

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 14 September 2017.

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

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Martin Hayles, Assistant Director
Graham Bartlett, Independent Chair of East Sussex Safeguarding Adults Board
Claire Lee, Senior Democratic Services Adviser

9 MINUTES OF THE MEETING HELD ON 22 JUNE 2017

9.1 RESOLVED to approve the minutes.

10 APOLOGIES FOR ABSENCE

10.1 Apologies for absence were received from Cllr Ungar.

11 DISCLOSURES OF INTERESTS

11.1 There were none.

12 URGENT ITEMS

12.1 There were none.

13 FORWARD PLAN

13.1 RESOLVED:

- (1) To note the Forward Plan.
- (2) To add Older People's Day Opportunities Strategy to the Scrutiny Committee work programme for 16 November 2017.

14 SAFEGUARDING VULNERABLE ADULTS ANNUAL REPORT 2016-17

14.1 The Chair of the Committee and the Chair of the Safeguarding Adults Board (SAB) paid tribute to the work of Angie Turner, former Head of Safeguarding, who had sadly passed away recently.

14.2 The Chair of the SAB introduced the Safeguarding Annual Report, highlighting the close work between agencies and an innovative pan-Sussex review of agencies' capacity to undertake safeguarding which had been undertaken. He drew the committee's attention to three key themes from the report:

- i) The completion of the first statutory Safeguarding Adults Review (SAR), which are required in cases where an adult has died within the local authority area, had care and support needs and where there is an indication that neglect or abuse played a role. The SAR report will be published in late October or early November and will include 23 recommendations covering seven areas.
- ii) The increase in the proportion of safeguarding enquiries related to domestic abuse (from 2% to 9%). The increase may be a positive trend related to work carried out through a multi-agency review and other awareness raising activity about the safeguarding aspects of domestic abuse. The audit undertaken identified many strengths and also areas for improvement. There has been significant work with primary care over the last year and there is now a named GP for safeguarding and piloting of a co-location worker from the domestic abuse Portal in Health and Social Care Connect.
- iii) The partnership protocol developed between the SAB, Local Safeguarding Children Board, Safer Communities Board and Health and Wellbeing Board in recognition that a number of priorities cut across these Boards. Its purpose is to clarify responsibility and accountability for various areas of work and it will be evaluated in a few months time, after 1 year in place.

14.3 The following additional points were made by the Director of Adult Social Care and Health in relation to the additional information on home care which had been requested by the committee:

- There are home care representatives on the SAB and safeguarding awareness and training work does cover this sector. The SAB has recognised the particular vulnerability in relation to home care, which doesn't have the same level of oversight in the home as other paid services.
- There are three layers of assurance in relation to home care: 1) CQC regulates and rates the sector, including setting clear expectations in areas such as training and safeguarding 2) ESCC undertakes direct work with providers to support improvements in quality 3) the core safeguarding process, including awareness raising across all stakeholders and service users. Awareness raising ensures that people know how and when to raise concerns, and this is built into care planning and the set-up of care packages.
- Safeguarding activity is monitored, with oversight of the data by the SAB. There will increasingly be comparative data available in relation to home care.

14.4 The Director also advised the committee of plans to undertake an Association of Directors of Adult Social Services (ADASS) peer review of safeguarding in early 2018 and to revisit this work as accountable care develops in East Sussex.

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

- There are pan-Sussex protocols in place for agencies to refer cases which may potentially require a SAR to the relevant SAB. The case subject to the recent SAR was referred by the Police. The SAB Chair, in consultation with a multi-agency panel, decides whether a referral meets the criteria for a SAR and then commissions external support to do the review. If the SAR threshold is not met other options can be pursued such as a

multi-agency review. Learning from non-statutory reviews is also reported to the Board with an action plan which is then monitored.

- SARs are funded by the Board which is in turn funded by contributions from partners. External costs mainly relate to the independent reviewer, which is a necessary element of the process, but other work is done in house by local agencies.
- Contributions to the SAB budget have been sought from other agencies and this will continue, particularly if the budget comes under pressure. However, ESCC will always underwrite the costs of the Board given its critical function.
- The Care Act requires safeguarding concerns to be reported to the local authority which holds the record of all reported concerns. However, it is more difficult to know how comprehensively reports reflect actual safeguarding issues and whether people understand when to refer. There are now better arrangements for determining when quality issues become safeguarding issues and a number of referrals have been received through this route.
- It is important to look at how we audit and compare our performance to other local authorities, particularly to identify if we are an outlier. A joint Quality Assurance Officer has been appointed with Brighton and Hove to help with this work.
- The Local Authority Designated Officer (LADO) is an employee of the local authority and they have good relationships with Children's Services.
- There is crossover with areas such as community safety. Partnerships like SAB and the Safer Communities Board enable collective agreement about best use of resources and common priorities.
- There has not been a significant change in the proportion of safeguarding concerns related to home care over time. There will always be challenges in this area, for example the use of direct payments leads to a wider range of providers due to client choice.
- Home care providers are receptive to training and it is part of their core requirements. ESCC continues to offer additional free training and views this as a priority. There are challenges related to the workforce both because it is largely unqualified and there are significant recruitment and retention issues.
- E-learning is used wherever possible. The broader ESCC training offer covers core statutory training and opportunities to develop practice, tiered from unqualified staff new to the sector through to qualified social workers. It is important to go beyond the staff providing direct care as a key issue is the quality of the registered manager and the leadership provided within a service.

14.6 RESOLVED:

- (1) To request that the SAR report and action plan be circulated to the committee on publication.
- (2) To request a further annual report in September 2018, to include a breakdown of safeguarding concerns by sector and by the agency making the referral.
- (3) To receive a further report on the Adult Social Care training offer.
- (4) To receive a further report on the (ADASS) peer review in due course when findings are available.

15.1 The Assistant Director - Strategy, Commissioning and Supply Management introduced the report, making the following observations:

- Many of the issues outlined in the report are not unique to East Sussex but are part of general national and international trends.
- The direction of travel in response to these trends is to use services differently and develop new forms of care.
- There are ongoing programmes of work in East Sussex to mitigate the issues through East Sussex Better Together (ESBT) and Connecting 4 You (C4You).
- Supplier relationship work has resulted in identifying a number of nursing home beds which can potentially be block contracted as and when needed.
- The homecare supplier development programme has had a real impact on the sector and on care workers pay and conditions.
- A bedded care strategy is being developed in order to obtain a more coherent view and subsequently recalibrate capacity.
- Changes to the structure of ESCC's contacting and supply team should have a real impact.

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

- Providers coming forward for the Care Home Plus scheme are not getting sufficient business from self funders. suggesting they may not be of the quality needed. This suggests that the care homes may not be of the quality required to provide the scheme. Higher quality providers are being proactively sought to offer the Care Home Plus model.
- Social care assessments have never been a significant cause of delayed transfers of care (DTCs).
- Although there are nursing home vacancies evident in the data, these are not necessarily in the right place – fewer in the west of the county than the east. There is a further issue related to choice – people sometimes want to wait for a preferred placement.
- There are a number of specialised developments advertised across the south east and marketed to people with high levels of income. ESCC is not in a position to pay the rates charged by these developments, both in relation to the cost of individual placements and due to the risk of inflating fees across the market.
- Demographic pressures are reviewed as part of the budget setting process, using the Joint Strategic Needs and Assets Assessment (JSNAA) to identify projected need in different cohorts and therefore the type of services needed. Key cohorts are residents aged 75+ and particularly 85+, where needs for health and social care increase considerably. A modelling tool is in development through ESBT which will use current demand as a baseline and demonstrate the effect of making changes to the numbers of people supported in different ways (e.g. via technology). This will increase the availability and reliability of data but ultimately there will always be judgements about what is required.
- The bedded care strategy is important in identifying demand and need and will be linked to an estates strategy as there will be a need to build or develop new nursing homes. East Sussex has numerous small and medium sized providers rather than more robust larger providers.
- Historic fee levels did present real challenges for the market but budget reductions limited the Council's ability to increase these over the last eight years. There was a choice between increasing fees or meeting eligible need. The fee increases which have

been possible this year have focused on areas of capacity concern and have been a direct result of the extra government funding provided over two years. This additional funding will end in 19/20 unless there is further Government action to address the funding gap.

- The fee rise appears to have stabilised the market compared to last year and there have been fewer closures. However, it hasn't increased the capacity to the levels needed and it doesn't bring local authority fees close to the self funded rate. Initial modelling suggests around 50 vacancies a week are needed to make the system work and these levels are not currently available.
- Local authority placements make up 40% of the market and offer providers stability of funding and a high level of certainty of occupancy for homes. For these reasons most homes have a mixed economy of local authority and self-funded clients.

15.3 RESOLVED to note the report.

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

16.1 In response to a request from the committee, the Director of Adult Social Care and Health provided some additional context for the report as follows:

- Differing approaches are being taken in the ESBT area and the C4You area:
 - ESBT has a Strategic Investment Plan covering the total health and social care budget of c£864m. ESCC remains responsible for its share but budgets are fully aligned and there is a joint plan for making savings across the budget, based on reducing demand into acute care. This has meant that the NHS budget mitigates the impact of budget reductions in Adult Social Care as investment in social care reduces demand on more costly NHS services.
 - There have been discussions about aligning budgets in a similar way in the C4You area but High Weald Lewes Havens (HWLH) Clinical Commissioning Group (CCG) is currently taking a different approach based on aligning budgets with other CCGs. This means the Adult Social Care budget will continue to be set in a more traditional way in the HWLH area.
- There has been a £27.8m savings requirement in Adult Social Care over three years (from 16/17). ESBT funding and additional Better Care Fund (BCF) money offset the level of savings required significantly in the current year (2017/18).
- The original announcement of additional BCF monies indicated it was to be used in three ways: 1) to meet need; 2) to stabilise the market (hence fee increases); 3) to develop health and social care integration.
- Delayed BCF planning guidance issued in July shifted the focus towards reducing Delayed Transfers of Care (DTOCs) and related performance indicators. Extremely challenging targets have been set for each local authority area. These changes led to the Local Government Association withdrawing support for the BCF guidance.
- DTOC targets are based on the number of days of delay in hospital per 100,000 population. In East Sussex the NHS will be expected to reduce health related delays from 14.8 to 7.2 (i.e. c50% improvement). The social care delays starting point was 7.8 with an expectation to reduce to 2.9.
- Local areas were required to submit a plan for using the BCF funding by 11 September and plans will be subject to an assurance process by October. Locally the impact of changes in

direction has been well managed due to the existing partnerships in place, particularly in relation to ESBT as support for social care was already in the jointly agreed plan.

- The DTOC target covers the whole year but there will be a review of progress in November based on the current trajectory. There have been suggestions that if the trajectory is not being met there will be some risk to local authority funding. However, a reduction in funding is likely to worsen the situation in areas not meeting the target.
- The focus on DTOCs is linked to expectations of a very challenging winter for the NHS and social care. Part of the NHS Winter Plan is to reduce hospital bed occupancy to 85% by November and to hold this level through to March, something which has not been achieved in the past.
- In terms of outlook, the 2018/19 position is sustainable due to the extra BCF funding but the department will continue to seek further efficiencies and savings to free up resource for front-line care.
- A more significant issue is how to plan for 2019/20 without making long term commitments in the absence of a clear picture of longer term funding.

16.3 RESOLVED:

- (1) To receive a further update on proposed savings, including an update on the BCF, in November 2017.
- (2) To include previous reports on the impact of savings as appendices to the November RPPR report.
- (3) To establish an RPPR Board comprising all Members of the committee to meet on 21 December at 10am to consider the developing portfolio plans and savings proposals and to submit scrutiny's final comments to Cabinet in January 2018.

17 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

17.1 RESOLVED:

- (1) To postpone the item on services to prisons (post Care Act) from November to March.
- (2) To update the work programme as discussed during the meeting.

The meeting ended at 12.15pm

Councillor Angharad Davies
Chair