

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 5 September 2013

PRESENT: Councillor Pragnell (Chairman)
Councillors Barnes, Charlton, Clark, Davies, Ungar and Webb

Scrutiny Lead Officer: Claire Lee, Scrutiny Lead Officer

Also present: Keith Hinkley, Director of Adult Social Care and Health
Mark Stainton, Assistant Director (Operations)
Bianca Byrne, Project Manager – Choice, Market Development and Engagement
Natasha Cooper, Integrated Care Programme Manager
Jane Goldingham, Head of Self Directed Support
Shane Heber, Head of Directly Provided Services
Caroline Lees, Implementation Manager - Integrated Services
Vicky Smith, Head of Policy and Service Development
Paul Welch, Operations Manager – Intermediate Care

13. MINUTES OF LAST MEETING

13.1 RESOLVED to confirm as a correct record the minutes of the last meeting held on 13 June 2013.

14. APOLOGIES

14.1 Apologies for absence were received from Councillor Bentley, Lead Member for Adult Social Care.

15. DECLARATIONS OF INTEREST

15.1 Councillor Webb declared a personal, non-prejudicial interest as a Member of the Health and Wellbeing Board.

15.2 Councillor Ungar declared a personal, non-prejudicial interest as the appointed Eastbourne Borough Council representative to Eastbourne Citizens' Advice Bureau.

16. REPORTS

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

17. SELF DIRECTED SUPPORT

17.1 The Committee considered a report by the Director of Adult Social Care and Health which provided a progress report on the implementation of self directed support (SDS) within Adult Social Care.

17.2 The Head of SDS informed the Committee that there had been significant work undertaken over the past year to improve systems and processes. Additional data was tabled which provided the Committee with comparative information against other local authorities. This demonstrated that East Sussex is in the upper quartile for the proportion of people using social care who receive self-directed support, and is the highest performing authority in the comparator group of Councils with similar populations. With regard to the proportion of people in receipt of direct payments, East Sussex is again in the upper quartile nationally, and is the fourth highest performer in the comparator group.

17.3 The Director of Adult Social Care and Health advised that the government had set a threshold of 70% in relation to the proportion of clients with access to self-directed support, a level which East Sussex is already exceeding. Authorities below this threshold would be targeted with additional support. The Director advised that a priority for the coming year would be integration with health services and that a bid for 'pioneer' status had been submitted, the outcome of which is awaited.

17.4 The following points were made in response to questions:

- **SDS target:** It will never be possible to achieve 100% of clients receiving SDS due to mental capacity issues, where clients are not able to make choices about their care. This has been recognised in the government threshold of 70%. A realistic ultimate target would be approximately 80%.
- **Lean:** The department piloted a range of Lean processes in one Locality Area (Hastings and Rother). It was therefore expected that rolling out these processes across the whole department would have variable and staggered impact. The project is on a path towards full benefits realisation and further work is being linked to the Agile programme.
- **Personal budget reductions:** A 30% average reduction in personal budgets is included in the departmental savings plan, but this does not change the needs-based assessment process which remains the primary driver of the care and support people receive. The eligibility threshold for access to funded social care remains at critical and substantial needs. The Resource Allocation System (RAS) translates the needs identified through assessment into an indicative available budget, and it is this which has been reduced. The RAS-generated indicative figure is reviewed by staff on a case by case basis according to individual client need. A small number of care packages will be above the RAS value, as they are now, and some may be below this level depending on how the eligible needs will be met. It is acknowledged that reductions in personal budgets will impact on clients' quality of life but the financial climate has necessitated hard decisions in order to maintain the eligibility threshold. As an additional safeguard, introduced alongside the savings plan, an appeals process is available to clients who are dissatisfied with the outcome of their assessment or review.
- **Independent brokerage:** Brokerage providers work within an outcomes framework set by the department. There has been significant communication with providers about the 30% average reduction in personal budgets and to date there have been no issues with brokers working within this context, although it is challenging for everyone.
- **Pre-paid cards:** These cards are intended to streamline, rather than fundamentally change, the existing system for direct payments. Use of the cards will provide better safeguards as the department can obtain a better picture of how payments are being spent. This will more easily identify any potential problems, such as a client building up a large amount of payments, indicating that they may not be receiving support. A build-up of excess funds would not be clawed back automatically, but would trigger a review to ensure there is a valid reason. The introduction of pre-paid cards elsewhere has led to some increase in take-up of direct payments, but the primary benefit is the convenience of the system for both clients and the local authority.

17.5 RESOLVED to:

- (1) Request a further briefing on the security of pre-paid cards from a client perspective.
- (2) Request further information on the appeals process available to clients.
- (3) Examine the impact of reductions in personal budgets in more detail through the interim report on savings scheduled for the Committee's November meeting. This should include the impact on social isolation.
- (4) Request a further annual update on SDS in September 2014.

18. DEVELOPING THE LOCAL MARKET

18.1 The Committee considered a report by the Director of Adult Social Care and Health which updated the Committee on the department's activity to develop and support the local care market to deliver personalisation.

18.2 The following points were made in response to questions:

- The Support With Confidence (SWC) scheme is the largest scheme of its type in the country with the widest range of providers.
- East Sussex 1Space directory and SWC are continuously kept under review to ensure their use is maximised. The process of promotion and marketing is also ongoing.
- Personal Assistants (PAs) registering with SWC receive training which adds to their professional development and therefore contributes to the quality improvement agenda. The Council also offers local advice surgeries and promotion campaigns in a number of settings to promote the need for more PAs and small providers to deliver care and support services. There are many more PAs working in East Sussex than are registered on SWC.
- Community capacity building work includes engagement with Town and Parish Councils.
- Evaluations from the workshops with the voluntary and community sector were positive and the recognition of the sector's strengths was welcomed. The workshops should be seen as the start of an ongoing dialogue over the next few years, through which the department will co-design, with communities, ways to engage communities in helping the frail elderly and disabled people in their midst. Potential opportunities include encouraging people to get involved and look out for vulnerable people, and supporting local businesses to improve skills and understanding of issues such as dementia.
- The department has supported staff who want to set up their own micro businesses and information is made more widely available to all staff, for example articles and case studies in the departmental newsletter. Information on business opportunities could be provided to staff affected by reviews of directly provided services.

18.4 RESOLVED to:

- (1) Request a further annual update on market development in September 2014.

19. INTEGRATED REABLEMENT AND REHABILITATION SERVICE UPDATE

19.1 The Committee considered a report by the Director of Adult Social Care and Health which provided a progress update on the development of integrated reablement and rehabilitation services in East Sussex.

19.2 The Head of Directly Provided Services informed the Committee that the Joint Community Rehabilitation (JCR) Team now receives 750 referrals per month. The Implementation Manager - Integrated Services highlighted the following achievements over the past year:

- Seven day working introduced in all areas of the county from October 2012. 484 clients have been seen at weekends and there is evidence that weekend working has prevented admissions and helped facilitate timely discharge.
- Co-location of health and social care teams in two of the three areas.
- Prevention of 1000 admissions to hospital.
- Feedback from clients informing service development, for example the key worker (single contact point) structure.
- Development of an IT system accessible to both health and social care staff and addressing double entering of data.
- Significant cultural change through integration of health and social care teams.

19.3 The Integrated Care Programme Manager highlighted a key future challenge in extending the reach of reablement to current and new social care clients, and to do this through working with existing independent care providers to enable staff to take a reabling approach.

19.4 The following points were made in response to questions:

- Savings attributed to reablement are avoided costs through reduction in demand rather than cash savings. Future savings plans reflect further anticipated demand reductions through reablement, and this is an important element of the department's financial strategy.
- From a reablement perspective, it is hard to access frequent users of health services at the right time in the right place. Rapid access nursing and social care services are being jointly commissioned to sit alongside the JCR team. These services may refer on to JCR if appropriate once the initial issue has been resolved.
- The cohort of people who are readmitted to hospital after discharge are not well understood, nationally or locally. Better information is needed and one element of the East Sussex bid for pioneer status for health and social care integration relates to improved business intelligence.
- A more outcome based approach is now being taken when commissioning independent providers. This includes using the tariff to incentivise a reabling approach which leaves clients without ongoing care needs.
- National and local studies have evidenced the long term impact of reablement in terms of clients' ongoing independence after 2 years or more.
- The JCR team's working hours are 8am – 10pm. Overnight cover is provided by the integrated night service, thus making it an almost 24 hour service.
- A number of staff had been new to weekend working but any initial scepticism has been allayed when they have seen the clear benefits to clients.
- Ongoing challenges in terms of health and social care team integration relate to co-location in the third area, improved data sharing and integration at management levels - beyond the front-line.
- The proportion of clients referred to JCR who do not complete their programme has reduced based on the most recent statistics. Improved data recording has helped.

19.5 RESOLVED to:

- (1) Welcome and congratulate staff on the very encouraging progress with reablement.
- (2) Write to East Sussex Healthcare NHS Trust regarding available data on hospital readmissions.
- (3) Consider, at the Committee's forthcoming awayday, the formation of a joint scrutiny reference group (with the Health Overview and Scrutiny Committee) on health and social care integration.

(4) Request a further progress report on reablement in September 2014.

20. SAFEGUARDING ADULTS AT RISK ANNUAL REPORT

20.1 The Committee considered a report by the Director of Adult Social Care and Health which provided an update on the Safeguarding Adults Annual Report April 2012 - March 2013.

20.2 The Assistant Director (Operations) informed the Committee that the increasing number of alerts reflected better awareness of the sort of issues which should be referred and the referral process. In addition, the department had separated the alert recording and the decision making processes which had resulted in an increased number of alerts being recorded. The number of alerts requiring investigation had slightly decreased. In relation to the prevalence of financial abuse, the Assistant Director advised that a toolkit had been developed to assist in identifying this type of abuse as many staff are less familiar with it.

20.3 The Committee noted that safeguarding in prisons is a relatively new area of responsibility for the Council and the Safeguarding Adults Board. The new remit reflects government recognition of the need for additional focus on this area. National work is underway, led by the Association of Directors of Adult Social Services (ADASS) and the Prison Service, to establish the likely level of alerts as there is a lack of robust data. The potential additional demand is an area of risk in terms of the department's capacity. Equally, it is a challenge for the Prison Service to consider what constitutes a safeguarding issue in this context and how to reflect risks both in prison and on discharge. The likely level of alerts from Lewes Prison should become clearer over the coming year and the Prison Governor or their representative may join the Safeguarding Board.

20.4 The following points were made in response to questions:

- The increased level of alerts is helpful in enabling targeted awareness raising focused on areas with lower than expected levels of alerts, such as NHS primary care services. Further work is needed to identify the sort of issues likely to require a safeguarding alert in a primary care context.
- There is ongoing work with Housing Associations, Citizens' Advice Bureaux and other voluntary sector organisations with regard to safeguarding.
- Alerts can be broken down geographically by Clinical Commissioning Group (CCG) area but not, at present, beyond this.
- Fire related deaths and use of Deprivation of Liberty Safeguards (DOLS) are monitored.
- It is difficult to monitor the impact of preventative work as ongoing awareness raising aims to increase reporting and therefore the number of alerts. It is also hard to measure the quality of interventions, particularly bearing in mind the need to take account of the client's wishes, which may include a desire not to pursue the matter. There is a need for sophisticated outcome measures.
- The proposed statutory status for Safeguarding Boards is helpful as it will raise the Board's profile and place stronger duties on partners to actively participate. The changes will include the appointment of an independent Chair. The Committee will be kept informed regarding the implementation of these changes.

20.5 RESOLVED to:

(1) Receive the next annual report for scrutiny in September 2014.

21. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPP&R)

21.1 The Committee considered a report by the Chief Executive which initiated the Committee's engagement in the Council's business and financial planning process (Reconciling Policy, Performance and Resources) for 2014/15 and beyond.

21.2 The Director of Adult Social Care and Health reminded Members that the department would be providing an interim report on the impact of savings for the Committee's November 2013 meeting. This would provide additional insight to inform the RPP&R process. The Committee requested that this report consider the impact on social isolation and quality of life, and mitigating measures put in place.

21.3 The Committee requested the following additional information for the November meeting:

- Most recent quarterly performance monitoring data.
- Further breakdown of management and support costs.

21.4 RESOLVED to:

(1) Request the additional information listed above for consideration in November 2013.

(2) Establish a scrutiny review board, comprising all Committee Members, to meet on 20 December 2013 to consider draft portfolio plans and emerging savings proposals and to agree comments to Cabinet.

22. SCRUTINY COMMITTEE WORK PROGRAMME

22.1 The Committee considered its current work programme.

22.2 RESOLVED to:

(1) note the current work programme.

(2) review the work programme at the Committee's planned awayday.

23. FORWARD PLAN

23.1 The Committee considered the Forward Plan for the period to November 2013.

23.2 Members noted that scrutiny directly provided services board meetings would be arranged in the weeks before the November and December 2013 Cabinet meetings, at which the outcomes of directly provided services reviews are due to be considered.

23.3 RESOLVED to note the Forward Plan.

The Chairman declared the meeting closed at 12.42pm