

ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at CC2, County Hall, Lewes on 15 September 2016.

PRESENT Councillors Angharad Davies (Chair) Councillors Trevor Webb (Vice Chair), Colin Belsey, Charles Clark, John Ungar and Frank Carstairs

LEAD MEMBER Cllr David Elkin

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Graham Bartlett, Independent Chair of East Sussex Safeguarding Adults Board
Janette Lyman, Community Relations Manager
Claire Lee, Senior Democratic Services Adviser

8 MINUTES OF THE MEETING HELD ON 7 JULY 2016

RESOLVED to agreed the minutes as a correct record.

9 APOLOGIES FOR ABSENCE

Apologies were received from Cllr Sheppard and from Cllr Bentley, the Lead Member for Adult Social Care and Community Safety.

10 DISCLOSURES OF INTERESTS

Cllr Webb declared a personal, non-prejudicial interest as the Chair of Hastings Borough Council's Scrutiny Committee.

11 URGENT ITEMS

There were none.

12 FORWARD PLAN

12.1 The Committee RESOLVED to note the forward plan

13 SAFEGUARDING ADULTS BOARD ANNUAL REPORT AND STRATEGIC PLAN 2015-2016

13.1 The independent Chair of the Safeguarding Adults Board(SAB) presented the annual report, production of which is now a statutory requirement as part of the changes to adult safeguarding introduced by the Care Act. He noted that the increase in safeguarding alerts over

the past year primarily relates to the new categories of domestic violence, self-neglect and modern slavery. There has also been an increase in alerts received from the police and homecare providers following awareness raising activities with these sectors. The following three areas of work were particularly highlighted:

- **Safeguarding Adult Reviews (SAR)** – these reviews are now a statutory requirement for relevant cases, of which there were none in 2015/16 and one so far in the current year. In 2015/16 one multi-agency review was undertaken for a case which was outside the criteria for a full SAR. The review identified the need for a specific strategy around domestic violence for older people and the need for better data collection and staff training on this issue.
- **Clients and carers safeguarding advisory network:** this group, chaired by Healthwatch, has been very active in challenging the board from a carer and client perspective.
- **Training sub-group:** this group has extended its original remit to include delivery of training on modern slavery, self-neglect, and coercion and control.

13.2 The following points were made by the SAB Chair in response to the Committee's questions:

- The Board's effectiveness is monitored through annual review of the business plan (which includes performance measures and evidence) and accountability is through reports to Lead Member, Health and Wellbeing Board and the Scrutiny Committee. In addition, there is a desire to increase the involvement of clients and carers in order to better see impact in terms of improved outcomes.
- The increase in domestic violence alerts appears to be due to a combination of increased reporting and increased incidence. The key outcomes are increased safety/protection and education.
- The Board is aware of an increase in homelessness and street sleeping and will keep this issue on the agenda. The Director of Adult Social Care and Health assured the Committee that the SAB works in conjunction with other agencies e.g. community safety, to ensure there are no gaps, but equally no duplication, and to ensure that responsibilities are clear.
- The effectiveness of safeguarding plans is monitored by a sub-group which reviews and oversees any single agency audit, identifying gaps and good practice. A plan for multi-agency audits is also being developed, building on the focus to date on Care Act compliance. The first year's data suggests reduction in risk has improved, outcomes were met in 99% of cases and advocacy take-up is good. The Director added that the Adult Social Care outcomes framework includes statistical reporting but for an overview of quality this needs to be looked at alongside analysis of specific cases, such as through multi-agency reviews.
- The work of the Board is funded from contributions from local authorities, police, NHS Clinical Commissioning Groups and East Sussex Healthcare NHS Trust. The SAB Chair's view was that this has been sufficient to deliver work to date but that resources will be stretched by the current SAR and any additional reviews would be very challenging to resource. Work is underway across East Sussex and Brighton and Hove with a view to securing additional resources from other health bodies and district/borough councils, particularly now that SAB work is on a statutory footing and there is an increase in referrals.
- The threshold between quality of care concerns and safeguarding is challenging at national level and links to the role of the Care Quality Commission, since a quality concern can trigger the three key safeguarding tests for those individuals who are affected by it. The Board is continuing to work on developing a pathway which allows the quality management work to go on whilst also flagging safeguarding concerns. The

Director explained that there may be a level of duplication as it is preferable to record safeguarding concerns if there is any doubt so as not to miss cases, but this risks both undue use of resources and potential communication issues. This issue will have greater impact as social care integrates further with healthcare and NHS quality systems are factored in.

13.3 The committee RESOLVED to:

- 1) request a further report in September 2017
- 2) support the ongoing efforts to engage with other partners in relation to the resourcing of the Board's work, particularly given the increase in referrals.

14 UPDATE ON THE IMPACT OF THE 2016/17 SUPPORTING PEOPLE AND COMMISSIONING GRANTS PROSPECTUS SAVINGS

14.1 The Director of Adult Social Care and Health introduced the report, noting that implementation of agreed 2016/17 savings was at a relatively early stage, particularly in relation to Supporting People. The following points were highlighted:

- The department has worked closely with providers with regard to managing the reductions and signposting to other services.
- The Home Works service has seen an increase in demand, partly related to reductions in other services, although this is a small element of the overall increase. The department, in conjunction with partners including district and borough councils, will need to continue to look at prioritising the Home Works caseload.
- Deployment of the Adult Social Care levy afforded a level of protection to carers' services commissioned via the commissioning grants prospectus.

14.2 The following points were made in response to questions from the committee:

- The use of volunteers is built into the commissioning model which is based on supporting infrastructure but with an expectation of building community capacity. The effectiveness and sustainability of this approach does need to be considered, but if issues are identified the aim would be to increase the effectiveness of the volunteer model, rather than replacing volunteers with staff, due to financial constraints. This approach links to the community resilience work which the department is supporting in conjunction with integrated community teams.
- The number of referrals to Home Works has increased due to an increase in need for the service. Referral pathways from other services are clear but the department will need to discuss with districts and boroughs how best to direct the available resources, which is likely to be on the basis of an assessment of vulnerability. This work will be led by the Housing and Health Sub-Group.
- The Director confirmed that the department would continue to work with districts and boroughs on the housing support agenda to collectively identify pressures and prioritise resources. It is understood that there is a risk of needs escalating if they are not addressed and an imperative to minimise this risk.
- In East Sussex there is a mixed level of need amongst clients in Extra Care Housing. Their eligibility for personal care is assessed on the same basis as anyone else. Those with higher level needs are usually in receipt of an Adult Social Care package.

- There is no evidence to date of increased length of stay in refuges as a result of reductions in housing support. Refuges are part of a wider network of intervention and they focus on providing a place of safety.

14.3 The Director confirmed that the impact of savings would continue to be monitored throughout the year.

14.4 The Committee RESOLVED to request a further update in March 2017.

15 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

15.1 The Director of Adult Social Care and Health highlighted the following points in his introduction:

- The 2015/16 overspend of £6m was funded from the Better Care Fund, but it remains as an ongoing pressure, plus an additional £2.5m in 2016/17. The department is entering into discussions with NHS partners regarding mitigation of this pressure and aims to identify mitigations at an earlier point this year than last year.
- There are very significant decisions to make in the coming months regarding the introduction of an Accountable Care Model which is the key approach being taken to achieving longer term financial sustainability across health and social care.

15.2 The following points were made in response to the committee's questions:

- There would be a gap of more than £100m across health and social care with no change to the way services are commissioned and delivered. Although it is not automatic that the Accountable Care Model makes savings, it is the best available approach to achieving the objectives of prevention, earlier intervention and reducing the need for acute care. The joint strategic investment plan for a combined £860m budget will also assist in making better use of resources.
- The RPPR process for Adult Social Care has added complexity due to the different approaches being taken in the East Sussex Better Together (ESBT) area (Hastings and Rother, and Eastbourne, Hailsham and Seaford) and the High Weald Lewes Havens area:
 - In 2017/18 the ESBT area will pool budgets of c£860m across health and social care and look at how to address all underlying deficits across the local health economy. The larger pooled budget enables more strategic decisions to be taken in line with our objectives. Areas of search for savings in this area will focus on cost avoidance, i.e. reducing demand through things such as changes to the urgent care system.
 - There is not yet agreement to pool budgets in the High Weald Lewes Havens area meaning that the ASC budget for this part of the county will need to be looked at separately. This will necessitate a different approach to addressing the savings requirement.
- The Adult Social Care levy was introduced by government for 3 years and it is built into the overall modelling.
- The main impact of the Sussex and East Surrey Sustainability and Transformation Plan (STP) is likely to be from the 'central Sussex corridor' element which particularly affects

the High Weald Lewes Havens area. The committee will be updated on any likely impact on Adult Social Care.

15.3 The committee RESOLVED:

- 1) to note that financial information will be cut into the ESBT and High Weald Lewes Havens geographies and to have a continued focus on the ESBT and Connecting 4 You programmes via the joint Scrutiny Boards.
- 2) To establish an RPPR Board, comprising all available Members of the committee, to meet in December 2016 to consider the developing portfolio plans and savings proposals as they emerge in December and to submit scrutiny's final comments on them to Cabinet in January 2017.

16 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

16.1 The committee considered its future work programme.

16.2 The committee RESOLVED to:

- 1) add an update report on Health and Social Care Connect (HSCC) in March 2017 to cover both the future direction of HSCC and performance to date.
- 2) note the need to consider future scrutiny arrangements following the conclusion of the East Sussex Better Together programme in 2017 and the proposed move towards an Accountable Care Model.
- 3) To add mental health and housing (in terms of pathways and demand) to the list of potential future scrutiny topics.

The meeting ended at 12.15 pm.

Councillor Angharad Davies
Chair