

ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at County Hall, Lewes on 10 November 2016.

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

LEAD MEMBERS Councillors Bill Bentley

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Samantha Williams, Assistant Director, Planning, Performance and Engagement
Kay Holden, Head of Service (Learning Disability DPS)
Claire Lee, Senior Democratic Services Adviser

17 MINUTES OF THE MEETING HELD ON 15 SEPTEMBER 2016

17. RESOLVED to agree the minutes as a correct record

18 APOLOGIES FOR ABSENCE

18. Apologies for absence were received from Cllr Belsey (Cllr Pragnell substituted).

19 DISCLOSURES OF INTERESTS

19. There were none.

20 URGENT ITEMS

20. There were no urgent items.

21 FORWARD PLAN

21. The Committee RESOLVED to note the forward plan.

22 DELAYED TRANSFER OF CARE

22.1 The Director of Adult Social Care and Health introduced the report highlighting the following:

- There has been a consistent pattern over time in that East Sussex performance is below the national average for all delayed transfers of care (DTOCs) but better than the

comparator group of authorities delays attributable to social care. In this East Sussex is consistently better than both the national average and the comparator group for DTOCs.

- There has been a significant deterioration in performance over the last year which reflects national and regional trends.
- Reasons for delays change week to week but there are some key areas which are the biggest contributors overall to social care delays:
 - capacity in the independent sector – home care: recruitment challenges particularly affect home care and areas with high levels of employment where there are other, less demanding, jobs available at similar wage.
 - capacity in the independent sector – nursing care: this shortage is partly due to fee constraints but also because the market has historically been based around residential care. Population needs have increased but the sector nationally has not yet adapted to providing higher level care. Local response is to develop the ‘care home plus’ model and in-reach from community health teams.
- As part of winter plans the local NHS has agreed additional investment in two initiatives:
 - block purchase of independent sector beds in the Eastbourne and Hastings/Bexhill areas to enable easy access to these beds.
 - recruitment of generic health and social care workers to be based in locality teams which will also help in pulling people out of hospital promptly.
- An Operational Executive Group oversees use of bed capacity on a weekly basis and provides integrated management, reflecting the direction of travel towards accountable care.

22.2 The following additional points were made in response to the Committee’s questions:

Independent sector capacity

- There are issues with services pulling out of providing placements at local authority prices – the department is negotiating fee increases in the context that providers are requesting a significantly higher increase than the budget allocated in the Council’s medium term financial plan. Providers are impacted by increases to the National Living Wage. Ultimately, the level of fee increase impacts on the number of placements the department can provide, as the budget is fixed.
- The department is working to support small providers via Support with Confidence and the purchasing unit, and working with the Councils for Voluntary Service to change their offer to include support for very small businesses via community resilience work.
- The main challenges with home care relate to complex packages of care required for people leaving hospital with higher needs and it tends to be larger agencies which can provide these packages. The department is looking at ways to pay for care differently which would simplify the process for providers.
- There have been care home closures in the county for both finance and quality reasons, or because they no longer provide the services needed. There have also been new entrants to the market but these tend to be outweighed by those leaving. The department does work to stimulate the market and has to take innovative approaches. For example, the development of a new home in Ringmer which will provide ASC with a set number of

beds providing the higher level care needed at ASC prices, achieved by providing land incentives.

Hospital and intermediate care capacity

- Issues with hospital capacity are largely because there aren't appropriate services to support people in the community, leading to the acute hospital becoming the default option. If prevention and community care were improved it is likely that there would be enough hospital beds. Local plans are focused on avoiding the expansion of beds rather than reducing their number.
- If the cost of home care goes above a certain level a process is triggered to work with the client and family to move to a more cost effective way of delivering care which may be residential or nursing home care.
- Community bed capacity and the use of independent sector bed capacity will be reviewed as part of East Sussex Better Together (ESBT). This review will enable the right levels of capacity to be provided in different settings in the future.
- There is an issue with uneven geographical spread of NHS community beds across the county. Investments will be from a shared budget under ESBT in the future. In High Weald Lewes Havens area the potential for joint funding is being discussed.
- The pooling of resources with health across the ESBT area and joint Strategic Investment Plan enables a shift of resource from acute to community services which would not be achievable if the local authority was working alone.

Service developments

- Reablement hours have increased over time and the Joint Community Rehabilitation (JCR) service is linked into locality teams.
- The intention has consistently been to work with people from the point of admission to plan discharge but additional capacity is needed to do this fully. This is the driver behind expansion of the Hospital Intervention Team (HIT), alongside working with families, carers and communities.

22.3 The Committee noted the dual challenges of managing performance now across a stretched system alongside achieving transformation so that care is provided very differently in three to four years time. The Lead Member for Adult Social Care commented on the close daily management of DTOCs by the ASC management team working with health partners. He advised the committee that ASC management has permission to innovate and find solutions in the interests of clients and this results in the positive comparative performance.

22.4 The Committee RESOLVED to note the report.

23 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

23.1 The Director of Adult Social Care and Health highlighted the separation of budgets and areas of search for savings between the East Sussex Better Together (ESBT) area and the rest of the county and the difference this makes to the proposals. In the ESBT area the Council and Clinical Commissioning Groups have agreed a joint Strategic Investment Plan (SIP) and pooled budget from 2017/18 which enables savings to be considered across the entirety of the health and care budget. In the High Weald Lewes Havens area work is underway to align budgets but they remain separate, meaning that balance must be achieved within the ASC budget only.

23.2 In response to a question, the Director clarified that for universal services the budgets have been divided up on a population basis. Other service budgets have been divided based on need.

23.3 The committee considered each set of proposals in turn:

Savings outside ESBT

- It was noted that the Connecting for You integration programme is at a much earlier stage of development than ESBT and, because there is not yet agreement with regard to pooling resources there is not the same ability to manage demand differently and avoid cost. This results in a focus on shorter term savings similar to what was seen across all parts of the county pre-ESBT.
- Concern was expressed that cuts to assessment and care management could lead to further costs and therefore further savings being required in future.
- It was confirmed that the ASC levy had already been taken into account in the medium term financial plan for next year.
- It was suggested that the committee's focus could be on the level and nature of impact of proposed savings.
- Concern was expressed about the potential loss of staff in a context of rising demand.

ESBT savings

- It was noted that the focus in ESBT on investment in community services results in a different outcome in terms of savings proposals, but the service changes remain very challenging to implement.
- Additional description of how savings will be achieved in practice was requested in order for the committee to gain assurance around delivery. The Director confirmed that proposals would be developed further in some areas to demonstrate how savings will be achieved.
- It was noted that some investments will save money elsewhere reflecting the ESBT aim to divert the flow of activity and 'invest to save'.
- The Director confirmed that a more detailed breakdown of savings across the schemes, particularly in terms of the savings attributed to ASC, could be provided.
- The Director confirmed that reviews of care packages are built in but that it may be possible to look further at the role of locality teams in reviewing ongoing support across all agencies.

23.4 The Committee RESOLVED to:

- 1) note that the RPPR Board had been arranged for 12 December;
- 2) In relation to savings outside ESBT, have particular focus on clarifying the impact of proposals and any possible mitigation; and
- 3) In relation to savings within ESBT, request further detail and breakdown of savings.

24.1 The Strategic Commissioning Manager for Learning Disability introduced the report. She advised the Committee that access to public transport is a key issue alongside work opportunities and significant support is provided to clients in relation to specific routes making any changes potentially difficult.

24.2 The following points were made in response to the Committee's questions:

- Employment performance indicators are based on all people with a learning disability known to the Council (c1,400). There will always be a proportion of people with more profound disability who are not seeking employment and some who don't have a desire to work. The focus is on those who have expressed a desire rather than on an assessment of capability.
- The majority of jobs undertaken are part-time, partly reflecting a link to benefit entitlements.
- Ongoing monitoring is undertaken in relation to ChoicES. As at end of October 2016 35 people were being supported in paid employment. In the last 12 months six paid placements were lost for a variety of reasons including people moving out of area. Placements ending are reviewed to see if there is any learning in relation to the appropriateness of the placement.
- The main impact from 2016/17 savings has been a reduction in staff. This has been managed by focusing the service more specifically on finding employment, using day services to provide more of the earlier skills development work, and through other support workers providing ongoing support to those in placement.
- Public transport is raised consistently as an issue at the Learning Disability Partnership Board as its impact is wider than employment. Bus concessions are highly valued by people with a learning disability but concessionary times don't always fit with work times. In some cases the service has been able to work with employers to agree alternative work times to support travel arrangements. It was suggested that links with community transport providers be maximised.
- The service is able to link with other areas and seek out best practice via the British Association of Supported Employment and a national network of learning disability commissioners. This has not identified any clear alternative approaches but the highest performers are likely to have more social enterprises active locally which is not generally the case in the south east.

24.3 The Lead Member commented that the long term work of ChoicES has positively changed attitudes amongst employers and some employers have taken measures such as transport sharing.

24.4 The Committee RESOLVED to note the report.

25 REFRESH OF EAST SUSSEX COUNTY COUNCIL 'WHITE RIBBON' ACCREDITATION

25.1 The Assistant Director – Planning, Performance and Engagement introduced the report confirming that the original application for White Ribbon status, which the Committee had supported, lasted for two years, hence the refresh and re-application.

25.2 The following clarifications were made in response to questions:

- The application fee would be paid again as part of the re-application.
- Existing ambassadors can continue - it is a matter of refreshing and reconfirming their commitment and broadening out the pool, including to women who can now become ambassadors. The department can offer support with applications and refresh training.
- Ambassadors make their own pledge as to what they can do to support the White Ribbon goals and there are examples of people who have been active in communities and schools.

25.3 The Lead Member expressed his thanks to all who volunteered to be an ambassador or champion and noted that a lot had been achieved over the past two years. He also suggested that local MPs could be recruited as ambassadors.

25.4 The Committee RESOLVED to:

- 1) endorse the White Ribbon Action Plan;
- 2) support the proposal that elected members are invited to nominate themselves as 'White Ribbon' ambassadors to help raise awareness of the County Council's commitment to increase social intolerance and reduced acceptance of violence and abuse.

26 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

26.1 The Committee RESOLVED to add an item on Accountable Care to the June 2017 agenda, focusing on the implications for Adult Social Care department.

The meeting ended at 12.15 pm.

Councillor Angharad Davies
Chair