

## 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 13 June 2013

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PRESENT: Councillor Pragnell (Chairman)  
Councillors Barnes, Charlton, Clark, Taylor, Ungar and Webb  
Scrutiny Lead Officer: Claire Lee, Scrutiny Lead Officer  
Also present: Councillor Bentley, Lead Member for Adult Social Care  
Keith Hinkley, Director of Adult Social Care

### 1. MINUTES OF LAST MEETING

1.1 RESOLVED to confirm as a correct record the minutes of the last Scrutiny Committee meeting held on 7 March 2013.

### 2. APOLOGIES

2.1 Apologies for absence were received from Councillor Davies. The Committee noted that Councillor Taylor was acting as a substitute.

### 3. DECLARATIONS OF INTEREST

3.1 Councillor Taylor declared personal, non-prejudicial interests as the owner of a care home; a carer; and as members of his family are involved in providing reablement services.

3.2 Councillor Webb declared personal, non-prejudicial interests in relation to roles he holds at Hastings Borough Council, namely Chair of Resources Committee, Health and Wellbeing Board representative and former representative on the Sussex Police and Crime Panel (to May 2013).

3.3 Councillor Ungar declared a personal, non-prejudicial interest as Eastbourne Borough Council's representative on the Sussex Police and Crime Panel.

3.4 Councillor Barnes declared a personal, non-prejudicial interest as the County Council's representative on the Safer Rother Partnership.

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

### 4. REPORTS

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

### 5. HEALTH REFORM AND JOINT COMMISSIONING UPDATE

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

- Clinical Commissioning Groups (CCGs) have now been formally established (from 1 April 2013). Conditions have been attached to the authorisation given to Eastbourne, Hailsham and Seaford (EHS) CCG and High Weald, Lewes, Havens (HWLH) CCG. They will be aiming to have these removed by the end of the financial year, with this process being overseen by NHS England.
- Hastings and Rother (H&R) and EHS CCGs have a shared management team. HWLH has its own staff team but some posts, including the chief financial officer, are shared with Brighton and Hove CCG. Any reduction in management cost allowances for CCGs may be challenging for smaller CCGs with their own staff.
- All three CCGs in East Sussex meet regularly to co-ordinate on county wide issues.
- There are significant financial challenges to address in the local health economy (LHE), notably in the EHS and HWLH areas. Overall there is currently a £22m forecast deficit across the LHE.
- The Commissioning Support Unit (CSU) for Surrey and Sussex is not considered sustainable. It is expected that support services for local CCGs will be provided by other CSUs in the future, and a rationalisation of CSUs is likely across the country.
- NHS England has issued guidance regarding merger of CCGs, indicating that rationalisation may also occur amongst these bodies in the future.
- The policies of the different political parties with relation to health and social care were showcased at a recent NHS Confederation conference. Integration of health and social care is a key theme across the board, with the Labour Party policy being to transfer some responsibility for commissioning community health services to local authorities.

#### 5.2 RESOLVED to:

- (1) conclude regular verbal updates now that NHS reforms have taken effect.
- (2) focus on integrated delivery of health and social care through the Committee's ongoing work programme.

### 6. COMMUNITY SAFETY: ANNUAL REVIEW

6.1 The Committee considered a report by the Director of Adult Social Care which updated the Committee with performance in relation to Safer Communities in 2012/13 and the priorities and issues for 2013/14 highlighted in the Partnership Business Plan.

6.2 The Assistant Director (Planning, Performance and Engagement) informed the Committee that the Safer, Stronger Communities Fund had reduced by 50% and a further 25% reduction could be expected next year. The Police and Crime Commissioner will also take control of this fund from 2014/15, having decided to passport the funding to local authorities in 2013/14.

6.3 The following points were made in response to questions:

- Hate crime – learning disability bullying issues are a priority in the learning disability strategy.
- Road safety – most opportunities for casualty reduction through engineering measures have already been delivered, leaving limited scope for further improvement through this route. There would need to be a clear business case for further measures. The evidence now suggests that the primary focus should be on community responses.
- Road safety – 20 miles per hour zones: Sussex Police have indicated that these zones would need to be self-enforcing and evidence from current zones will need to be reviewed in order to assess their effectiveness in terms of casualty reduction. There would need to be an area by area approach to introducing further zones, based on making a business case.

- Road safety – antisocial driving is an element of the business plan and this is supported by the Police and Crime Commissioner. The need for community engagement is recognised and various approaches are being taken, including using parish council events.
- Reoffending – there will be national changes to the way prison discharge is managed and the role of local authorities over the next two years. Commissioning of prison health services is now led by NHS England but the County Council has ensured good links are in place with the local Drug and Alcohol Board and Lewes Prison.
- Drug and alcohol treatment – East Sussex data is generally very positive. There is an issue regarding the length of time in treatment for some people who are long term service users.

6.4 The Assistant Director also updated the Committee on the establishment of an integrated delivery team. Partnership staff from the County Council, East Sussex Fire and Rescue Service, Surrey and Sussex Probation Service and Sussex Police have been co-located in Eastbourne full time since July 2013, following an initial part time arrangement. The aim is to maximise the use of resources and the effectiveness of partnership working and indications are that this has been successful so far.

6.5 With regard to Safer Communities funding for 2014/15, the Assistant Director confirmed that there is an ongoing dialogue with the Police and Crime Commissioner's office about the Commissioner's plans. A Sussex-wide performance framework is being developed to enable the Commissioner to hold local partnerships to account. Work is also underway on commissioning arrangements as many contracts run beyond 2014/15 and any decommissioning would need to be planned for. It is anticipated that the Commissioner's plans will be clearer by the autumn.

6.6 RESOLVED to:

- (1) note the 2012/13 performance and 2013/14 priorities; and
- (2) request an email update on Police and Crime Commissioner plans with regard to Safer Communities funds in September 2013.
- (3) consider, at the Committee's next awayday, whether to undertake further scrutiny of drug and alcohol commissioning strategy.

## 7. EXTRA CARE HOUSING SCHEMES

7.1 The Committee considered a report by the Director of Adult Social Care which provided a progress update on the development of extra care housing schemes.

7.2 The Head of Strategic Commissioning (Older People and Carers) informed the Committee that there had been success in attracting investment beyond the Council's own contributions. The latest phase (phase 3) of schemes will be based on joint developments with independent providers in which the Council can spot purchase places rather than being responsible for the ongoing scheme and associated revenue commitment.

7.3 The following points were made in response to questions:

- Progress has been sustained since phase 1. Schemes take some years to develop from identifying need to opening, hence phase 2 schemes coming into use now.
- Although phase 1 involved a development in each district and borough area, each development has a different target group meaning it is important to have agreements in place for cross-border placements.
- Scheme design is evolving as lessons are learnt from previous developments and as best practice and technology evolves.

- There are links to wider housing agendas such as work on under-occupancy. The Council can help residents with equity release and newer schemes will offer shared equity options.
- Reductions in personal budgets as a result of pressures on Adult Social Care funding will impact on extra care housing residents as they are classed as living in the community and are subject to the same review process as people living in their own properties. However, the Council funds a certain level of staffing of extra care schemes which will be retained. The impact of reduced personal budgets for individuals is likely to be lower in extra care settings due to the economies of scale from residents being on the same site.
- New models are being trialled which would enable people to use their personal budget for some elements of care to enable more choice. This must be balanced with the extra care model which is based around a core provider for each scheme.
- Phase 3 will use a new approach where residents will use a direct payment to purchase a place.
- Evidence suggests that adapting an existing building to meet the needs of extra care eligible residents is more expensive than a purpose designed new build. With a new development there are opportunities to build in design features and technology which will reduce long term costs.
- Relationships with independent providers have been evolving over the last decade and it is expected that there will be a range of providers in the future.

7.4 RESOLVED to:

- (1) note the development of phase 1 and subsequent phases of extra care housing schemes in East Sussex; and
- (2) request that the full evaluation of phases 1 and 2 is circulated to the Committee when available.

8. SCRUTINY REVIEW: DEMENTIA

8.1 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 dementia: caring for people with challenging needs.

8.2 The Head of Strategic Commissioning (Older People and Carers) informed the Committee that:

- The Care Home In-reach Service evaluation will be completed at the end of July 2013.
- A version of the dementia good practice guide for home care providers is currently in development. There has been interest from other authorities in the original guide for care homes and the Council is supporting them to take forward their own work.
- The dementia information hub on the Council's website is due to go live imminently.
- Although it is currently not feasible to take forward a specific application for dementia friendly community status, there are a number of related initiatives underway including the Carers' Breaks Dementia Service working with mainstream service and amenity providers to improve their understanding of dementia. Additional funding would be needed to support a specific workstream on dementia friendly communities.

8.3 The Committee welcomed the progress made and emphasised the need to improve public awareness and engagement in dementia, given its increasing prevalence. The Director agreed to consider how the department's communications work could support this, particularly in support of the national Dementia Awareness Week:

8.4 RESOLVED to

(1) request that the Care Home In-reach Service evaluation be circulated to the Committee when available.

(2) conclude monitoring of this Scrutiny Review.

## 9. SCRUTINY REVIEW: IDENTIFYING CARERS

9.1 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 Identifying Carers.

9.2 The Head of Strategic Commissioning (Older People and Carers) informed the Committee that:

- Local NHS funding for carers had been agreed and this is making a significant difference.
- A key theme of the additional work taking place is to increase referrals of carers from health services.
- Additional and more localised carers forums are being held. The one held so far attracted new carers and highlighted that there remains a lack of awareness of the available support. There was a request for a clear menu of services.

9.3 The following points were made in response to questions:

- The Council's transition service is targeted at those young people with eligible needs and only a proportion of these will have a carer. Other carers of young people becoming adults will need to be reached through the general communication and referral routes.
- GPs are being offered access to a carers prescription which provides them with an immediate response to give to a carer in the surgery. This addresses their concern at not having anything to offer people they identify as carers.
- GPs are supportive of the work to identify and support carers. As well as improving carers' health and wellbeing, there are opportunities to make better use of resources, for example reducing the relatively high level of prescribing to carers.

9.4 The Committee noted comments from the carers forum regarding billing for services and the fact that some carers had experienced problems with this process. The Director advised that new billing arrangements had been introduced and that he would feed back the comments.

9.5 RESOLVED to:

(1) consider, at the Committee's next awayday, whether to undertake further scrutiny of the department's arrangements for billing and debt recovery.

(2) conclude monitoring of this Scrutiny Review.

## 10. END OF LIFE CARE – SEMINAR REPORT

10.1 The Committee considered a report by the Assistant Chief Executive - Governance and Community Services which provided a summary of the outcomes of the Committee's seminar on end of life care.

10.2 RESOLVED to:

(1) note the findings of the seminar.

(2) request that the Health Overview and Scrutiny Committee considers progress with improving end of life care in East Sussex in late 2013.

11. SCRUTINY COMMITTEE WORK PROGRAMME

11.1 The Committee considered its current work programme.

11.2 RESOLVED to:

(1) note the work programme.

(2) hold an awayday in September 2013 to consider future topics for scrutiny.

12. FORWARD PLAN

12.1 The Committee considered the Forward Plan for the period to September 2013.

12.2 RESOLVED to note the Forward Plan.

The Chairman declared the meeting closed at 1.00pm