

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 16 November 2017.

PRESENT Councillors Angharad Davies (Chair) Councillors Trevor Webb (Vice Chair), Charles Clark, Martin Clarke, Roy Galley, Jim Sheppard, and John Ungar

ALSO PRESENT Keith Hinkley, Director of Adult Social Care and Health
Kenny Mackay, Strategic Commissioning Manager (Mental Health)
Claire Lee, Senior Democratic Services Adviser

18 MINUTES OF THE MEETING HELD ON 14 SEPTEMBER

18.1 RESOLVED to agree the minutes.

19 APOLOGIES FOR ABSENCE

19.2 Apologies were received from Cllr Enever. Cllr Galley substituted.

20 DISCLOSURES OF INTERESTS

20.1 Cllr Webb declared a personal, non-prejudicial interest as an unpaid co-ordinator for the Many Voices project in Hastings.

21 URGENT ITEMS

21.1 There were none.

22 FORWARD PLAN

22.1 The Director of Adult Social Care and Health advised that items on Strengthening the East Sussex Better Together (ESBT) Alliance Arrangements (Cabinet) and Older People's Day Opportunities Strategy (Lead Member for Adult Social Care and Health) had been deferred to the new year to enable further information to be taken into account. It was noted that opportunities for the ESBT Scrutiny Board and the Scrutiny Committee to scrutinise these items prior to decision would also be rearranged.

22.2 RESOLVED to note the Forward Plan.

23 PREVENTION

23.1 The Chair invited the committee to engage in an exploratory discussion on the topic of prevention, based around issues outlined in the report. The following key points were raised in the discussion:

- **The importance of an evidence-based approach to identifying where best to invest to get a return in terms of outcomes and cost.** This approach involves: a good understanding of need via sources like the Joint Strategic Needs Assessment (JSNA); understanding current performance e.g. through benchmarking with other areas; and awareness of best practice such as targeted NHS initiatives. Much of this work is supported by Public Health. This range of information enables decisions to be made about priorities, particularly in relation to health inequalities, areas of poor performance, or the needs of our type of population. From this, service specifications are developed which are now more outcomes focused, and services commissioned from the NHS, or from the third sector via the Commissioning Grants Prospectus. Services are then monitored and evaluated with this information feeding back into the loop.
- **The challenge of investing in prevention in a climate of financial constraint and increasing demand for reactive services.** A particular challenge is the long-term nature of some preventative work which will not provide a payback for many years. However, the risk of focusing spending on current demand rather than prevention is that longer term demand will increase even further, storing up additional problems for the future. The payback period for prevention has always been an issue for the NHS which has predominantly remained a reactive, demand-led service. It is difficult to double-run services and there is a lack of money to invest in longer term prevention.
- **The importance of partnership working across agencies on prevention and the role of specialist vs mainstream services.** Thresholds are in place for referral to certain specialist services, such as support to families, so that resources are focused where need is highest. At a lower level preventative work is built into mainstream services via the 'Making Every Contact Count' approach which prompts staff in frontline services to use contacts with patients/clients to provide information or advice on other services or lifestyle issues. If a case becomes more complex or there is a lack of engagement staff have the option to refer to Health and Social Care Connect.
- **Risks related to the ringfencing of the Public Health grant to local authorities.** If the current ringfence (which runs to 2018/19) is not extended there is a risk to Councils' ability to maintain investment in preventative services due to pressures on other parts of the Council to meet statutory duties. The grant includes allocations for drug and alcohol misuse and for smoking cessation. The Public Health grant has seen reductions in recent years but these have been smaller than the overall reductions to the County Council budget and have been managed by recommissioning or re-specifying services.
- **Whether prevention can be viewed as an 'invest to save' approach or whether, by extending life expectancy and quality of life, it can actually increase social care and health costs.** It is clear that prevention is aiming to improve life outcomes, as well as make better use of resources. This may create additional costs in some areas, but these are likely to be offset by preventing more serious conditions which require acute interventions that are particularly expensive e.g. heart attacks, strokes. In addition, improvements in quality of life can create a virtuous circle where one improvement makes people more likely to make other positive changes such as exercising more.
- **The role of NHS health checks and evidence of their effectiveness.** These are now more targeted on certain groups and conditions e.g. diabetes and heart disease and are a relatively inexpensive approach. There is evidence of direct savings to the NHS, for example through use of statins preventing heart attacks which are very expensive to treat.

23.2 The committee drew the following conclusions and recommendations from the discussion:

- The importance of not losing sight of prevention in the context of the financial challenge, but a recognition that choices are becoming harder in the context of increasing demand for statutory services and reducing finances.
- An understanding that ESCC spending and investment decisions will be made through the Council's Reconciling, Policy, Performance and Resources (RPPR) process. More broadly, resourcing of prevention will be influenced by Public Health England and NHS England.
- Support for the Council's ongoing prevention campaigns and a recommendation that the department looks at ways to use existing communication resources such as the Your County magazine to support this work at low cost.
- The importance of co-ordinating work on prevention across agencies and across the county to make best use of resources.

23.3 RESOLVED to scope a table-top review of how preventative work is co-ordinated by Adult Social Care and for all Members to be involved in a one-off meeting with relevant officers in the New Year to explore this subject.

24 OVERVIEW OF COMMISSIONED COMMUNITY PROVISION (MENTAL HEALTH)

24.1 The Strategic Commissioning Manager (Mental Health) introduced the report, providing the following additional information:

- The Phase 1 services have been rolled into one contract to reduce overheads. The Wellbeing Centres already existed and there was a desire to continue these in an integrated way with new services.
- The Personality Disorder Service will operate six days a week and will be fully operational by mid-December 2017.
- The Crisis Cafes will open until 11pm each day and will link to other available services. The first café will open in Hastings and the model will then roll out to Eastbourne, with both aiming to be fully operational by Christmas 2017.
- East Sussex was an early adopter of supported employment which has been operational locally for 10 years. The local model is seen as best practice and helps around 200 people with long term mental health conditions back into work annually. The service works closely with crisis teams to help people retain employment.
- The Community Connector service is new but developed from two previous services. It aims to link people into mainstream services with support. The social prescribing aspect has been piloted in relation to welfare debt, housing, social and other support and saw a 60% reduction in people accessing GP appointments. The Community Connector service will target GP practices with high users of service.
- The 'hard to engage' service has traditionally been provided by Seaview – it aims to build trust with service users and supports access to other services.

24.2 Further points were made in response to questions from the committee as follows:

- Services expect to be supporting people with multiple needs and will link into drug and alcohol services.
- The Personality Disorder Service target of engaging with 75 clients per year is linked to the available resource but also how services are being used at the moment. There is currently high use of specialist services by the target group, with poor outcomes, and the new service has been set clear outcomes for clients which are also linked to the impact on other services. There will be wider benefits to a larger group of clients through building the personality disorder expertise of the less specialist services.

- The Crisis Cafes will operate until 11pm, seven days a week. There is expected to be a consequent reduction in instances of crisis and reduced impact on other services like A&E.
- The expectation for the Employment Support Service of engaging with 500 clients reflects the total number the service works with each year. This results in 200 (40%) going into employment which is in line with the target. This 40% are able to move away from services and rehabilitate in a different way in the community. The other 300 clients still get positive outcomes from their engagement such as opportunities for voluntary work.
- The newly commissioned services are funded in large part by different use of established budgets. The new services (Personality Disorder Service, Crisis Cafés and social prescribing) are all Clinical Commissioning Group (CCG) funded with strategic intent to save money elsewhere over the next 18 months. Of the total funding of £2.5m, Adult Social Care funding is £138k which represents a good value investment in terms of meeting Care Act responsibilities, reducing impact on social work and reduced care needs down the line. Some impact on other services is expected straight away but other benefits, particularly on use of acute beds, will materialise in later years and are reliant on changes in other areas.
- There are specific targets for the new services to reduce demand elsewhere in the system, for example a target saving (across a range of services) of c£680k for the Personality Disorder Service.
- In terms of financial sustainability, the CCGs which provide the bulk of the funding have financial challenges but there are national expectations on the NHS in relation to investment in mental health and achieving 'parity of esteem' with physical health services. This gives relative protection to MH services, spending on which is monitored nationally and also through the local Sustainability and Transformation Partnership.
- A proactive approach to engagement in local communities has been led by Wellbeing Centres over many years, linking to other services like GP surgeries and the troubled families programme. As a result, the numbers engaged have gone up considerably over time. There is a need to build greater awareness of the hubs in local areas and a suggestion with regard to engaging shopping centres was noted.
- There will be a need to work more to engage and embed services with street communities. It is important to be clear about the service offer and engage consistently but ultimately people have to make individual decisions to engage. The need to liaise with a proposed Link Worker in Eastbourne was noted.
- The locations of the mental health Wellbeing Centres were chosen 12 years ago based on demand and need, but there is flexibility in terms of building in mental health support to other mainstream health and wellbeing centres.

24.3 The Committee RESOLVED:

- (1) To welcome the range of newly commissioned services and to note the need to monitor their ongoing sustainability given the financial situation.
- (2) To request an evaluation of how the services are delivering against the original aims in April 2019.

25 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR) 2018/19 - NOVEMBER

25.1 The committee considered a report on the Reconciling Policy, Performance and Resources (RPPR) process which provided an update on proposed savings plans for 2018/19 and areas of search for savings in 2019/20 and 2020/21.

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

- The latest position in relation to the ESCC contribution to the East Sussex Better Together (ESBT) Strategic Investment Plan (SIP) will be reported through quarter 2 monitoring and the budget for 2018/19 determined through the usual RPPR process.
- The Adult Social Care outturn is currently projected to be a £1.1M overspend but it is expected that this will move closer to balance as the year progresses.
- The overall ESBT situation is affected by limited ability to move costs out of the acute sector quickly enough. The local NHS will overspend but is subject to a different financial and regulatory regime. It is expected that the NHS position will be released over the next month in line with their national timetable.
- More detail on the impact of proposed savings for 2018/19 will be available in time for the committee's RPPR Board meeting in December. This meeting will also be able to look at any impact on Adult Social Care from the NHS position.
- The savings requirement is calculated based on the overall budget, existing commitments, inflation and demographic pressures. As reflected in the earlier discussion on prevention, there will be choices around balancing services that support people in a preventative way versus the increasing emphasis on meeting statutory need. These choices will have an impact on demand in the future.
- The longer term areas of search for savings would see substantial impact on preventative services. The proposed areas are based on the expected loss of specific government grants but a longer term social care funding solution is awaited. The government proposals on social care have been delayed to spring 2018 and it is not expected that a new system would be in place until 19/20 onwards at the earliest.
- The Department has sought to minimise the impact of savings on services for vulnerable people such as Supporting People and refuges, but there are inevitably impacts from the significant cumulative savings which have been required over several years. Supporting People services still have a significant impact but, given their preventative nature, it is necessary to look at these services in terms of savings and be clear and open about what can be provided in future.
- Statutory services to meet critical and substantial need can't be cut but decisions have previously been taken to scale back care packages. It is not proposed to pursue this approach further due to the impact on meeting core needs. This means that other services must be targeted for savings.
- In relation to community safety there is discussion underway with the Police and Crime Commissioner with regard to commissioning on a Sussex-wide basis as opposed to grant funding to local partnerships. This has the potential to offer economies of scale and some benefits from working collectively on themes. The case is being made for maintaining the level of funding for East Sussex over next couple of years.

25.3 RESOLVED:

- (1) To note the report.
- (2) To note that the Committee's RPPR Board will be held on 21 December 2017.

26 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

26.1 The committee considered its future work programme and agreed to make the following amendments:

- To hold a Scrutiny Board in February, in advance of the Lead Member decision on Older People's Day Opportunities Strategy, to which all Members would be invited.
- To explore the possibility of visiting an older people's day service in advance of considering the Day Opportunities Strategy.

- To add the table-top review on co-ordination of preventative work to the work programme.
- To add an exploratory discussion on the theme of 'integration' to the agenda for March 2017.
- To add the Care Quality Commission review of the East Sussex health and care system as a potential item for scrutiny, depending on the outcomes of the review.
- To explore the possibility of visiting a Wellbeing Centre as a precursor to the April 2019 follow-up report on commissioned community mental health services.

26.2 RESOLVED to amend the work programme as outlined above.

The meeting ended at 12.17 pm.

Councillor Angharad Davies
Chair