

## ADULT SOCIAL CARE AND COMMUNITY SAFETY SCRUTINY COMMITTEE

MINUTES of a meeting of the Adult Social Care and Community Safety Scrutiny Committee held at CC2, County Hall, Lewes on 17 September 2015.

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- PRESENT Councillor Peter Pragnell (Chair), Trevor Webb (Vice Chair), Peter Charlton, Angharad Davies, Jim Sheppard and John Ungar
- LEAD MEMBERS Councillor David Elkin, Lead Member for Resources (for item 5)  
Cllr Sylvia Tidy, Lead Member for Children and Families
- ALSO PRESENT Becky Shaw, Chief Executive (for item 5)  
Keith Hinkley, Director of Adult Social Care and Health  
Angie Turner, Head of Adult Safeguarding  
Candice Miller, Policy Development Manager  
Giles Rossington, Senior Democratic Services Adviser  
Harvey Winder, Democratic Services Officer

### 9 MINUTES OF THE MEETING HELD ON 18 JUNE 2015

9.1 The Committee RESOLVED to agree the minutes of the meeting held on 18 June 2015.

### 10 APOLOGIES FOR ABSENCE

10.1 Apologies for absence were received from Councillor Charles Clark. It was also noted that Councillor Bill Bentley, Lead Member for Adult Social Care, had sent his apologies.

### 11 DISCLOSURES OF INTERESTS

11.1 Councillor Trevor Webb declared a personal non-prejudicial interest as a member of the East Sussex Health and Wellbeing Board.

### 12 URGENT ITEMS

12.1 There were none.

### 13 RECONCILING POLICY, PERFORMANCE AND RESOURCES (RPPR)

13.1 Cllr David Elkin (Deputy Leader), Cllr Sylvia Tidy (Lead Member for Children and Families), Becky Shaw (Chief Executive), and Keith Hinkley (Director of Adult Social Care & Health) were present for the Reconciling Policy, Performance and Resources (RPPR) item.

13.2 Cllr Elkin told the committee that the council had already made savings of £64 million in recent years, but would be required to find an additional £70-90 million over the next three years. These figures are based on current projections, and the final total may well be greater. The scale of the savings required means that there are no 'red lines' – no services are exempt from challenge. Planning has been in line with the council's four key priorities and with a 'one council' approach.

13.3 Becky Shaw told members that, in addition to Government funding reductions, the council also had to deal with growing demographic pressures, particularly in terms of our ageing population. The council was still assessing the implications of the July budget statement, of the decision to delay the implementation of the cap on care costs, and of the introduction of a National Living Wage. The Government's Comprehensive Spending Review will be published on November 25<sup>th</sup>, although the details of the Local Government settlement will be considerably later; so much so that there may be pressure on council to meet their budget deadlines.

13.4 Keith Hinkley told the committee that it was important to bear in mind that this was not the beginning of the savings process: council budgets have been reducing for a number of years, meaning that many of the most readily achieved savings have already been taken. Further integration with NHS partners does offer significant opportunities. However, the NHS is itself struggling with funding levels, and there is some uncertainty as to how much future NHS funding will be routed through Clinical Commissioning Groups (CCG), our main partners in integrating services. There are likely to be further changes to the Better Care Fund, but this will probably not include any more direct transfers of funding to Local Authorities.

13.5 In response to a question from Cllr John Ungar on what the council was doing in terms of lobbying Government about the demographic pressures we face, Becky Shaw told members that there was ongoing dialogue via ADASS (Association of Directors of Adult Social Services), the LGA, SE7 and the County Council Network. However, many other councils face similar pressures to East Sussex.

13.6 Keith Hinkley added that ADASS had told the Government that its members have reduced confidence in their ability to continue to meet local government commitments to adult social care (ASC). The South East Adult Social Care Lead Member group had also been active in lobbying on demographic pressures, but also on problems of pay and recruitment which are particularly acute in the region. CCG partners have also expressed their concerns to Government about adult social care pressures. There will be some additional funding for winter pressures this year, and the council is in dialogue with CCGs about how this should be allocated. Nationally, Delayed Transfers of Care are rising and this is another system pressure that needs to be born in mind.

13.7 Cllr David Elkin noted that there had been a considerable degree of cross-party cooperation involved in this lobbying. It was also the case that the county council had an excellent relationship with East Sussex CCGs.

13.8 In answer to a question from Cllr John Ungar on the potential for further income generation, Keith Hinkley told members that this was an area in which the county council already does well. However, there is scope to improve our collection rates in some areas, and there may also be additional areas where we can begin charging or increase charges. Becky Shaw added that there was a member working group looking at income generation. Whilst this was an important issue, we need to be realistic about the potential to generate income.

13.9 In response to a question from Cllr John Ungar about the ASC capital programme, Keith Hinkley told the committee that the capital programme represented a relatively small part of the overall council programme, reflecting the fact that the bulk of ASC services were outsourced. Where capital investment is necessary, the focus is on investments which will deliver a revenue saving. There is also a focus on capital improvements which will enable the council to offer

support to clients with complex needs, reducing our reliance on expensive independent sector provision. Becky Shaw added that the council was looking very carefully at the council's capital investment programme. However, some investments were essential – particularly in schools to provide additional school places.

13.10 In answer to a query from Cllr John Ungar as to whether ASC financial data could be mapped to District Council levels, Keith Hinkley told members that the Community Care spend could be broken down by locality: this would be presented to the next ASCCS scrutiny committee meeting (November 2015).

13.11 In response to a question from Cllr Trevor Webb about tensions between competing demands for funding from the ageing population and from deprived communities, Keith Hinkley told the committee that the council had responsibilities to both these groups and was required to meet statutory duties to provide services to all who are eligible. There is a balance to be struck between universal services and targeted interventions, and we also need to align our work with that of our NHS partners who already provide a range of targeted services to reduce health inequalities.

13.12 In answer to a query from Cllr Peter Pragnell about the anticipated impact of the National Living Wage (NLW), Keith Hinkley told the committee that there would be significant pressures, particular from independent sector contractors, as this is where the bulk of the ASC spend is. However, the picture will be complex: some homecare providers already pay NLW rates, but this is not generally the case in terms of residential care. Becky Shaw added that pay differentials would be key here – for council staff as well as for contracted workers. The total impact on council pay structures may be much higher than the Government has modelled if pay differentials are to be maintained. When the initial impact on the county council of introducing the NLW is better understood it will be reported to Cabinet.

13.13 In response to a question from Cllr Peter Pragnell on the financial challenge faced by our partners in East Sussex Better Together (ESBT), Keith Hinkley told members that the whole public sector would shrink significantly in coming years. This presented a challenge to all public sector partners and a spur to work together collectively. As well as working closely with East Sussex CCGs, the council is talking through the implications of the RPPR areas of search with District and Borough councils and also with local service providers. Becky Shaw added that we all need to recognise that we are moving to a smaller state, delivering fewer services. It is vital that public sector agencies work together to ensure that we use public money wisely and that any gaps in services are in the least critical areas.

13.14 In answer to a question from Cllr Angharad Davies on the importance of recognising pressures on staff and staffing levels, Becky Shaw agreed that it must be recognised that there was a point beyond which staff reductions would make a service unsustainable – meaning either that no further efficiencies were possible or the level of service would have to be reduced. It was important to be open and honest about this. It is also necessary to recognise that public sector staff will typically work very hard to ensure that services are delivered; decision-makers must not place unreasonable and unsustainable burdens on staff.

13.15 In response to a question from Cllr Angharad Davies as to whether the public health emphasis on increasing life expectancy does not produce perverse results, Keith Hinkley explained that work in this area is a statutory requirement. In practice, the focus is on increasing life expectancy where significant health inequalities are present. Thus, improving early diagnosis of cancer will improve people's quality of life and reduce healthcare costs as well as reducing health inequalities, since it will have a disproportionately positive impact on disadvantaged groups. It will also lead to a higher general life expectancy.

13.16 In answer to a query from Cllr Trevor Webb on working more closely with communities and with community & voluntary sector organisations, Keith Hinkley agreed that it was important

to support the development of community resilience; and also to ensure that public sector bodies worked effectively with community organisations, that there were clear and well sign-posted pathways between services, and that we properly understand where the gaps in the mosaic of public and community sector provision lie.

13.17 In response to a question from Cllr Peter Charlton on air quality, Keith Hinkley told the committee that air quality was not one of the major determinants of variations in life expectancy in East Sussex: the bigger issues are cancer and heart disease.

13.18 In answer to a question from Cllr Peter Pragnell on the potential savings from devolution, Becky Shaw told members that, in social care terms, the main focus is on ESBT. Devolution will not deliver significant savings for East Sussex ASC, although our devolution partners may be able to make savings by learning from our successes in this field. In general, there is a risk that we focus too much of our attention on devolution and not enough on making savings. It is also important to recognise that devolution presents risks as well as opportunities: for example, devolved powers are likely to be accompanied by reduced funding in key areas. Cllr David Elkin added that, in general terms, the county council is already a lean organisation, with high-quality officers and members who have already made a series of tough decisions. This does mean that the potential to make further savings via rationalisation is limited.

13.19 In response to a comment from Cllr Sylvia Tidy on the potential for using innovative technology, Becky Shaw and Keith Hinkley both agreed that this was central to council and ASC planning.

13.20 Members thanked Cllr David Elkin, Cllr Sylvia Tidy, Becky Shaw and Keith Hinkley for their contributions. The committee agreed to establish an RPPR Board which would be open to all committee members and also the Chairs of all scrutiny committees. The Board will meet on the morning of December 16 2015.

#### 14 SAFEGUARDING ADULTS BOARD ANNUAL REPORT APRIL 2014 - 2015 AND STRATEGIC PLAN 2015-18

14.1 The Committee considered a report by the Director of Adult Social Care and Health containing the Safeguarding Adults Board Annual Report 2014/15 and Safeguarding Strategic Plan 2015-18.

14.2 In response to questions raised by Members, officers provided the following additional information:

- The East Sussex Safeguarding Adults Board (SAB) has now appointed Graham Bartlett as its Independent Chair. Due to the fact that Mr Bartlett is the Chair of the Brighton & Hove SAB and Brighton & Hove Local Safeguarding Children's Board (LSCB), and there are already pan-Sussex safeguarding policies and procedures in place, this appointment is expected to deliver economies of scale.
- The SAB has recorded a reduction in safeguarding referrals from GPs for 2014/15 and is working with the CCGs to understand why this is the case. SAB believes that working with the CCGs to raise awareness of safeguarding issues amongst GPs will have a greater impact than contacting GPs directly. This is because CCGs already have oversight of and influence on GPs (as their membership is derived from GPs) and they are obliged to ensure that there are suitable safeguarding arrangements in place amongst GPs. SAB is aiming to create an environment within CCGs where GPs who sit on the CCG boards understand that safeguarding is a priority, cascade this message down to GP surgery level, and put a monitoring regime in place.

- The reason for the change in policy for reporting pressure ulcers – which explains the reduction in safeguarding alerts in 2014/15 – is that they are no longer automatically flagged as a safeguarding issue unless there is a suspicion of neglect. Prior to 2014/15, all safeguarding referrals due to pressure ulcers were being flagged as examples of neglect as part of a response to historic underreporting. However, the reporting policy changed in 2014/15 to a more proportional response that focusses on raising awareness of pressure ulcers amongst staff in residential and community settings. Under the new system, if an initial safeguarding alert is raised, then the Quality Team will intervene to provide advice and guidance. However, if there are repeated and systemic safeguarding alerts then it is likely that it could be investigated as a case of neglect.
- SAB collects incident reports from multiple sources to ensure that they are as accurate as possible. These include incident reports produced by the CCGs and the reporting procedures that the Care Quality Commission (CQC) follows when it inspects care homes. There is no absolute guarantee that incident reports will tell the whole picture, so the SAB remains proactive in developing qualitative and quantitative information as well as looking out for anecdotal safeguarding issues.
- In the 7% of cases where there was action under safeguarding arrangements and risk was not reduced or removed – usually because the victim wanted to maintain a relationship with the family member who was the source of the risk – SAB continues to work with the victim.
- The SAB identifies areas where there may be issues in the reporting of safeguarding issues and works with stakeholders to improve the situation. This process is ongoing and other methods will be employed if the initial piece of work does not have the desired effect. For example, SAB carried out a piece of work with the parishes to understand whether abuse was being underreported in rural areas. The outcome of the work was a slight increase in the number of reported cases of abuse.
- SAB undertakes an annual safeguarding audit on all organisations involved in safeguarding, which involves SAB member organisations performing a self-audit. SAB would expect organisations to have a whistleblowing policy in place that would set out how a whistleblower would be protected if they raise safeguarding issues.
- SAB provides safeguarding training to care providers using a range of methods such as formal offsite training as well as attending home care provider premises. This ensures that there is a much higher uptake of the training amongst staff.

#### 14.3 The Committee RESOLVED to:

- 1) Thank the East Sussex SAB for its well written, informative and concise Annual Report and Strategic Plan; and
- 2) Request to receive a report on the next Annual Report and Strategic Plan at its September 2016 meeting.

## 15 UPDATE ON THE IMPLEMENTATION OF THE CARE ACT

15.1 The Committee considered a report by the Director of Adult Social Care and Health providing an update on the Care Act implementation priorities for 2015/16.

15.2 In response to questions about the impact of the Department of Health's decision to defer the implementation of the care cap to 2020, officers explained that:

- The care cap was due to be implemented in April 2016 so significant work had already been carried out in anticipation, including the development of new policies and systems to deal with the new responsibilities, for example, the deferred payment scheme. Development of and recruitment for these new systems has now had to stop.
- The postponement of the implementation of first party top-ups will have no effect on clients as the current care system does not offer this service.
- The postponement removes significant risk from the ASC budget; however, this is likely to be offset by the introduction of the national living wage.
- The Department of Health has not yet indicated whether it will continue to provide local authorities with the payment for implementing the care cap and other measures. The July and August tranche of the payment has been made, and it is unlikely that this money will be clawed back.

15.3 The Committee RESOLVED to note the report.

## 16 SCRUTINY COMMITTEE FUTURE WORK PROGRAMME

16.1 The Committee considered its work programme for future meetings.

16.2 The Committee RESOLVED to request a report at its March 2016 meeting on the impact of the change in the method of providing Meals on Wheels.

## 17 FORWARD PLAN

17.1 The Committee considered the latest edition of the Council's Forward Plan covering the period 1 September to 31 December 2015.

17.2 The Director of Adult Social Care and Health advised the Committee that an additional item had been added to the Forward Plan relating to a decision due to be taken on 13 October 2015 to relocate the Learning Disability service that is currently provided from Sandbanks in Hailsham to an alternative Council building, namely Grangemead in Hailsham.

17.3 The Committee RESOLVED to agree that the Forward Plan should be the first substantive item at future Adult Social Care and Community Safety Scrutiny Committee meetings.

The meeting ended at 12.12 pm.

Councillor Peter Pragnell  
Chair