

## 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 March 2014.

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PRESENT: Councillors Peter Pragnell (Chairman), John Barnes, Peter Charlton, Charles Clark, Angharad Davies, John Ungar and Trevor Webb (Vice Chair)

Also present: Councillor Bill Bentley, Lead Member for Adult Social Care; Keith Hinkley, Director of Adult Social Care and Health; Jane Goldingham, Head of Self Directed Support  
Beja Morrison, Service Development Manager for Older People

Scrutiny Manager: Paul Dean

### 32. MINUTES OF LAST MEETING

32.1 RESOLVED to confirm as a correct record the minutes of the last meeting held on 7 November 2013.

### 33. APOLOGIES

33.1 Cllr Chris Dowling, Lead Member for Community Services.

### 34. DECLARATIONS OF INTEREST

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

34.2 Councillor Ungar declared a personal, non-prejudicial, interest as a Member of Eastbourne Borough Council.

### 35. REPORTS

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

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

36.1 The Committee considered a report by the Chief Executive requesting the Committee to review its input into the RPPR process and identify any lessons for future improvements.

#### **Considering alternative savings**

36.2 The Committee wished to establish a means by which it could better understand the choices (for budget savings) that had been considered but rejected earlier in the RPPR process.

36.3 Keith Hinkley considered that such was the scale of savings that need to be made, every feasible efficiency saving has been put forward as part of the budget process. This process would continue in future and therefore the scope to present savings 'options' is very limited. Whilst ensuring the transparency of these discussions, care needs to be taken not to raise public anxieties in the process.

36.4 A new three-year plan for 2015/16 will be set with tranches of savings that will have to be made over that period. The scale of required savings is unprecedented.

36.5 Councillor Bentley stated that from the lead member's perspective a major difficulty has been trying to find ways to *avoid* asking officers to do the "unimaginable" rather than to present members with alternative options. Such is the complexity of the council business, all Members will need training and the opportunity for full engagement in a variety of forums in order to be able to participate effectively in the discussions that are needed.

### **Barriers between budgets/Better Care Fund (BCF)**

36.6 A significant challenge has been to break down barriers between budgets held by different agencies. Local government funding has been cut disproportionately with the risk that money could be spent in the 'wrong places'. Unless there is effective integration of services across organisational boundaries, the healthcare system will become increasingly unsustainable. Thus, many savings have been, and will continue to be, identified jointly with health partners.

36.7 East Sussex has seen less than the one-third reduction in the number of people supported which was reported from a recent BBC survey. A key performance indicator across the south east will be to monitor the changes in the number of people supported.

36.8 The BCF comprises two elements – the 'capture' of existing funding streams combined with an additional £2.1m to fund a 'drive' towards integration; and disability facilities grants which will be 'passported' to districts and boroughs. In 2016/17 services will be effectively integrated with clearly defined outcomes. Significant resources will be diverted from acute services. In East Sussex this will create particular difficulties for East Sussex Healthcare NHS Trust (ESHT) which already faces a significant budget deficit. National support arrangements will be put in place to facilitate the transfer of resources but the nature of these arrangements is currently unclear.

36.9 The LGA campaign, *Rewiring Public Services – Adult Social Care and Health* ([www.local.gov.uk](http://www.local.gov.uk)), aims to help provide the solutions to many of these difficult questions.

36.10 Outcomes-based commissioning across Adult Social Care and Health will need to be handled in an accountable and transparent way. The CCGs are determined to broaden their processes of engagement. It is increasingly important that all those affected express their views about the priorities for investment as we move forward.

36.11 The Committee highlighted some local experiences which suggested that the Department of Health was generally unresponsive to, and didn't fully understand the needs of, local government. The effectiveness and plans of the Department of Health's actions will be carefully monitored by scrutiny.

36.12 Councillor Bentley considered that the need to explain to families their personal responsibilities in providing support would become increasingly important in future.

36.13 RESOLVED to: (1) note the significant scale of future scrutiny that will be required across several scrutiny committee remits as the integration of health and social care progresses (2) request that RPPR discussions begin earlier with scrutiny so that Members

can develop a better understanding of the increasingly difficult proposals that will emerge in a transparent way that does not raise public anxiety.

### 37. THE EAST SUSSEX SOCIAL CARE PATHWAY

37.1 The Committee welcomed a presentation on the East Sussex Social Care Pathway to reflect recent Committee priority-setting intentions to focus on access to care and support.

37.2 Jane Goldingham (Head of Self Directed Support) and Beja Morrison (Service Development Manager for Older People) presented the update together with fact sheets and publicity materials used to inform Adult Social Care clients. The Committee considered several anonymised case studies which illustrated how the social care process works at an individual level from assessment to receiving the service and review.

37.3 The Committee made the following general observations:

- The Resource Allocation System (RAS) provides an indicative personal budget required to meet clients' needs; the actual personal budget is often modified to take full account of an individual's circumstances. Assessments take account of the actual levels of support provided by the 'wider support network' such as family and friends for example.
- The 30% average reduction in the value of care packages in East Sussex is not a blanket value applied to every client.
- Assessments and reviews are undertaken by a variety of staff including social-care workers, occupational therapists (OTs) and other officers depending on the degree of complexity.
- Demands on OTs are set to increase. Various approaches will be adopted to cope: greater sharing of OT resources between health and social care; and allocation of simpler tasks to other officers etc.
- Managing reviews and assessments effectively and efficiently is considered essential if the medium term financial plan savings are to be achieved by increasing productivity and reducing staff numbers. Integrated neighbourhood support teams (with Health) are being developed. Effective use of technology is increasingly critical.
- Reviews are undertaken both face to face and by phone depending on the particular case – simpler cases can more easily be undertaken on the telephone.
- Appeals tend to occur at key stages in the process, especially at assessment and review. The information gleaned from appeals has been important in providing an independent check to ensure that fairness and objectivity is integrated into the whole process.

37.4 Keith Hinkley reported that the 'Better Together' programme is intended to link not only health and social care, but ultimately aims to encompass the participation of voluntary organisations, community organisations and parish councils. The aim is to develop community support networks that provide a broad range of social activities and other forms of support. Effective publicity and 'signposting' is thus key to ensuring a sustainable system that deals effectively with social isolation and inclusion issues.

37.5 Elected Members (from all tiers of local government) have a significant and increasing community leadership role in respect of these functions. It is therefore essential that all Members are briefed about the full impact of the changes occurring in social care and health services.

37.6 **RESOLVED:** (1) to request that the actual numbers (to supplement the percentages already provided) in respect of the "Listening to you" satisfaction survey be provided to the committee (2) to request Adult Social Care to consider appearances at the Annual Parish

Conference every year so as to retain the momentum of the engagement work (3) to note and develop increasing Members' roles both in scrutiny and community leadership in respect of social care pathways.

38. SCRUTINY COMMITTEE WORK PROGRAMME

38.1 RESOLVED to note the current scrutiny work programme.

39. FORWARD PLAN

39.1 The Committee considered the Forward Plan for the period to May 2014.

39.2 RESOLVED to note the Forward Plan.

The Chairman declared the meeting closed at 12:40pm