

ADULTS COMMITTEE: MINUTES

Date: Thursday 8th March 2018

Time: 2.00pm to 4.50pm

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

61. APOLOGIES AND DECLARATIONS OF INTEREST

There were no declarations of interest.

62. MINUTES – 11 JANUARY 2017 AND ACTION LOG

The minutes of the meeting held on 11 January 2018 were agreed as a correct record and signed by the Chairwoman.

The Action Log was reviewed; members noted that the only incomplete action, that to include case studies in the update on the Fairer Contributions Policy consultation process (minute 47), had been completed.

The Chairwoman reported that the Reablement Service had been inspected by the Care Quality Commission (CQC) and judged to be good. The Chairwoman expressed the Committee's thanks to all involved in the Service for their efforts, and congratulated them on the CQC rating.

63. PETITIONS

No petitions were received

64. JOINT COMMISSIONING OF FLOATING SUPPORT SERVICE

The Committee received a report setting out the findings from a Commissioning Review carried out across Housing Related Support (HRS) Services, and seeking approval for the joint commissioning of a Floating Support Service with Peterborough City Council (PCC). Members noted that there would be scope for the contract to grow as required in future.

Discussing the report, members

- commented that price was not the sole indicator of value for money. Officers advised that the background documents included a link to the detailed value for money analysis; the cost was lower because the service did not need a dedicated building to be provided and funded
- noted that this would be a single service because the public currently found it difficult to know which of the various support services to approach; it was expected, however, that there would be specialised services within the overarching service, covering such aspects of the work as mental health, and domestic violence

- requested a mapping exercise of the various support services for adults, to assist members in forming a clear picture of the different services and the overall provision available to support adults. The Service Director: Commissioning undertook to attempt this **Action required**
- sought assurance that the four procurements included in the agenda for the present meeting were the ones that ought to be coming to Committee at this time, and that no others should have been included. The Service Director: Commissioning said that a contracts register had been developed as part of the commissioning process, which could be used for a forward view of what contracts were due to expire, and whether they should be reprocured or recommissioned differently. He offered to share the register with members of the Committee **Action required**
- asked that the register include information on how many people were served by each contract, the length of time of the contract, and the Transfer of Undertakings (Protection of Employment) Regulations (TUPE) arrangements applicable
- asked why Cambridgeshire's expenditure on the services covered in the Commissioning Review was nearly 50% more than Peterborough's (£3.1m for over 750 people in Cambridgeshire, and in Peterborough, £1.12m for 362 people). The Interim Commissioner – HRS undertook to look into this **Action required**
- welcomed the assurance that, although it would be necessary to draw up the contract with one provider, small providers would not be excluded as there would be scope for them to undertake sub-contracts
- suggested that it might be helpful for the Committee to have a deep dive report on work carried out by the District and the County Councils to address homelessness.

The Chairwoman welcomed the approach of joint commissioning with PCC, but drew attention to the Committee's concern about the monitoring of contracts, and the need for transparency.

It was resolved by a majority to:

- a) Note the findings of the Commissioning Review
- b) Support a wider Supported Housing Review to take place during 2018/19
- c) Approve the joint commissioning of the Floating Support Service as the preferred delivery model for housing related support.

65. PROCUREMENT OF CARE AND SUPPORT SERVICES IN EXTRA CARE SCHEMES

The Committee received a report outlining the case for tendering the care and support contracts in four extra care housing schemes, Ditchburn Place and Dunstan Court in Cambridge, Moorlands Court in Melbourn, and Doddington Court in Doddington.

Members noted that the feedback from soft market testing had been that prospective bidders for the Ditchburn Place contract (currently a block contract) were concerned about the TUPE implications for staff on local government terms and conditions, and wanted a longer term for the new, flexible contract than the usual three years. The

Monitoring Officer had agreed to allow a ten-year contract in this case, with a break after five years. The other contracts were recommended to be for three years, and were currently with existing homecare organisations, whose staff were working at market rates.

Discussing the report, members

- enquired why the annual value of the Ditchburn Place contract was so much greater than that of the other three contracts. Officers advised that the current Ditchburn Place contract was for block hours, regardless of the actual needs of residents. This was being changed to the more usual arrangement of a flexible core and add-on contract, covering hours during the day plus night cover; this type of contract was likely to prove cheaper than a block contract over time
- asked why the other three contracts could not be for longer than three years to increase provider confidence in the Council's commitment. Officers replied that LGSS Procurement currently advised a contract length of three years plus a one year extension option; the Monitoring Officer's agreement was required for a longer contract period
- noted that the timescale of the care and support contract for the Doddington Court scheme was different from that of the other three schemes because of the Council's agreement with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) that the ten beds in the nine reablement flats be used to help avoid delayed transfers of care (DTOC) from hospital, and the CCG's lease agreement with Sanctuary Housing, landlords of the reablement flats; an extension of the care and support contract for 18 months after the first three years would bring its expiry into line with the expiry of the lease for the reablement flats
- noted that there was a clause in the contracts covering increases in the national living wage, and enquired whether the Council would retain responsibility for redundancy costs and any deficits on the pension fund for staff employed under these contracts. The Commissioner (Adults) undertook to look into this and report the answer to members.

Action required

It was resolved unanimously

to agree to tender the care and support as flexible 'core and add-on' services in:

- a) Ditchburn Place
- b) Moorlands Court
- c) Dunstan Court
- d) Doddington Court.

66. PROCUREMENT OF VISITING SUPPORT SERVICE FOR OLDER PEOPLE

The Committee received a report outlining the case for re-commissioning the Visiting Support Service. Members noted that the five lots of the contract were already out to tender, for the usual period of three years plus the option of extension for a further year.

It was resolved unanimously to:

- a) ratify the recommissioning of the Countywide Visiting Support Services under five district based lots for three years, with an option to extend for a further year:
 - i. three lots (East Cambs, Fenland and Huntingdonshire) via a competitive tender process
 - ii. two lots (Cambridge City and South Cambridgeshire) via co-operation agreements with the district councils
- b) delegate the sign off of the co-operation agreements with the district councils to the Executive Director, People & Communities in consultation with the Chairwoman and Vice-Chairman of the Adults Committee.

67. MENTAL HEALTH RECOVERY AND COMMUNITY INCLUSION SERVICE

The Committee received a report seeking approval for a joint procurement exercise with Peterborough City Council for a Mental Health Recovery and Community Inclusion Service to cover the whole of Cambridgeshire and Peterborough. Members noted that officers had been working with PCC and the CCG to develop a single delivery model, with equitable service delivery across the whole area.

In answer to a question about the relationship between service eligibility criteria as an area for improvement, and the proposed service criterion of aligning with mental health services to improve community capital, officers advised that many of the service areas were being or had been moved into primary care, for example, PRISM (the primary care service for mental health); improving community capacity meant ensuring that there was more support available in the community.

It was resolved unanimously to:

- a) Approve joint procurement exercise for a county-wide Mental Health Recovery and Community Inclusion Service
- b) Agree a further 4 month exemption for the current Recovery and Wellbeing service.

68. FINANCE AND PERFORMANCE REPORT – JANUARY 2018

The Committee received the January 2018 Finance and Performance report (FPR) for People and Communities Services (P&C), formerly Children's, Families and Adults Services (CFA). Members noted that the increase in the overspend was largely because of a change in the accounting method used.

Discussing the report, members

- requested the restoration of the 'actual to date' column previously included in the summary table of budget totals relating to Adults Committee; the Strategic Finance Business Partner undertook to include this in future reports **Action required**
- noted that the forecast pressure of £6,774k referred to as a main issue in the January FPR had been forecast in January, not (as written) in November

- commented that previous FPRs had included a useful graph showing the position on Delayed Transfers of Care (DTOCs) that were attributable to Adult Social Care (ASC), and noted that reablement delays had been being wrongly attributed to ASC
- noted that the DTOC dashboard had shown an improvement for January across both Health and ASC
- looking at the first chart (Overall DTOC Rate) in Appendix 1 of the deep dive report on domiciliary care (agenda item 11, minute 71 refers), enquired why the rate for DTOCs attributable to both NHS and Social Care had been omitted and figures had been given only as attributed to the NHS or ASC. The Service Director: Adults and Safeguarding undertook to check the reason for this **Action required**
- looking at Appendix 7, queried why working on overdue reviews would contribute to a lower rate of performance, and drew attention to the apparent discrepancy between the downward direction of travel shown for the performance indicator 'Proportion of planned reviews completed within the period that were completed on or before their due date' and the comment that performance had risen. Members noted that the introduction of 'discharge to assess' had resulted in changes to assessments, and that work was being done on resourcing to undertake reviews.

It was resolved unanimously

to review and comment on the report.

69. THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID-YEAR REPORT 2017-18 ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS

The Committee received the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) mid-year report for 2017/18 on the delivery of the Council's delegated duties under the Section 75 Agreement between CPFT and the County Council. The Chairwoman expressed the Committee's thanks to the outgoing Director of Service Integration, Deborah Cohen, who would be leaving CPFT following a reorganisation of mental health social work services; she had contributed greatly to the present report.

The report was introduced by Katrina Anderson, Associate Director Operations Social Work/ Professional Lead, Social Work and Social Care, who was taking over the social work and Section 75 aspects of the Director of Service Integration's role. She said that as a result of the reorganisation, social workers now reported to a social work manager, which they welcomed, and which had helped quality improvement. Her role, a new one, was to be the professional head of mental health social work, which was raising the profile of social work within CPFT; she was heavily involved in the rollout of Phase 2 of PRISM, which brought social work and social care to the model.

Members' attention was drawn to aspects of the report:

- there was increasing emphasis on the delivery of mental health services through primary care
- CPFT had received national recognition for its integrated model of care

- in relation to performance, there were some issues with the validity of data, particularly in relation to service user reviews, where numbers seemed low though the target appeared to be being exceeded
- there had been no DTOCs within Adult and Older People's Mental Health in January, partly because a system had been developed for agreeing what constituted a delayed transfer
- the staffing position was fairly healthy and social work training continued
- there were still challenges on savings targets, some of which included income recovery from the CCG.

In the course of discussion, further information was sought on the implications for the County Council of the 15% overspend in Mental Health cost of care, and on what was meant by overspends on Older People's residential and nursing being partially mitigated by a corresponding underspend on client contributions. Members were advised that the overspend had already been factored in to the Finance and Performance Report, and council officers were in constant dialogue with CPFT. The underspend in client contributions was the result of collecting more in contributions than anticipated.

The Chairwoman expressed the Committee's gratitude for the very useful and helpful report from CPFT.

It was resolved unanimously

to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult and Older People Mental Health

70. PROPOSED CHANGES TO THE FAIRER CONTRIBUTIONS POLICY

The Committee received a report setting out the results of the consultation on proposed changes to the Fairer Contributions Policy, which had closed on 23 February 2018.

Members noted that the report had been published less than five clear days before the meeting, but the Chairwoman had agreed that it should be considered as a matter of urgency by reason of special circumstances, namely that time had been needed after the close of the consultation to collate all the feedback into a report for the Committee to consider when deciding on whether or not to adopt any of the proposals consulted on, and that public expectation throughout the process had been that the Committee would make its decision at the present meeting; people affected would be anxious to know the outcome and therefore it would not have been appropriate to delay the report.

Members noted that over 200 completed survey forms had been received, more on paper than online, as well as some partially completed online surveys, from which the comments had been extracted, though the incomplete surveys could not be included in the percentages. There had been substantial disagreement with the proposals; only the fourth proposal, to make direct debit the default payment method for Adult Social Care invoices, had met with majority approval.

Two members of the public addressed the Committee.

Sarah Conboy spoke as Chief Executive Officer of Pinpoint, Cambridgeshire's Parent Carer Voice Forum, representing parent carers of children and young adults with additional needs and disabilities. She said that the proposed changes would impact disproportionately on these young people, particularly those aged 18-25 with the most significant needs; enhanced payments were paid because recipients needed to buy more, or more specialist, services; taking that sum into account would put them at risk. She urged the Committee not to implement the proposals.

Miriam Martin, CEO of Carers Trust Cambridgeshire, Peterborough, Norfolk, also spoke, pointing out that a significant proportion of the people affected were supported by a family carer within a family unit. Family carers did not need the increased financial burden, anxiety and stress that implementing the proposals would bring; family carers were the invisible backbone of the health and social care system, and needed support, not more pressure. She urged the Committee to reconsider the proposals.

The Chairwoman spoke to propose changes to the recommendations in the report before Committee. She said that the new recommendations should be viewed in the context of the efforts being made by the Council to change the organisation over the past five years. The Committee was familiar with the business transformation proposals, which were improving outcomes for people as well as making savings. It had been right to consider the proposed changes to the Fairer Contributions Policy; other authorities had made similar changes, and it could be argued that the Care Act required them. Cambridgeshire was running a long-sustained campaign for fairer funding, because the county was underfunded by comparison with other authorities, being the third-lowest funded shire county in the country. However, the impact of the proposals on vulnerable people had been recognised, and the £282k savings required within Adults Services would be made elsewhere.

The Chairwoman proposed, and the Vice-Chairman seconded, that the recommendation be amended to:

The Committee is asked to approve the following:

- 1) Reject Proposal One: To include the Enhanced Rate of Personal Independence Payment (PIP) in the person's income when carrying out financial assessments to establish the level of contribution towards the cost of care and support.
- 2) Reject Proposal Two: To assess individuals who receive short term respite accommodation under residential rules rather than community rules to determine the contribution towards the cost of the respite stay.
- 3) Reject Proposal Three: To charge for the appointee function (for help with running their finances) for all services users who have capital above £3,000
- 4) Accept Proposal Four: To make direct debits the default method for Adult Social Care invoices issued in respect of contributions towards the cost of care and support.
- 5) Delegate approval of the change to the wording of the Fairer Contributions Policy, to reflect the acceptance of Proposal Four, to the Executive Director: People and Communities in consultation with the Chairwoman of the Adults Committee.

Discussing the amended recommendations, one member

- welcomed the recognition by other members that it would be wrong to increase the burden on vulnerable people, but expressed regret that some members had only learnt of the revised recommendations from a press release and not further ahead of the meeting
- pointed out that there had been a cost associated with the consultation exercise, and those who had received the consultation had been given cause to worry about the potential impact of the proposals on themselves or those they cared for
- urged that the wording of direct debit form include safeguards to ensure that people understood the reason for any cost changes before making any revised payment.

Other members, in further discussion

- thanked the two speakers for putting their points across so well
- commented that it had been right to carry out the consultation, as it was necessary to look at all options and listen to the responses
- pointed out that the £282k savings would have to be found elsewhere, and wherever that was, there would be an impact on staff and residents
- expressed full agreement with the first member, and added that many people would be willing to pay more in council tax if it meant that services were retained and the increase was spent on services rather than put into a smoothing reserve
- said that it was wrong to speak of people as being a burden on the community and it had been a mistake to bring the Fairer Contributions Policy proposals forward for consultation; the people who received services were welcome to receive them
- affirmed that it had been right to proceed to consultation, and said the Committee was heeding the views expressed in the responses.

The Chairwoman explained that the smoothing reserve referred to a small element of the council tax increase which would raise slightly more than was needed to cover the budget gap; this money would be held in reserve to deal with future pressures, because the outcomes of the Fairer Funding Review and of the business rates consultation were unknown. It was important to have funds available to meet future contingencies.

The amended recommendation was put to the vote.

It was resolved unanimously to:

- 1) Reject Proposal One: To include the Enhanced Rate of Personal Independence Payment (PIP) in the person's income when carrying out financial assessments to establish the level of contribution towards the cost of care and support.

- 2) Reject Proposal Two: To assess individuals who receive short term respite accommodation under residential rules rather than community rules to determine the contribution towards the cost of the respite stay.
- 3) Reject Proposal Three: To charge for the appointee function (for help with running their finances) for all services users who have capital above £3,000.
- 4) Accept Proposal Four: To make direct debits the default method for Adult Social Care invoices issued in respect of contributions towards the cost of care and support.
- 5) Delegate approval of the change to the wording of the Fairer Contributions Policy, to reflect the acceptance of Proposal Four, to the Executive Director: People and Communities in consultation with the Chairwoman of the Adults Committee.

71. DEEP DIVE – DOMICILIARY CARE

The Committee received a 'deep dive' report on domiciliary care. The report included information on the current level of investment and the associated financial savings profile, as well as an update on the key trends and challenges arising, and plans to address them. Members noted that recruitment and retention of staff was the biggest local challenge; factors in this included a high rate of turnover, an aging workforce, uncertainty around the future for the large proportion of workers who had come from elsewhere in the European Union, and the high cost of living in Cambridgeshire. Other challenges included making best use of available homecare capacity, developing the workforce and increasing awareness of care as a career, and using prevention rather than intervention, through for example reablement and assistive technology.

Discussing the report, members

- enquired whether care workers received different rates of pay in Cambridge and in the more remote villages. Officers advised that the commissioners set maximum and minimum rates, but did not determine the amount paid within this range; in practice, the amount paid was towards the higher end in all areas
- sought further information on travel costs in rural areas. Officers advised that providers could choose to raise this with commissioners on a case by case basis, but in general the cost of travel was reflected in the hourly rate of pay from the Council to providers
- expressed concern that outcome-based commissioning might have the effect of encouraging the delivery of care in the shortest possible visits. Members noted that an outcomes-based approach was currently being piloted in Huntingdonshire; when providers conducted an assessment of service users' needs, users were asked what outcomes they wanted and how they could be reached within the budget available for their care

- asked how the work of Neighbourhood Cares related to domiciliary care services. Members were advised that Neighbourhood Cares looked at how people's needs could be met, which might, but would not necessarily, include through a domiciliary care package
- commented that a care worker was paid more for a less responsible job in a national fast-food chain than in care work, and asked whether a few large care agencies would come to dominate the care sector. Members were advised that the Dynamic Purchasing System (DPS) allowed smaller providers with less infrastructure to apply for inclusion on the approved list of providers; work would then be undertaken with them to ensure that they would meet appropriate quality standards
- noted that the market was starting to consolidate, and included some very large providers who would be able to benefit from economies of scale, with a large client base shortening journey times between calls; some of these agencies paid well. The market was likely to consolidate in the longer term and prices rise; the Council was responding to this by introducing competition through the DPS, and developing alternative and preventative models
- noted that care agencies were registered and inspected by the CQC, and were required to meet quality criteria. The care provided in individual cases was managed through the review process, and any request for a large increase in a care package would trigger an unscheduled review
- pointed out that agencies would have to treat staff well if they wished to get people to work for them, and noted the comment of one agency that, in order to attract staff, it was becoming necessary to invest more in training and provision, including for example provision of housing
- pointed out that Neighbourhood Cares teams were in constant touch with people, and knew their circumstances, so the process of review was ongoing and organic, rather than having open and closed cases; Neighbourhood Cares would eventually cover the whole of Cambridgeshire, and work both with those with care packages and those without. It was a much more localised model of care, with far less travel time for workers, who were drawn from the local area, paid well for their work, and had a career path and training.

The Chairwoman drew attention to the figure of 295 people waiting for a change to their current domiciliary care service, or for a new package of domiciliary care. She suggested that the Committee ought to keep this figure under review. Officers advised that further information on the waiting list should become available in the next few months.

Action required

The Chairwoman expressed the Committee's thanks for an informative report and encouraged members to see the benefits of Neighbourhood Cares by going to see their work themselves.

It was resolved

To consider the report and provide comments on key trends and issues raised.

72. ADULT SOCIAL CARE SERVICE USER AND CARERS 2017 SURVEY RESULTS

The Committee received a report summarising the results of the annual statutory Adult Social Care User Experience Survey and the two-yearly Carers' Experience Surveys which had been conducted in 2017. Members noted that, although it was not a national requirement, the local survey had included a comments box; the feedback thus received had proved very helpful. Overall, the Carers' Experience Survey results had been less positive than the Service User results, and officers were developing an action plan to respond to the issues raised.

Discussing the survey findings, members

- expressing concern at the slight drop in performance and reduced satisfaction levels, enquired whether the action plan could be shared with members, and progress in addressing the issues identified be reported to the Committee. The Assistant Director, Adults & Safeguarding, undertook to do this **Action required**
- noted that comments on care and support services related largely to services provided by care agencies
- while welcoming the fact that the Cambridgeshire survey findings were not out of line with national results, expressed concern at the low level of carer satisfaction nationally. Members noted that officers were working with the Carers' Trust on identifying carers' concerns; the survey targeted carers with identified needs as carers, but the Carers' Trust was in contact with a far larger number of carers
- commented that the satisfaction level of users of the Sensory Services was particularly high; on being advised that only two completed surveys had been received from these users, members requested that if possible numbers be included in the survey findings alongside the percentages **Action required**
- enquired whether and how any safeguarding or contractual issues could be identified and actioned. Officers advised that it was possible to identify respondents by logging the reference number, but this was used only in relation to safeguarding concerns; all other answers remained anonymous, but safeguarding issues were followed up
- asked what information was available about the funding received by the comparator authorities. The Assistant Director undertook to pursue this question with the Finance team. **Action required**

It was resolved unanimously

To consider the survey findings and the key messages arising from the feedback of service users and carers.

73 ADULTS POSITIVE CHALLENGE PROGRAMME

The Committee received an oral update and presentation (attached to these minutes as Appendix A) on the progress of the Adults Positive Challenge Programme. Members noted that this was proving to be a very useful piece of work; it was planned to hold a

member workshop on 12 April 2018 to shape the business cases which were being developed, and a fuller report would be brought to the Committee on 24 May 2018.

In discussion, one member drew attention to a recent healthcare press report about plans for householders to rent spare rooms to newly-discharged hospital patients, under a 'CareBnB' model; she expressed concern at the safeguarding implications of non-care providers giving care. The Chairwoman explained that the report was referring to a pilot being conducted by Care Rooms in Cambridgeshire as a private enterprise; the Council had offered to explore with the company what was happening in Cambridgeshire and how the service might be developed, but the only commitment so far was to have a working party to inform and give insight into the health and social care landscape in Cambridgeshire. It did not form any part of the CapGemini work on the Positive Challenge Programme.

In answer to a question about the proportion of self-funders receiving adult social care services, members noted that 70% were self-funded, and some other service users were paying an assessed contribution of 100%. However, many services, such as equipment provision and early help, were universal, available to all regardless of financial circumstances.

The Chairwoman thanked the Transformation Manager for his presentation.

It was resolved unanimously

to note the update and presentation on the progress of the Adults Positive Challenge Programme.

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

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

75. ADULTS COMMITTEE AGENDA PLAN

The Committee considered its agenda plan. Members were advised that the Care Homes Working Party had asked that, as part of Workstream 1, an item be brought to Committee on the reserve date of 12 April on the commissioning of new beds in existing provision. This would probably be a confidential item, as being commercially sensitive.

It was resolved unanimously

- a) to note the Agenda Plan, subject to the following changes:
 - i) the addition of a brief meeting before the planned workshop on the reserve date of 12 April 2018 to consider commissioning of new beds in existing care homes
 - ii) the addition of other items identified in the course of the meeting.

Chairwoman