

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 4 September 2014.

PRESENT: Councillors Peter Pragnell (Chair), John Barnes, Peter Charlton, Charles Clark, John Ungar, Trevor Webb (Vice Chair), Richard Stogdon (substituting for Cllr Davies)

Also present: Councillor Bill Bentley, Lead Member for Adult Social Care and Community Safety;
Keith Hinkley, Director of Adult Social Care and Health;
Samantha Williams, Assistant Director, Planning, Performance & Engagement

Member Services Manager: Paul Dean

9. MINUTES OF LAST MEETING

9.1 RESOLVED to confirm as a correct record the minutes of the last meeting held on 6 March 2014.

10. APOLOGIES

10.1 Apologies were received from Councillor Angharad Davies. (Councillor Richard Stogdon attended as a substitute.)

11. DECLARATIONS OF INTEREST

11.1 None declared.

12. NOTIFICATION OF URGENT MATTERS

12.1 None notified.

13. REPORTS

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

14. ESCC ANNUAL COMPLAINTS AND COMPLIMENTS REPORT/LOCAL GOVERNMENT OMBUDSMAN REVIEW OF ADULT SOCIAL CARE COMPLAINTS 2013

14.1 The Committee considered a report by the Director of Adult Social Care and Health on the Annual compliments and complaints report along with the LGO (Local Government Ombudsman) review for 2013.

14.2 ESCC uses the Department of Health Guidance 'Learning from Complaints' (2006) definition of a complaint as:

“An expression of dissatisfaction or disquiet about the actions, decisions or apparent failings of a local authority's adult social services provision which requires a response.”

14.3 Key features of the report included:

- An 8% decrease in complaints compared to the previous year.
- A slight increase in percentage upheld: in 2008 57% of complaints were fully or partially upheld compared to 46% in 2010/11. This year's 48% was similar to that of previous years.
- Assessments comprise the biggest source of complaints; changes in eligibility are partly a factor.
- 878 compliments were received in the last year.

14.4 East Sussex was reported as having the second most complaints in 2013 nationally. However, given the 30% average reduction in the value of care packages and the challenges of assessments, the committee concluded that the report represented good news overall. Officers outlined their concerns about data quality and consistency of like for like comparisons in the LGO report and highlighted:

- overall ESCC had a lower rate of upheld complaints than national average: since April 2014, ESCC has had 38 appeals progressing all the way through the process (with numerous others being resolved early); of these just 2 were upheld with a further 2 partially upheld
- ESCC actively encourages people to use the LGO
- numbers of complaints about external providers had reduced over recent years for reasons which were uncertain, given the scale of change.

Staff training and local resolution

14.5 Committee Members expressed concern at the possible negative effects of actively encouraging clients to go through the Ombudsman's complaints process rather than focussing more on local solutions. Officers reported that on developments including:

- a toolkit for staff that provides, for example, “scripts” for staff especially in initial reviews.
- public leaflets about what is changing.
- a new post that leads on appeals and take the 'learning' out to teams and individuals as required.
- constantly reviewing how we convey information about the more complex elements of the process such as the financial assessment; ESCC provides web based information and looks to ensure that its communications sets expectations carefully and allays misconceptions at the outset.

14.6 Officer confirmed that it would be inappropriate for a manager who conducted an initial investigation to go on to consider an appeal and that this is not standard practice in East Sussex.

14.7 The Committee RESOLVED to:

(1) Agree that, given the 30% average reduction in the value of care packages and the challenges of assessments, the LGO report represented good news overall.

(2) Endorse the approach being used that aims to ensure that complaints are resolved at an early stage without the need for escalation, and to welcome the approach being taken

towards the appeals process which appears to be working well on the whole with positive outcomes.

(3) Agree that the LGO report does not provide the most helpful indication of ESCC performance; to be of practical benefit additional factors need to be taken into account such as levels of satisfaction and dissatisfaction rather than numbers of complaints.

(4) That future complaints and compliments report / LGO reports be reported to scrutiny for information in the first instance.

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

15.1 The Committee considered a report by the Chief Executive which invited the Committee to begin its engagement with the Council's business and financial planning process.

Committee comments, recommendations and requests for further information

15.2 Presentation of revenue expenditure data: the committee recommended presenting revenue expenditure information (for example the aggregated expenditure by service pie chart) in a way that only includes budgets over which the council has discretion to make savings. The scale of any savings, and their impact, might be easy to visualise if the information is presented in this way.

15.3 The committee requested further clarity about how much, per capita, the council spends on **working age and older people**.

15.4 The Committee requested more detail about the effectiveness of the investment in measures under **safer communities**: road deaths including types of roads, locations and who is being injured.

15.5 Future planned closures of directly provided services (DPS): the committee requested further details of the programme. (In respect of Mt Denys: this facility had been closed and every client transferred. No significant issues have since emerged. An impact report after a year will be available to scrutiny.)

15.6 Transitions Service: the committee requested clarification as to the extent to which people with 'lesser needs' were adequately covered by the Transitions Service. (Ongoing work was underway on the Care Act and eligibility.) Transition would be included as an item on next committee agenda to provide greater clarity about the changes and work being undertaken.

Domestic abuse:

15.7 The committee question whether the targets were sufficiently demanding given that they had been exceeded. (The stated targets are written into various contracts with providers across a range of partners: New planning cycle pressures apply across all budgets.)

15.8 Multiagency management of domestic abuse now includes weekly multi agency conversations that have improved effectiveness – further reports can be provided to the committee.

15.9 Extra resources are available from the Police and Crime Commissioner to increase capacity of domestic abuse support - a further report can be provided on this.

15.10 Refuges: the committee asked whether there had been any impact of savings. (Savings had been achieved without reduction in service. Costs had been reduced but capacity retained).

15.11 Mental health: the committee requested the figures for the numbers of acute beds reduced over the years in East Sussex.

15.12 The Committee RESOLVED to:

1) Establish an RPPR scrutiny review board (to meet at the end of the November scrutiny committee and on 18 December 2014, 10.00am) to consider the developing portfolio plans and savings proposals as they emerge in December 2014 and to submit comments on them to Cabinet in January 2015; membership of the board shall be open to all members of the committee.

2) Consider the questions and outstanding requests for information identified above at the November scrutiny committee.

3) Include the opportunity at the next RPPR board meeting in November for any member to bring forward ideas and suggestions about the budget in an open discussion forum.

16. CARE ACT 2014: TO OUTLINE THE IMPLICATIONS AND PARTICULAR RISKS FOR EAST SUSSEX ASSOCIATED WITH IMPLEMENTATION OF THE CARE ACT 2014

16.1 The Committee considered a report and presentation by the Director of Adult Social Care and Health which is designed to enable the committee to understand the intentions and implications of the Care Act 2014 in consolidating some previous key pieces of legislation since the 1940s. Samantha Williams, Assistant Director, Candice Miller, Policy Development Officer, and Vicky Smith, Head of Policy and Service Development contributed to the presentation and answered questions.

16.2 The Director reported that Care Act describes local authority responsibilities that, to some degree, are independent from the way people manage their own resources. The Care Act sets the parameters that determine when public support 'kicks in'. We have a responsibility to model future demand and to understand the financial impacts for services, and that hasn't yet happened. The draft guidance is difficult to understand and leaves many questions unanswered.

16.3 So far there has been no detectable enthusiasm from insurance providers to develop products as a result of the Care Act.

Self-funders

16.4 The council must work with self-funders on prevention strategies because how people reach the threshold of needing public support is critical. Self-funders are likely to fall within our responsibility at some stage – and we need to be clear how that 'transfer' will work. Self-funders will need to fully understand their responsibilities.

16.5 Care costs need to be separated from other 'accommodation' costs and we will all need to be clear about what, say, is reasonable rate for care costs and at what point someone reaches the £72k threshold. We need to be clear about exactly which costs contribute to £72k to avoid any 'surprises'; there are very likely to be challenges on this point.

16.6 The Care Act gives the Council responsibility for much broader range of people than before and therefore we need information about them and work out a means of engaging with them.

16.7 An effective communications strategy will be needed to address the complex messages involved to counteract the potential for unrealistic public expectations.

Carers

16.8 The extent to which the provision of, for example, respite support for carers would contribute towards the 'cap' needs further work as local authorities work out a policy response to this and many other scenarios following consultation currently underway and future guidance.

The way forward

16.9 The Director indicated his intention to work closely with other local authorities to ensure we learn from best practice and remain aligned with others as we collectively work through the issues. The South East 7 partnership will provide an effective mechanism for this. Social care is considered to be unsustainable for the County Council unless we work together with the NHS and ensure that the East Sussex Better Together programme is effective.

16.10 The Committee RESOLVED to:

(1) note the report and the information available so far about the likely impacts.

(2) keep the following specific challenges under review as the Care Act develops:

- impact on prices in the care sector
- strategies for preventing fraud and "gaming" practices by individuals
- people making inadequate provision for mortgages and care provision
- coping with a spike in demand for assessments
- coping with a surge in demand for advice on care provision
- developing a workforce to implement the new responsibilities and at the same time make staffing reductions and integrate service provision with health.

17. EAST SUSSEX SAFEGUARDING ADULTS BOARD – ANNUAL REPORT APRIL 2013 – MARCH 2014

17.1 The Committee considered a report by the Director of Adult Social Care and Health which was presented by Angie Turner, Head of Adults Safeguarding.

17.2 The Committee RESOLVED to note the report and the progress being made.

18. SCRUTINY COMMITTEE WORK PROGRAMME

18.1 RESOLVED to note the current scrutiny work programme and requested that there be an occupational therapy input into future reports on reablement.

19. FORWARD PLAN

19.1 The Committee considered the Forward Plan for the period to December 2014.

19.2 RESOLVED to note the Forward Plan.

The Chair declared the meeting closed at 13:10