

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 7 March 2013

PRESENT: Councillor Pragnell (Chairman)
Councillors Barnes, Healy, Ost, Scott, Taylor and Mrs Tidy

Scrutiny Lead Officer: Claire Lee, Scrutiny Lead Officer

Also present: Beverley Hone, Assistant Director – Strategy and Commissioning
Mark Stainton, Assistant Director – Operations
Barry Atkins, Head of Strategic Commissioning (Older People and Carers)
Caroline Brown, Commissioning Manager (ICES)
Tom Cleary, Project Manager (Falls Prevention Strategy)

39. MINUTES OF LAST MEETING

39.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 8 November 2012.

40. APOLOGIES

40.1 Apologies for absence were received from Janet Colvert, LINK representative. The Committee noted that this would have been Janet's last meeting as LINKs will be replaced by Healthwatch from 1 April 2013. The Committee expressed its sincere thanks to Janet for her considerable contribution over several years.

40.2 Apologies were also received from Councillor Elkin, Lead Member for Children's and Adults Services, Councillor Bentley, Lead Member for Adult Social Care and from Keith Hinkley, Director of Adult Social Care.

41. DECLARATIONS OF INTEREST

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

41.2 Councillor Scott declared a personal, non-prejudicial interest as the Lead Member with responsibility for highways related issues at Hastings Borough Council.

42. REPORTS

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

43. HEALTH REFORM AND JOINT COMMISSIONING UPDATE

43.1 The Committee considered a verbal update by the Assistant Director, Strategy and Commissioning which included the following main points:

- The Clinical Commissioning Groups (CCGs) in East Sussex continue to become established in advance of taking on formal responsibility from 1 April 2013.
- Hastings and Rother and Eastbourne, Hailsham and Seaford CCGs have both received authorisation but with conditions covering areas requiring further work. The latter had received conditions in the more formal guise of a Secretary of State direction, meaning that the NHS Commissioning Board would provide additional support and oversight of the CCG's finances and plans.
- High Weald, Lewes, Havens CCG is in a later wave, with an authorisation announcement anticipated in mid-March. It is also expected to be authorised with conditions, as with many CCGs nationally.
- One of the key challenges for the CCGs is the development of integrated strategic plans which are financially sustainable, given the challenging financial outlook for the local health economy as a whole. This context is likely to have implications for joint commissioning.
- The CCGs have indicated their commitment to maintain the current joint commissioning arrangements with the Council and a new memorandum of understanding will be developed. The terms of reference of the Joint Commissioning Board (JCB) will also be reviewed to improve effectiveness and reflect the transfer of formal responsibility to the CCGs.
- Consideration is being given to establishing a commissioning operational group to support the JCB by focusing on delivery and assurance of plans.
- The joint NHS/Adult Social Care vision for integrated working in the community has remained consistent and continues to be progressed.

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

44. FALLS PREVENTION AND FRACTURE LIAISON PROGRAMME UPDATE

44.1 The Committee considered a report by the Director of Adult Social Care which updated the Committee with progress on the development of services outlined in the Falls and Fracture Liaison Service Development Business Case.

44.2 The Project Manager (Falls Prevention Strategy) informed the Committee that current falls prevention services, whilst doing good work, were not seeing the number of people which would be expected based on the county's demography. In addition, the services have inequitable coverage across the county, with a focus on Eastbourne and Hastings. The revised services being commissioned aimed to address these issues, key changes being:

- The commissioning of external providers to deliver exercise classes, thus freeing up the falls service and enabling it to refocus its work and support more people.
- The provision of more information by the falls service to other services, getting the issue onto the mainstream agenda.
- The introduction of a fracture liaison service which aims to identify people who have experienced a fragility fracture and prevent this happening again, thus reducing the number of repeat fractures.

44.3 The following points were made in response to questions:

- ESCC Highways has a reporting system for problems with pavements and there are policies regarding installation of dropped kerbs. However, it should be noted that data indicates 60% of falls happen in the home.
- OTAGO is an evidence based programme of strength and balance exercises which originated in New Zealand and is now being adopted in the UK. It has been shown to make a measurable difference to the specific target group. There are other evidence based programmes and there may be future opportunities to broaden the range offered locally, potentially using the same pool of local providers – the approach

being taken is seen as having market development benefits beyond the initial tranche of courses.

- The procurement process for the exercise classes has not yet been formally launched but initial information has been circulated as widely as possible to alert potential providers. Providers will be required to meet certain criteria including the OTAGO qualification in order to be considered for the approved provider list. However, providers meeting other criteria can be supported with regard to obtaining OTAGO as Adult Social Care recognises the qualification is not yet widely held. The process will link into the Support with Confidence scheme.
- Falls are recorded at A&E departments and by the Ambulance Service (including patients who are not conveyed to hospital). The biggest concerns regarding causes of falls are the impact of medication on balance, inappropriate footwear and other hazards such as loose cables in the home. It may be possible to undertake further research on the causes of falls outside the home, but it is clear that there are a wide range of factors to be addressed.
- Data on falls in the High Weald, Lewes, Havens area is collated from a number of sources (as there are multiple hospitals serving this area) whereas data for the other two CCG areas is primarily from East Sussex Healthcare NHS Trust which is the main provider. There may therefore be differences in data recording which limits comparison between CCGs.
- Given the proportion of falls occurring in the home, the incidence of falls could increase as more people are supported to stay at home with higher level needs.
- Pilots of telecare technologies such as falls detectors, pressure sensors and movement monitors are taking place. These technologies are distinct from telehealth, such as home blood pressure monitoring. Using telehealth to identify an immediate risk of a fall, or to identify any changes which caused a fall, would necessitate constant monitoring of vital signs which is not an approach currently taken.
- The initial two years of pump priming funding for the services is intended to allow time for benefits to be measured and for the model to demonstrate value for money to commissioners. The potential savings to both health and social care through reducing falls are considerable.

44.4 RESOLVED to:

- (1) request a copy of the information circulated to potential providers of exercise classes.
- (2) request that officers liaise with ESCC Highways and other partners such as district and borough councils as appropriate to ensure that policies regarding roads and pavements take into account opportunities for falls prevention.
- (3) request a further progress report in 18 months.

45. INTEGRATED COMMUNITY EQUIPMENT SERVICE

45.1 The Committee considered a report by the Director of Adult Social Care which provided information on initial findings from a review of the Integrated Community Equipment Service (ICES) which is intended to inform future commissioning intentions

45.2 The Commissioning Manager for ICES informed the Committee that review findings suggested the service is generally working well and practitioners appeared to be satisfied with new on-line systems. One issue which had been raised is the speed of delivery/response, linked to use of 'urgent' orders which are more difficult to manage due to the uncertainty of making the delivery access arrangements, for example if clients are still in hospital and/or carers/relatives need to be contacted.

45.3 The following points were made in response to questions:

- The CCGs had indicated agreement to the overall NHS contribution to the ICES budget for 2013/14 and this would be confirmed at the Joint Commissioning Board on 20 March. The breakdown of this funding between the CCGs is to be determined.
- Although the practitioner survey provided useful feedback, the need to use other methods to gain feedback from prescribers is recognised, particularly as the service changes in response to demand.
- Further work will be undertaken in relation to the minor adaptations service, particularly in terms of how best to package the contracts.

45.4 RESOLVED to:

(1) conclude the Committee's monitoring of ICES in the light of:

- (i) improved performance and positive feedback from clients and prescribers
- (ii) the fact that regular reports are made to the ICES Commissioning Board

(2) request that the Committee is notified of any proposed major change to the service in the future.

46. CARERS SURVEY

46.1 The Committee considered a report by the Director of Adult Social Care which outlined the results of the national Carers Survey in East Sussex.

46.2 The Head of Strategic Commissioning (Older People and Carers) informed the Committee that, although there is a good evidence base for the provision of support services to carers in terms of health and social care benefits, the national evidence in relation to the benefits to carers themselves is less robust. As a result, the Department of Health had commissioned a national survey on carers' views. The survey results would enable some benchmarking with other local authorities, but otherwise added limited information to what is already known from local surveys, needs assessment and other feedback mechanisms in place in East Sussex.

46.3 The following points were made in response to questions:

- Although East Sussex appears to be slightly above average in terms of carers' overall satisfaction, the figure nationally is relatively low. Given ongoing financial constraints affecting Adult Social Care this is unlikely to increase in the near future and satisfaction may in fact deteriorate.
- Satisfaction levels in local surveys appear to be higher, but a different response scale is used which makes comparison difficult.
- The survey did identify a small number of potential safeguarding issues which were referred on. It is viewed as positive to have as many different routes for identifying safeguarding concerns as possible, and efforts to raise awareness have resulted in an increase in alerts. The number of these needing an investigation is, however, relatively stable.
- The set of questions used in the survey is specified nationally with limited local flexibility. However, there are a range of other ways feedback from carers is gathered locally.
- The future of the national survey is as yet unclear, but a national benchmarking report on the current survey results will be available shortly.

46.4 RESOLVED to request a copy of the national benchmarking report when available.

47. SCRUTINY REVIEW OF RESPITE CARE

47.1 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 of Respite Care.

47.2 The Head of Strategic Commissioning (Older People and Carers) informed the Committee that good progress had been made against the recommendations and that it had been possible to expand some services in 2012/13 due to additional NHS funding for carers' services. NHS funding levels for 2013/14 and 2014/15 are subject to ongoing discussion at the Joint Commissioning Board. Ongoing NHS funding would be required to maintain the expanded respite services and to enable further development.

47.3 The following points were made in response to questions:

- There are currently no GPs involved in developing the primary care pathway for carers and significant further work is required before it can be rolled out across the county. It is proposed to develop a tool which can be piloted with some practices during 2013/14. Although most GP practices keep a register of carers it can be challenging to engage practices in taking work with carers on to the next level.
- The national expectation of NHS funding for carers is underpinned by national evidence of the benefits. Local decisions need to be made at the Joint Commissioning Board on 20 March 2013 to enable commissioners to plan services for the coming year.
- There are currently no plans to expand the carers hospital liaison service to hospitals located outside the county due to limited resources. However, the extension of the home from hospital service to cover Brighton and Sussex University Hospitals NHS Trust sites is being considered.

47.4 RESOLVED to:

- (1) request an update by email regarding the outcome of the Joint Commissioning Board discussion on NHS funding for carers.
- (2) agree to conclude monitoring of this scrutiny review.
- (3) request a further update on developments with carers' services as part of a report on the Identifying Carers Scrutiny Review in June 2013.

48. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

48.1 The Committee considered a report by the Assistant Chief Executive, Governance and Community Services which asked the Committee to review scrutiny involvement in the RPPR process for 2012/13 and to make any suggestions for improving future processes.

48.2 The Committee made the following comments:

- The RPPR process remains helpful, open and transparent.
- The full Council forums held as part of the process are helpful, including discussion with Lead Members. However, geographically based groupings did not always work successfully due to considerable differences in the size of groups.
- The Scrutiny Committee RPPR Board process worked well.

48.3 RESOLVED to forward these comments for consideration as part of the review of the process.

49. SCRUTINY COMMITTEE WORK PROGRAMME

49.1 The Committee considered its current work programme.

- 49.2 RESOLVED to:
- (1) postpone items on self-directed support and developing the local market from June to September 2013 to spread the Committee's workload more evenly.
 - (2) recommend that an Committee awayday is held in July 2013 at an Adult Social Care facility, to include an overview of the department's strategy and performance.

50. FORWARD PLAN

50.1 The Committee considered the Forward Plan for the period to April 2013.

50.2 RESOLVED to note the Forward Plan.

The Chairman declared the meeting closed at 12.25pm