

## 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 15 March 2018.

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PRESENT Councillors Angharad Davies (Chair) Councillors Trevor Webb (Vice Chair), Martin Clarke, Nigel Enever and Jim Sheppard

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health  
Samantha Williams, Assistant Director, Planning, Performance and Engagement  
Steve Hook, Head of ASC Finance, Access & Learning Disability Assessment Services  
Claire Lee, Senior Democratic Services Adviser

### 27 MINUTES OF THE MEETING HELD ON 16 NOVEMBER 2017

27.1 RESOLVED to agree the minutes as a correct record.

### 28 APOLOGIES FOR ABSENCE

28.1 Apologies for absence were received from Councillors C Clark and Ungar. Apologies were also received from the Lead Members Councillors Maynard and Bentley.

### 29 DISCLOSURES OF INTERESTS

29.1 There were none.

### 30 URGENT ITEMS

30.1 There were none.

### 31 FORWARD PLAN

31.1 RESOLVED to note the Forward Plan.

### 32 CARE QUALITY COMMISSION (CQC) LOCAL AREA REVIEW

32.1 The Committee considered a report outlining the findings of the Care Quality Commission (CQC) Area Review and the local Action Plan developed in response. It was noted that the Social Care Institute for Excellence had supported the development of the plan and that its implementation would be overseen by the Health and Wellbeing Board (HWB) via quarterly progress reports.

32.2 The following points were made in response to questions:

- The review of the HWB will be led by the Chief Executive and will need to take account of wider relationships, including with the Sustainability and Transformation Partnership,

Health Overview and Scrutiny Committee and East Sussex Better Together governance arrangements. The review will include opportunities for existing HWB Members to give views and consideration of issues such as the representation of providers and the balance between inclusiveness and focus. An initial report is expected by July.

- The rate of A&E attendances from care homes is comparatively good in East Sussex. It was recognised by CQC that work with primary care on this issue was at an early stage. CQC's proposed improvement relates to the nature of the market and ensuring a system wide approach to development which includes primary care.
- Particular areas of focus in relation to the care home market are capacity and quality, which are interlinked as the department does not make placements into poor quality homes. A change in the focus of CQC inspections has led to a change in the Quality Monitoring Team's focus away from monitoring towards supporting improvement. CQC noted an improvement in quality but also identified more to do and there will be a workshop to look at how the continued progression of this work. An increase in fees has stabilised market capacity but further development will be led through the agreement of a bedded care strategy for the health and social care system. The key Adult Social Care (ASC) challenge is nursing rather than residential care.
- Performance on delayed transfers of care (DTOCs) has improved further since the CQC review and most recent data shows all Better Care Fund targets being met. Given pressures in the NHS, the focus now is on using transitional beds purchased from the independent sector to ensure people who are delayed are not waiting in hospital beds. However it is still essential to ensure onward flow from transitional beds otherwise any gains are lost. The department has had to deploy additional staff at all levels to maintain performance in light of very heavy pressures in recent weeks. This has also involved going beyond those people who would normally fall within the ASC remit to expedite discharge.
- People placed in transitional beds are still able to exercise choice in choosing their onward placement. A more challenging issue is where the patient or their family want a person to stay in acute hospital bed when they are medically fit. A 'Let's get you home policy' is in place to help manage expectations and there will be further communications around this. The most complex situations are where people lack capacity. The actions outlined in the plan reflect CQC's recommendation that a more robust approach should be taken in relation to patient choice.
- There was a significant impact on management capacity in ASC and other agencies in preparing for the CQC review. However, the self-assessment was a useful exercise and was made easier by the maturity of partnerships in East Sussex compared to elsewhere.
- CQC's recommendation in relation to admissions criteria was based on a variation they found between different establishments around the county. The system's view is that the criteria are clear for each site but pressures and caseloads are different. CQC wanted to see more consistency and the action will address this.
- The Rapid Response Service (in High Weald Lewes Havens) and the Crisis Response Service (in the East Sussex Better Together area) represented one of very few areas where CQC identified slight differences between how services are delivered across the county. The largely common approach to service delivery reflects common structures in place across the county such as the ASC team structure and Health and Social Care Connect (HSCC). The action will review and address the consistency issue in crisis response – plans were already in place but were not yet fully developed at the time of the review.
- There are differences between the Connecting 4 You and East Sussex Better Together programmes but both have the same objectives in terms of outcomes. The primary difference is on the approach being taken to achieve outcomes and the different

organisational contexts. System wide governance will be looked at as part of the HWB review.

- There will be a communications and engagement effort coming out of the review in terms of encouraging appropriate referrals to services and take-up of newer services, but the role of HSCC is also key in funnelling referrals to the right service. Work is also ongoing to develop the East Sussex Community Information Service (ESCIS), Locality Link Workers and OneSpace as tools for practitioners to use to signpost to available services.

32.3 RESOLVED to note the report.

### 33 HEALTH AND SOCIAL CARE CONNECT UPDATE

33.1 The Committee considered a report which provided an update on the performance of Health and Social Care Connect (HSCC) and its future direction.

33.2 The following points were made in response to questions:

- The range of languages spoken in the county has not been a significant issue and an interpreting service is available quickly if needed.
- The target for abandoned calls is below 5% which is in line with other call centre based services and has been achieved at times. The increase in abandoned calls appears to relate to the increased volume being handled by the same staff capacity. There is a low rate of abandoned calls in the Health Hub.
- There are options for people to use the HSCC online service or to contact the service by email and there has been increased use of these routes. HSCC wants to increase its digital presence in future, reflecting increased public expectations and higher rates of internet usage amongst over 65s but the majority of contact is still expected to be by phone.
- HSCC is publicised via a regular advert in Your County. The Health Hub is promoted via primary care events, bulletins and merchandise displaying the number, including posters which can be made available to elected Members. Increased traffic to the service reflects increased awareness.
- The volume of safeguarding concerns has remained consistent but the role of HSCC has been significant in terms of undertaking initial screening and redirection of queries where appropriate, enabling locality teams to focus on those which become a formal safeguarding enquiry.
- The HSCC number was chosen as the most used number from the three previous services. It is recognised that it is not the most memorable number but it was a practical option in the circumstances.

33.3 RESOLVED:

- (1) To receive an update by email on the future direction of the service in the autumn to determine if further scrutiny is required.
- (2) To request that posters to advertise the service be supplied to Members of the committee.

### 34 SERVICES TO PRISONS (POST CARE ACT)

34.1 The Committee considered a report outlining the ASC role in providing care into prisons (specifically HMP Lewes) arising from the Care Act 2014, and the volume and nature of activity this had generated.

34.2 The following points were made in response to questions:

- Assessments (needs and financial) are undertaken on the same basis as for any other resident of the county.
- Referrals come from prison staff who identify potential social care needs – these often relate to mobility issues. ASC responds to the demand as required.
- Social care assessment would identify any mental health or learning disability needs. Sussex Partnership NHS Foundation Trust also provides mental health services into the prison. Care and support plans are pulled together on a multi-disciplinary basis with input from a range of services.
- Issues with prisoners not being available when staff arrive to provide care or other operational issues are raised via prison management as this is not a good use of staff time.
- The care packages currently provided could be delivered by an independent sector domiciliary care provider but it is a challenging role for staff and there has not been interest from the independent sector thus far. A cohort of staff in the Joint Community Rehabilitation Team have been through the necessary procedures to gain access to the prison and appointments are rotated amongst this staff group.

#### 34.3 RESOLVED:

- (1) Note the report on services to prisons.
- (2) Accept the report as a final update on services to prisons activity, noting that the activity will continue to be monitored and reported to the Committee on an exception basis.

### 35 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR) 2018/19

35.1 The Committee considered a report summarising the scrutiny role in the Reconciling Policy, Performance and Resources (RPPR) process and requesting comments on the process.

35.2 The Committee made the following observations and suggestions:

- Consideration could be given to whether scrutiny could provide input earlier in the year on identifying potential savings to inform draft savings plans. It was noted that the first opportunity to comment on draft savings schedules is at the November scrutiny committees which consider the report to October Cabinet setting out the broad areas of search for savings.
- Scrutiny would welcome more feedback and response to comments on proposed savings made to Cabinet.

35.3 RESOLVED to put forward these comments, along with those from other scrutiny committees, as part of the ongoing development of the RPPR process.

### 36 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

36.1 It was noted that, should proposed changes to the scrutiny structure be agreed by Council, this would be the final meeting of this committee in its current form. Under the proposed changes Adult Social Care and Community Safety would fall into the remit of the 'People' scrutiny committee.

36.2 The Committee therefore reviewed its current work programme to determine which items should be passed forward for consideration by the successor committee.

#### 36.3 RESOLVED:

- (1) To retain all the specific agenda items listed for future meetings.

- (2) To highlight the areas of integration and prevention, and progress with the CQC Area Review Action Plan as potential areas for scrutiny.
- (3) To highlight the current consultation on Adult Social Care savings and the need for scrutiny review of the final proposals to Cabinet.
- (4) To arrange a visit for Members of the committee (in groups of two) to Milton Grange and Firwood House to gain a better understanding of the services provided.

The meeting ended at 11.40 am.

Councillor Angharad Davies)  
Chair