

Summary of scrutiny comments/recommendations from RPPR 2016/17

Adult Social Care and Community Safety

Service area/savings proposal	Scrutiny comment at December 2016/January 2017 RPPR Board	Response to specific recommendations
<p>East Sussex Better Together (ESBT)</p>	<p><u>December 2016</u> The Board noted the following:</p> <ul style="list-style-type: none"> • Proposals reflect the joint Strategic Investment Plan and pooled budget approach being taken in this area with NHS Clinical Commissioning Groups from 2017/18. The focus is on investments in out of hospital and social care with a view to making savings elsewhere in the system, particularly in acute care. • The Care Home Plus scheme aims to support a specific cohort of people whose needs fall between nursing care and residential care through enhancing staffing and in-reach from community health services in residential settings. This will help avoid unnecessary use of higher level care and address nursing home capacity issues. • Additional staffing needs in community services can be addressed through using existing staff differently within the system and by reviewing the tasks which are undertaken by different staff groups. • ESBT aims to use pharmacy capacity most effectively by engaging pharmacy providers and considering the increased provision of services in pharmacies. Additional service provision would bring more resources into the sector. • A review of bed capacity and its use will be undertaken to inform a bedded care strategy setting out the capacity needed at all levels across the next 10 years. • A prudent approach to back office savings has been taken in year 1 which allows for systematic work to be undertaken, first on integrating the existing health and social care systems, and then on simplifying and leaning systems. • Savings from urgent care redesign are based on reducing demand elsewhere in the system by rationalising and simplifying how people get urgent care. Part of this is supporting the public to better understand the system. <p>Overall, the Board reiterated its support for the overall ESBT programme, but noted that delivering the scale of change envisaged remains challenging and that there will be a need for ongoing scrutiny as plans move forward to implementation.</p>	<p>A commitment has been made to ongoing scrutiny of ESBT</p>

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	<p><u>January 2017</u> The Board noted the following:</p> <ul style="list-style-type: none"> • There had been no changes to the overarching proposals but the county council contribution to the pooled budget had increased which reduces the support needed from the NHS to the council (from c£11m to c£7m) to continue the jointly agreed service redesign programme. • There remains a significant savings requirement across health and social care which is being delivered through service redesign to manage demand differently. • Key changes to the system and model of care (and associated risks) are planned for 2017/18 and 18/19 which the proposed front loading of funding through the additional ASC levy will support. There has also been a national government commitment to try to resolve longer term issues with ASC funding. <p>In relation to the ESBT savings proposals the Board welcomed the additional funding which would be made available as this would help support the delivery of service transformation which the Board recognised remains challenging.</p>	
Rest of Adult Social Care (outside ESBT)	<p><u>December 2016</u> The Board highlighted the following points:</p> <ul style="list-style-type: none"> • The short term nature and significant impact of savings proposed from the remainder of the Adult Social Care budget, in comparison to the ESBT approach which is more forward looking in terms of investments and savings across the entirety of health and social care. • The large catchment area across the Lewes district served by the Phoenix Centre in Lewes, which may close as a result of the proposals. • The potential for reduction in funding for Home Works, STEPS and the Discretionary Emergency Support Service (DESS) to contribute to homelessness. • The significant staff reductions which would result from the proposals may be mitigated to some extent by redeployment which would enable skills to be retained locally. • A consultation and decision making process would take place ahead of implementing proposals, including an Equalities Impact Assessment. This process would enable any further mitigations to be identified, but the ability to mitigate the impact of savings has decreased as resources become more constrained. 	

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	<p>Overall, the Board found it regrettable that progress towards integration of health and social care is less advanced outside the ESBT area, resulting in more significant savings having to be found from within the Adult Social Care budget.</p> <p><u>January 2017</u> The Board noted the following:</p> <ul style="list-style-type: none"> • Key adjustments to the savings proposals are the removal of savings on assessment and care management staff and the proportionate allocation of remaining additional funding to the community care budgets for older people and working age adults. The basis of this allocation is to prioritise meeting eligible need and supporting care plans, reflecting statutory duties. • Following agreement of overall budget headings by Council, savings proposals would be subject to further review, consultation and equality impact assessment (EIA) as required before final Cabinet decision. • The impact assessment against savings in community care budgets remains the same as the nature of risks from reduced budgets are unchanged. However, the scale of risk would reduce significantly in line with the reduction in savings. • Reductions in the community care budget would be achieved through changing the types of support plan put together for new clients and through ongoing reviews of existing care plans. • The impact assessment against the review of day centre services has been broadened to show that it will cover the whole range of services. This includes, but is not limited to, the Phoenix Centre. • Any further mitigations will be identified through the EIA process and reported through the Cabinet process but mitigation has become more difficult year on year. In addition, public health funded work on building community resilience continues across the county which is also part of the approach to mitigation. <p>In relation to the savings proposals outside of ESBT, the Board welcomed the additional funding which had enabled the savings proposals to be reduced. There was also a general understanding of the rationale for where the additional funding had been directed. However, Cllrs Carstairs, Ungar and Webb indicated they do not agree with these cuts as set out in the report.</p>	

