

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 9 March 2017.

PRESENT Councillors Angharad Davies (Chair) Councillors
Mike Pursglove, Colin Belsey, Jim Sheppard and John Ungar

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

27 MINUTES OF THE MEETING HELD ON 10 NOVEMBER 2016

27.1 The minutes were agreed as a correct record.

28 APOLOGIES FOR ABSENCE

28.1 Apologies were received from Councillors Clark, Webb and Carstairs (Cllr Pursglove substituted) and from the Lead Member, Cllr 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 HEALTH AND SOCIAL CARE CONNECT

32.1 The Head of Assessment and Care Management introduced the report which outlined the current performance of Health and Social Care Connect (HSCC) and the future direction of the service. There are currently 9,000 to 9,500 contacts per month with the service, across both public and professionals.

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

- Some of the outstanding activities listed in the project closure report have now been completed but much is ongoing work, for example with locality teams and communities of practice.

- The department's target is for all assessments to be undertaken within 28 days. Many assessments initially completed in HSCC are directed on to other teams for more detailed assessment. There will always be some complex assessments which take longer but there is monitoring in place to check that an extended period is appropriate. There has been an impact on performance from the implementation of the Liquid Logic new care management system, and the aim is for ongoing year on year improvement against target.
- The telephony system measures waiting times and dropped calls, provides a message on queue position to waiting callers and the option to leave a voicemail. The current rate of dropped calls is c15% but these can be due to a range of reasons, not always due to the length of wait. HSCC is continuing to refine systems and to investigate more sophisticated systems as part of the NHS 111 project. In addition, the service is working to match resources to demand (peak remains 9am to 5pm). Professionals can press a button to be diverted quickly into the Health Hub – this is the area with the most growth in demand.
- A Sustainability and Transformation Plan (STP) level Board (with East Sussex representation) has been established to take forward urgent care commissioning work, including re-procurement of NHS 111. This will take a more structured approach, including learning from other procurement and transition processes. This wider approach will not slow the pace locally but will feed into it and influence.
- The development of a clinical hub is in conjunction with the Urgent Care Centres which operate out of hours and will be an alternative to A&E.
- Broadening the opening times of HSCC presents opportunities to prevent demand elsewhere in the system, particularly from using clinical decision making as opposed to risk adverse algorithms.
- The programme for developing the clinical hub has learnt lessons in terms of getting senior staff in place early, and is aiming to have clinical directors in place within the next 4 to 6 months. Recruitment of staff will be challenging in terms of having a limited pool to recruit from but the service will look at using technology to provide access to clinical advice, rather than necessarily having specialists in the hub at all times. There are plans to house a support service used by GPs to access advice from acute clinicians (the Professional Support Line) within the clinical hub and virtually integrate the two.
- The workforce and organisational development (OD) component of East Sussex Better Together is very aware of change management issues and offers support to managers and teams. The programme is accessing support days from Health Education England regional OD experts focused on cohorts of staff who will need to change. HSCC recruitment and retention has been influenced by the investment in training at the outset.
- HSCC handles a higher number of complaints than the 29 cited in the report but much of this work involves redirecting these to other services the complaint relates to. The complaints listed are those relating to HSCC itself and complaints about other services are recorded elsewhere. There is an additional process for obtaining customer feedback.
- Services wanting HSCC to manage their referrals present a case for inclusion in the Directory of Service and there is an audit process to decide on accepting new services.

32.3 RESOLVED to note the report.

33 FURTHER UPDATE ON THE IMPACT OF THE 2016/17 SAVINGS

33.1 The Assistant Director – Planning, Performance and Engagement presented the report which gave an update on the impact of 2016/17 savings in relation to Supporting People. It had not been possible to provide a further update in relation to Commissioning Grants Prospectus (CGP) savings where the Council no longer has a relationship with the provider but the Assistant Director assured the Committee that all contracts across the CGP were being reviewed and any issues from continuing contractors would be highlighted through that process.

33.2 The Assistant Director also advised the Committee that notification had recently been received that a bid for Department for Communities and Local Government funding to support women experiencing domestic abuse had been successful. This bid was focused on supporting women with complex needs so is positive in terms of replacing the role lost in the savings process. The funding amounts to approximately £200k over two years to work with REFUGE on complex needs.

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

- A range of options for providing the additional domestic abuse support will be considered which could include reinstating the lost post or upskilling a broader range of staff.
- Domestic abuse cases are always looked at in their entirety including the needs of children. Many cases involve mental health or substance misuse issues hence the emphasis on complex needs support. The service is looking at emerging models of providing support, for example supporting women into accommodation from day 1 so that they are able to hold a tenancy.
- Further details about the national Budget announcement regarding Violence Against Women and Girls are awaited. There is likely to be a bidding process but this is not yet confirmed.
- In relation to referrals to Home Works which don't meet the eligibility criteria it is not possible to track individuals' further contact with services but contract arrangements involve dialogue about these issues and it is seen as inevitable that some people not meeting the criteria will come back through other referral routes.

33.4 RESOLVED to:

- (1) Note the report;
- (2) Note that the data will continue to be monitored and agree that the Committee be made aware of any further significant impacts on an exception basis.

34 RECONCILING POLICY PERFORMANCE AND RESOURCES

34.1 The Director of Adult Social Care and Health updated the Committee on national Budget announcements in relation to Adult Social Care:

- £2bn of additional funding has been allocated to Local Authorities across England over the next three years, including £1.01bn in 2017/18, £674m in 18/19 and £337m in 19/20.
- The Council has not yet received further information regarding the breakdown by area or the formula which will be used to allocate the funding. If allocated according to the Better Care Fund or needs-based formula East Sussex could receive around £9 to 10m additional revenue funding next year.
- It is likely that there will be requirements to target funding on certain priorities, such as Delayed Transfers of Care, and additional monitoring of the use of the funding.
- Further information will be circulated to Members once there is more clarity.

34.2 In response to a question about what difference extra funds could make in addressing shortages in the care market, the Director indicated that the department is targeting fee increases on areas of the market which are struggling i.e. nursing and domiciliary care and is looking to increase Care Home Plus beds to 200 over 18 months. In addition, the results of a bedded care review due shortly will inform the future direction. It may be possible to make short term interventions but the longer term issues will take time to address in terms of growing community capacity.

34.3 The Committee considered the 2016/17 RPPR process and any improvements which could be made for future years. The following points received general support:

- Members would welcome more opportunity to discuss and influence how the whole Council budget is distributed between departments.
- Members would welcome more opportunity to consider and influence potential savings and investments at earlier stage and a wider range of options from which to make choices.
- Members wished to be more hands-on in looking at potential savings at an earlier stage than the RPPR Board, for example holding an awayday to look at the budget in detail and consider potential savings.

34.4 The Director confirmed that the Committee's views, and those from other scrutiny committees will be fed into the design of the future process.

34.5 RESOLVED to:

- (1) Note the report;
- (2) Forward the Committee's feedback for consideration as part of the wider review of the RPPR process.

35 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

35.1 The Committee considered the future work programme, noting that this was the final meeting before county elections in May.

35.2 The Director highlighted that the scrutiny arrangements in relation to East Sussex Better Together would need to be reviewed as the programme moves into the next phase of accountable care and the pace of change increases.

35.3 The Chair thanked Members for their contribution to the Committee's work and the Committee expressed their thanks to the Chair.

35.4 RESOLVED to note the work programme.

The meeting ended at 11.40 am.

Councillor Angharad Davies
Chair