'carer prescription' would complement the work already being delivered in primary care through Care for the Carers and the Carers' Charter. It would offer GPs an immediate response they can provide when a carer is identified. Different models for the prescription are being examined and the GP lead for ICT is being involved. It is hoped that a proposal will be developed by the new year.

33.4 RESOLVED to request further updates as part of progress reports on the Scrutiny Review of Identifying Carers.

#### 34. SCRUTINY REVIEW: IDENTIFYING CARERS IN EAST SUSSEX: SIX MONTH PROGRESS REPORT

34.1 The Committee considered a report by the Director of Adult Social Care which provided an update on progress made against the recommendations of the Scrutiny Review into Identifying Carers.

34.2 The Head of Strategic Commissioning informed the Committee that Care for the Carers has noted increased usage of services which may be related to carers whose 'cared for' person is not funded by Adult Social Care. Figures will be examined through regular monitoring of contracts with Care for the Carers.

34.3 The following points were made by the Head of Strategic Commissioning and the Strategic Commissioning Manager - Carers in response to questions:

- 31 of 108 GP practices have so far signed up to the Carers' Charter. Not all have yet been approached.
- The work commissioned from Newhaven Community Development Association regarding working carers is a relatively small project with small and medium sized firms to develop human resources practices to include carers and to offer tailored advice where needed. It reports quarterly on progress.
- Changes introduced to assessment processes through Project Pathway are designed to offer a more immediate response to callers. This means there is now initial phone contact and face to face follow-up where needs are more complex, thus negating the need to post out assessment forms for carers to complete.

- Volunteers are already part of the two sitting services commissioned by Adult Social Care which are in the process of being extended county wide. It is necessary to consider how best to use volunteers who may have limited availability.
- The expanded respite service to cover carers' medical appointments will initially be offered to those with an existing home based respite or home care service, meaning that the service will be delivered by existing providers.
- The Carers' Discount Card has been growing significantly since its launch.

34.4 RESOLVED to:

- (1) Request a further progress report in June 2013; and
- (2) Request a briefing note on take up of the Carers' Charter, highlighting any patterns in terms of take-up, 'refusal' rates and the proportion of the population covered by the practices signed up to the scheme.

35. BLUE BADGE SERVICE

35.1 The Committee considered a report by the Director of Adult Social Care which provided an update on the Blue Badge Service.

35.2 The Head of Occupational Therapy tabled a breakdown of complaints and enquiries in relation to the Blue Badge Service which is appended to the minutes. She made the following points to supplement the written report:

- The issuing time has reduced from 8-10 weeks to now 4-6 weeks for a renewal and 8 weeks for a new application.
- The 'Badger' system, which will interface between the two IT systems needed to administer the service, is due to be active by the end of November.
- As blue badges must be renewed every three years it will take this long to fully review/renew all existing badges under the new system. Once completed, this will yield benefits in terms of reduced fraud and misuse.

35.3 The following points were made by the Director of Social Care and the Head of Occupational Therapy in response to questions:

- Mobility assessment clinics are available across the county and are held in affordable venues which meet health and safety requirements such as libraries, day centres or council offices.
- Those who automatically qualify for a blue badge are not required to attend a clinic. Other applications go through an initial screening process using information already held by Adult Social Care and this may determine eligibility. The clinics are aimed at applicants who do not automatically qualify and where there is insufficient existing information available.
- Blind applicants would receive assistance from the person whose car will be used. New style badges include very clear instructions regarding the correct way to display badges, which is also in Braille on the badge, and an information booklet is included.
- Use of email and e-transactions to reduce postage costs will be explored through the County Council's new ICT strategy.
- Complaints have now reduced to a steady state following an initial peak as the new system was introduced. However, it is expected that a level of complaints will be received on an ongoing basis throughout the initial three year cycle during which all badges will be subject to review under new, clearer, decision making criteria.

35.4 RESOLVED to request an update report, including complaints data, to be circulated by email in June 2013.

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

36.1 The Committee considered a report by the Director of Adult Social Care which provided an update on progress made against the recommendations of the Scrutiny Review into Dementia – Caring for people with challenging needs.

36.2 The Head of Strategic Commissioning informed the Committee that, since the report had been written, the Council had been informed that the bids made to the national Dementia Challenge fund had been unsuccessful.

36.3 The following points were made in response to questions:

- The development of skills amongst homecare staff had focussed on the 12 framework providers who cover most of the Adult Social Care funded care. All of these providers had been involved in some way.
- There had been some impact on other approved providers but at a lower level, reflecting the limited resources available to support this work. However, it has been useful in testing out the levels of interest.
- Further levers can be built into the new specification which will be used to recommission home care. A range of sessions will be developed to run alongside the new contract.
- The national Dementia Challenge fund had been relatively limited, at £10m, which may have made successful bids more difficult to achieve. However, a significant part of the fund has been used to secure increased access to MRI scanning to support early dementia diagnosis, which will benefit East Sussex.
- It has not yet been possible to demonstrate an impact from the Care Home In-Reach service in terms of reduced hospital admissions. This will continue to be monitored but there is an imminent cost pressure which will need to be resolved.
- Adult Social Care continues to work well with the Alzheimer's Society but the recommendation to consider alignment of training programmes has not yet been progressed.

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

37. SCRUTINY COMMITTEE WORK PROGRAMME

37.1 The Committee considered its current work programme.

37.2 RESOLVED to update the work programme.

38. FORWARD PLAN

38.1 The Committee considered the Forward Plan for the period to 28 February 2013.

38.2 RESOLVED - to note the Forward Plan.

The Chairman declared the meeting closed at 12.45pm