

**ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 11th January 2018

**Time:** 2.00pm to 3.55pm

**Present:** Councillors A Bailey (Chairwoman), A Costello, K Cuffley, J French, N Harrison, M Howell (Vice-Chairman), D Wells and G Wilson

**Apologies:** Councillor D Giles

**52. APOLOGIES AND DECLARATIONS OF INTEREST**

There were no declarations of interest.

**53. MINUTES – 7 DECEMBER 2017 AND ACTION LOG**

The minutes of the meeting held on 7 December 2017 were agreed as a correct record and signed by the Chairwoman.

The Action Log was received and updated orally. Members noted that

- for Minute 47
  - Action 1 – complete; slides had been circulated
  - Action 2 – ongoing; clarification of figures on housing-related support was still required
  - Action 3 – ongoing; case studies had been included in the consultation document, and would be included in the March 2018 report to Committee
  - Action 4 – completed; case studies would usually be included in future deep dive reports
- for Minute 48
  - completed; clarification of the Learning Disability Services figures had been circulated to members
- for Minute 49
  - ongoing; the revised Gantt chart had not yet been circulated.

**54. PETITIONS**

No petitions were received.

**55. ADULTS POSITIVE CHALLENGE PROGRAMME UPDATE**

The Committee received a report and appended presentation updating it on the work of the Adults Positive Challenge Programme. In attendance to present the report and respond to questions were

- from Capgemini, Richard Haynes, Vice President
- from iMPOWER, Jeremy Cooper, Director, and Henrietta Curzon, Senior Manager.

Members noted that

- the consortium of Capgemini and iMPOWER had been working with the Council since late October 2017
- the overall aim of the programme of work was to support Adult Services and Safeguarding to deliver the best possible outcomes for people, whilst meeting the challenges of increases in demand and financial pressures
- activities had included talking to NHS partners
- an Accelerated Solution Environment (ASE) event had been held in December, which had proved helpful in consolidating and finalising the baseline analysis
- some of the changes already identified could be carried out quite soon, while others were more complex and would require longer
- initial findings included that
  - Cambridgeshire's funding was relatively low, but the authority was delivering outcomes in line with the national average
  - demand pressures and inflationary cost pressures on the provider market totalled around £5m a year
  - proportionally low rates were being paid to providers of residential and domiciliary care; if this were to continue, prices were likely to rise
  - a lower proportion of the workforce was employed in care in Cambridgeshire than in other similar counties
  - long-term support services could make better use of assistive technology
  - in 35% of cases, need could have been met by other means than provision of formal Adult Social Care services.
- in summary, Cambridgeshire had been doing well and good changes were being made, but there were further opportunities for improving outcomes and sustainability
- all staff had engaged positively in the work programme process.

In the course of discussion, members

- sought further information about the 35% of cases which included avoidable demand. Members were advised that the programme team had completed case reviews with staff and identified examples of where demand could have been reduced by action being taken differently or more quickly.

The example was given of a man being cared for at home by a family member and with a homecare package of an hour a week. The family carer had their own health problems, but was assessed as not having any care needs. A week later, the opportunity to maximise independence and reduce cost having been missed, the man went into residential care

- noted that an analysis had been undertaken to compare Cambridgeshire with its nearest neighbours, looking at finance and performance. Comparisons had also been made between local practice and outstandingly good practice in other social services, as well as good practice internationally and in sectors other than social care
- welcomed reports of a good staff culture. One member confirmed that this corresponded to her own experience of ASC staff's enthusiasm, intelligent approach and willingness to work together
- asked whether any risk assessments had been done for proposals to save money, observing that some courses of action might prove to be false economies. Members were advised that a major focus of the work was demand management, rather than simply saving money through such means as short-term reductions in care packages. The whole approach of the programme was driven by improving outcomes and reducing risk, and sought to achieve long-term financial sustainability
- in answer to a question about making improvements in the areas of workforce and contracting, noted that the model of direct payments and micro-enterprises might usefully be explored. The hourly cost to ASC for domiciliary care delivered through a home-care agency was around £16. If instead self-employed people were to be engaged to work in their own locality, most of the amount paid could then go direct to the carer.

Ways were also being explored of supporting the workforce and promoting care as a career choice, by for example developing career pathways and working with further education to raise the profile of care work

- asked whether the baseline stage had found anything of which they were not already aware, ASC officers identified
  - the proportion of avoidable demand; at 35%, there was clearly more work to be done on prevention and avoidance
  - the need to develop the Council's website in such a way as to enable the conversation with service users to be constructed differently.

Officers added that staff had valued the opportunity to step back from the daily round, being brought together to have conversations together. The process had helped develop a clearer sense of direction, and had been helpful in challenging existing ways of doing things

- noted the next phase of the work, as set out in the presentation, and that the business case would identify costs, benefits and timescales. The Committee would receive the final report at its meeting on 8 March 2018, along with outline proposals for further investment. The work would not affect the business planning process for 2018-19, as it would be financed through a series of bids to the Transformation Fund
- noted, in answer to a question about how ready citizens were for this change in culture, that nationally a new understanding and approach to care needed to be and was being developed; work locally was including ways of reinforcing the new

approach in individual interactions – even how a phone call was answered, and the wording of the first question to the caller, could reinforce the approach

The Chairwoman thanked the Capgemini and iMPOWER team for all the work they had done so far, and reminded members that they were welcome to talk to team members on an individual basis. She asked that contact details for them be circulated to members of the Committee.

**Action required**

It was resolved unanimously

- a) to note the update contained within the Appendix and comment on the initial findings of the programme.

## **56. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2017**

The Committee received the November 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that the overall pressures had worsened by about £700k since the October report and pressures were expected to continue to worsen in December; there had been no material change in the red performance indicators (PIs).

Discussing the report, members paid particular attention to the position in relation to delayed transfers of care (DTOCs). It was noted that

- all Cambridgeshire hospitals had a target of 3.5% of patients as DTOC, which was proving stretching. It was anticipated that Peterborough and Hinchingbrooke hospitals should meet the target, but it was going to be a challenge for Addenbrooke's to achieve this based on the current position
- Adult Social Care (ASC) staff were working closely with the hospitals to reduce delays. Referrals of patients to ASC had increased from 100 to 150 a week; the DTOC dashboard showed the number of patients delayed and why
- efforts were being made both to reduce the number of admissions to hospital and improve care capacity
- feedback across the region was that other places with a large teaching hospital were experiencing difficulties with DTOC similar to those at Addenbrooke's
- the north of the county appeared to be experiencing a lower number of hospital admissions than the south, and also had more capacity in the care sector.

In further discussion, members

- expressed concern at the continuing red performance rating on the proportion of adults with learning disabilities in paid employment, and noted that officers were reviewing the way in which Cambridgeshire recorded these figures as compared with recording methods used by other local authorities. Officers undertook to provide members with an update on actions being taken to improve performance in this area

**Action required**

- asked what would happen at the end of the financial year if the Adults budget continued to be overspent. Officers advised that any People and Communities overspend would be included in the overall Council financial position, and undertook to check that this would be reflected in the papers for the Council meeting in February 2018.

**Action required**

It was resolved unanimously to review and comment on the report.

## **57. ADULT EARLY HELP DEEP DIVE**

The Committee received a deep dive report on the Adult Early Help Service. The report included an update on performance as well as future plans to continue to provide a holistic and preventative offer. Members noted that the key role of early help was to reduce demand for long-term care; the team had been established to deliver the Council's response to the Care Act requirements to work in a more person-centred and preventative way. Many of the referrals to the team came from family members, with comparatively few self-referrals or referrals from professionals.

Discussing the report, members

- welcomed the case studies as helpful and illuminating
- noted that the team would like to develop self-referral, and would welcome more referrals from GPs; it was important that GPs be aware of the full range of services available to their patients
- noted that the team would act quickly to set up support in cases where a person would otherwise be admitted to hospital
- commented that the work of the Early Help team was not dissimilar to that of Neighbourhood Cares
- reported on local difficulties with heating and hot water supply experienced by tenants of a housing association, and on a delay in installing a bathroom pod outside a resident's home elsewhere. Members commented that such difficulties could undo the good work of the Early Help team, and were advised that where a Community Action Plan had been developed for a service user, the case would be followed up after two to three weeks, to establish whether the support had helped and outcomes had been met
- noted that the team tried to make a home visit where it appeared necessary, if for example a person had difficulty communicating by telephone, or the team wished to assure themselves that all was well. If the number of home visits were to rise much beyond the present level of 17%, this could pose resourcing difficulties
- noted that the team worked closely with the voluntary and community sector, and with health organisations, as part of the quest to provide support for people.

The Chairwoman thanked officers for the report, and expressed the Committee's thanks for all the effort being put into this work and the work going into improving the situation on delayed transfers of care by the Adult Early Help teams. She encouraged members to take up the invitation to visit the Early Help teams and see their work for themselves.

It was resolved unanimously:

- a) to consider the report and provide comments on progress so far and issues raised
- b) to suggest Members visited the Adult Early Help team to learn more about the services it provided to Clients

## **58. CONSULTATION PROCESS FOR PROPOSED CHANGES TO THE FAIRER CONTRIBUTIONS POLICY**

The Committee received a report on the consultation process that was underway to gather views on the proposed changes to the Fairer Contributions Policy that had been agreed for consultation at the Committee's meeting on 9 November 2017. Members noted that the consultation had started in December. Examples of the impact of the potential changes had been embedded in the consultation document; the examples demonstrated that the proposal having the greatest financial impact was that to assess people receiving short-term respite accommodation under the same rules as those in long-term residential accommodation.

In the course of discussing the report, members further noted that

- at the end of 10 January, 107 completed surveys had been submitted, 83 on paper and 24 online; a further 40 responses had been partially completed online
- this represented a reasonably good response rate for the time of year, and so far seemed to be better than the rate for an earlier policy consultation
- the intention was to send letters to all those potentially affected by the changes, using information held by the Council's financial assessors to identify people receiving Disability Living Allowance and Personal Independence Payments (PIP); over 1,000 letters had been sent to service users or their representatives
- based on the responses received to date, the indications were that taking into account the enhanced rate of PIP was the least popular proposal, with the revised policy for charging for respite care also unpopular. There was some support for charging for the appointee function, and considerable support for making direct debit the default payment method
- all comments made at face to face meetings and drop-in sessions would be captured, and Cambridgeshire Alliance for Independent Living would be promoting the consultation; the consultation would also be prominent on the Council's website.

The Chairwoman thanked officers for their efforts to gather consultation responses. Members were asked to convey to officers any comments of which they became aware.

It was resolved unanimously:

- a) to note the consultation process that would run until 23 February 2018.

**59. APPOINTMENTS TO OUTSIDE BODIES, PARTNERSHIP LIAISON AND ADVISORY GROUPS, AND INTERNAL ADVISORY GROUPS AND PANELS**

It was resolved unanimously to note that no appointments to outside bodies were required.

**60. ADULTS COMMITTEE AGENDA PLAN**

The Committee received an updated agenda plan and noted the following changes:

- the layout had been modified to list standing items in the introductory text
- the provisional meeting scheduled for 1 February 2018 had been cancelled
- on 24 May 2018, the deep dive would be on Neighbourhood Cares, superseding the update on Neighbourhood Cares previously planned for that meeting
- on 19 July 2018, the deep dive would be on the social care labour market.

It was resolved unanimously to note the agenda plan.

Chairwoman