

SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND COMMUNITY SAFETY

MINUTES of a meeting of the Scrutiny Committee for Adult Social Care and Community Safety held at County Hall, Lewes on 13 November 2014.

PRESENT: Councillors Peter Pragnell (Chair), John Barnes, Angharad Davies, John Ungar, Trevor Webb (Vice Chair)

Also present: Councillor Tidy, Lead Member for Children and Families
Keith Hinkley, Director of Adult Social Care and Health;
Samantha Williams, Assistant Director, Planning, Performance and Engagement
Vicky Smith, Head of Policy and Service Development
Barry Atkins, Head of Strategic Commissioning – Older People and Carers
Steve Hook, Head of Assessment and Care Management – Learning Disability
Alison Borland, Head of Children’s Disability Services

Scrutiny Lead Officer: Claire Lee

20. MINUTES OF LAST MEETING

20.1 RESOLVED to confirm as a correct record the minutes of the last meeting held on 4 September 2014.

21. APOLOGIES

21.1 Apologies were received from Councillors Peter Charlton and Charles Clark. Apologies were also received from Councillor Bill Bentley, Lead Member for Adult Social Care and Community Safety.

22. DECLARATIONS OF INTEREST

22.1 None declared.

23. NOTIFICATION OF URGENT MATTERS

23.1 None notified.

24. REPORTS

24.1 Copies of the reports referred to below are included in the minute book.

25. CARE PACKAGE REDUCTIONS

25.1 The Committee considered a report by the Director of Adult Social Care and Health on the impact of the average 30% reduction in individual care packages agreed through the

Reconciling Policy, Performance and Resources (RPPR) process as part of the department's savings plan for 2014/15.

25.2 The Assistant Director – Planning, Performance and Engagement provided some additional information to supplement the written report, arising from the recently refreshed Equality Impact Assessment:

- There is no evidence of package reductions causing any significant movement of people off direct payments – other reasons predominate when direct payments end.
- Although satisfaction levels amongst carers have consistently been lower than clients, there is now an increase in carers reporting that package reductions are making their carer role less sustainable.
- A key mitigating measure in relation to impact on carers is the support commissioned from the third sector via the Commissioning Grants Prospectus (CGP). Over 6000 carers were supported by these services between April and June 2014.
- There has also been an 8% increase in carers' personal budgets.
- There have been 20 cases where a client moved into residential care following a package reduction (which equates to less than 3% of clients in residential care). These cases are being examined to establish whether the move was linked to the package reduction.
- There has been an increase to 90.6% in the proportion of clients remaining at home 91 days after discharge, following support from the Joint Community Reablement service. 83% of these people did not have a carer, which indicates that a good level of independence has been achieved.
- Figures from the funding panels show a 30% increase in telecare packages being funded. It appears that the focus achieved through the panel process is supporting a shift towards this type of support.

25.3 The following additional points were made in response to questions from the Committee:

- 55% of clients using direct payments employ a Personal Assistant (PA).
- The overall 30% planned reduction was based on the level of resource available and anticipated demand, but all decisions in relation to individual packages are based on needs assessment. Packages can increase if needs have grown, but will not increase as much as would have been the case before the savings plan was implemented.
- It is recognised by the department that the way people receive information about the services they can expect to receive will impact on their levels of anxiety and satisfaction. Public facing information has been made available about changes to care packages, along with resources for practitioners to use with clients. This is supported by ongoing dialogue through the range of engagement networks. The shift to a different type of support provided by CGP services requires a shift in expectations.
- There is a general understanding amongst clients and the public about the scale of savings required of the County Council, but this does not always translate into an understanding of how this will affect an individual's care package. This makes the assessment process challenging for staff to manage.
- The robustness of assessments is quality assured through supervision, the funding panel process and through analysis of complaints. The funding panels have added extra value in terms of consistency, transparency and the use of alternatives to direct care.
- It is very hard to quantify levels of unmet need. The department has an ongoing obligation to assess against eligibility criteria which have not changed, but the level of resource available to deploy against identified need has reduced significantly.
- The increased level of risk associated with clients choosing to stay at home with a reduced package primarily relates to carers taking on more. There is a review and

risk assessment process in place. There are examples of cases where a higher care package has been put in place due to specific risks but this cannot be done routinely.

25.4 The Committee RESOLVED to request a further update in March 2015, to include updated carers' survey data.

26. RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

26.1 The Committee considered a report by the Chief Executive as part of its ongoing engagement with the Council's business and financial planning process. The report included additional information requested by the Committee in September 2014.

26.2 The following points were made in response to questions:

- There are differing care models between older people and working age adults with a learning disability. The majority of cost in the working age segment relates to residential care and there is further work to do in bringing these costs closer to comparators.
- There remains a wider need in East Sussex to make a shift in spending from working age adults to older people, but this is taking a back seat whilst the focus is on achieving immediate savings plans.
- It may be necessary to become more explicit about the target unit cost in each client group in the context of reduced resources.
- The comparator group used to benchmark costs is chosen by CIPFA. As the comparator local authorities do differ from East Sussex in various respects, the averages cited should be used to raise questions for further investigation, rather than being seen as definitive targets.
- Reductions in mental health inpatient beds were scrutinised by the Health Overview and Scrutiny Committee in 2011 and that Committee also undertook further scrutiny of bed availability and out of county placements in early 2014. The level of out of county placements has subsequently decreased.

26.3 The Committee RESOLVED to confirm that all members of the Committee are invited to attend the RPPR Board on 18 December at 10am.

27. DEVELOPING THE LOCAL MARKET

27.1 The Committee considered a report and presentation by the Director of Adult Social Care and Health which provided an update on the department's work to stimulate a diverse and responsive local market for care and support. The Head of Policy and Service Development reminded the Committee that the Care Act 2014 now provides the strategic context for this work, but it continues the earlier key policy drivers of personalisation and self-directed support. The provision of information to help residents navigate the options is another key component of this work.

27.2 In response to questions, the Committee noted the following points:

- In relation to the continuity of services by micro providers in the event of business failure, where these providers are contracted by the County Council there is a requirement for a continuity plan to be in place which is monitored through the normal contracting process. More general support is available to other providers as and when required, for example on financial accounting or working with volunteers.
- The Council recognises the need to do more to address social isolation. The Director of Public Health's report for 2015 will focus on building community resilience and there may be opportunities to direct public health resources in this direction. This is a wide ranging agenda and time is being taken to consider the best approach, which

will need to be built around individual communities and link to integrated health and social care services. A Member Reference Group on social isolation is being established.

- The 'Pub is the Hub' project can benefit the sustainability of rural pubs as well as addressing isolation.

27.3 The Head of Strategic Commissioning – Older People and Carers introduced an appendix to the main report which focused on outcomes of the review of directly provided day services for older people. He reported that the process had required a change in mindset from clients and carers as to how services could be delivered in different ways. In parallel to this, it had been necessary to get the market into a position to expand available services and this process is ongoing, despite the changes having been implemented. The recommissioned services are at a lower level than those previously provided due to the reductions in care packages as part of the departmental savings plan.

27.4 The following points were made in response to questions:

- The outcome of the tendering process for the Isabel Blackman, Phoenix and Charter Centres is expected before Christmas 2014, with new contracts expected to begin from April 2015.
- The new service commissioned to replace those at Hookstead is based at Uckfield Pavilion. The department is looking to develop other services in the area and options in Crowborough are being explored.
- Anecdotal feedback from staff who had undertaken the PA training but not chosen to pursue this route suggested that, in some cases, it was felt to be a leap too far from being an employee to becoming self-employed. This feedback was being explored further in conjunction with the training provider.

27.5 The Committee RESOLVED to:

- (1) request email notification when the outcome of tendering processes for Isabel Blackman, Phoenix and Charter Centres is known, and a further report on the future provision at these centres in March 2015.
- (2) request a more detailed report on the work being undertaken to build community resilience at a future meeting.

28. SUPPORTING YOUNG PEOPLE WITH SPECIAL EDUCATIONAL NEEDS AND DISABILITIES IN THEIR TRANSITION FROM CHILDREN'S TO ADULT SERVICES

28.1 The Committee considered a report by the Director of Adult Social Care and Health which provided an update on the work of the Transition Service in supporting young people with complex needs, and associated provision for young people with lesser needs moving into adulthood.

28.2 The following points were made by the Head of Assessment and Care Management – Learning Disability and the Head of Children's Disability Services in response to the Committee's questions.

- There are an increasing number of children with complex needs moving into adulthood and, at the same time, adults with a learning disability are living longer. This is generating pressure on the available resources in the context of a challenging financial climate.
- It is a challenge to balance meeting all need against maintaining eligibility for the full Transition Service to the cohort of young people with the most complex needs.
- Since April 2014, 80 referrals to the Transition Service from locality teams have not been accepted due to the young person not having an ongoing disability, but this does not mean they don't have needs in some form.
- The establishment of the Transition Service has in itself attracted more referrals which has generated greater information about needs.

- The reforms to Special Educational Needs and Disability (SEND) services will offer a better deal for those young people with needs at a lower level than that covered by the Transition Service. For these young people health, mental health and other services are key and it is important to have a range of other provision in place outside the specialist service.
- Approximately 100 adults with a learning disability in East Sussex are in paid employment, which equates to around 7-8% of the learning disabled population. 20% of working age adults with a learning disability supported by Adult Social Care are in paid or voluntary employment. These figures are slowly increasing but, in the context of the national economic climate, it is positive that there has not been a decrease.
- Before the Transition Service was in place a lack of information for parents may have led to anxiety about what would be available from Adult Social Care and a rush to get residential care in place before transition. The service has made parents feel more comfortable about supporting their child at home for longer, although expectations of services continue to be high.
- Where a young person is eligible for Continuing Healthcare (CHC) the transition process is managed differently with the involvement of CHC staff, but is still supported through the Transition Service. CHC spend in East Sussex has reduced and this is being reviewed with the Clinical Commissioning Groups, as there may be a case for spending more.
- The locality team approach envisaged through East Sussex Better Together could include an aspiration for pooled Adult Social Care and NHS learning disability spending which would offer more flexibility given that individuals generally have dual needs.
- The cohort of young people supported by the Transition Service do not generally fall into the NEET (not in education, employment or training) category as they generally attend a special school. However, amongst the wider cohort of young people with lesser needs, some will be NEET due to social reasons, as with the general population.

28.3 The Lead Member for Children and Families advised the Committee that feedback about the Transition Service had been very positive and it had been described as 'bridging the gap' between children's and adult services. She also highlighted the increasing pressures on the community care budget and the need to be aware of these during the RPPR process.

28.4 The Committee RESOLVED to welcome the work of the Transition Service and noted the availability of forthcoming seminars for Members on the iSEND reforms.

29. SCRUTINY COMMITTEE WORK PROGRAMME

29.1 The Director of Adult Social Care and Health advised that the second tranche of guidance on the Care Act was due in spring 2015, following a consultation expected in January. He proposed that an update on the Act's implications for East Sussex be provided for the Committee in June 2015. This could include a summary of future pressures, an update on eligibility and a year end position for 2014/15.

29.2 RESOLVED to note the current scrutiny work programme and:

- (1) add an update on Care Act implications to the programme for June 2015.
- (2) add a report on community resilience work to the programme for March 2015.
- (3) agree that the Chair may appoint the Committee's representatives to the proposed joint Scrutiny Board for East Sussex Better Together.

30. FORWARD PLAN

30.1 The Committee considered the Forward Plan for the period to February 2015.

30.2 RESOLVED to note the Forward Plan.

The Chair declared the meeting closed at 16:10