

ADULTS COMMITTEE: MINUTES

Date: Tuesday 17th May 2016

Time: 2.00 p.m. to 16.40 p.m.

Present: Councillors A Bailey (Vice-Chairwoman), C Boden, S Crawford, L Dupre, D Giles, L Harford, R Mandley, L Nethsingha, T Orgee (substituting for Councillor Hoy), M Tew (Chairman), G Wilson and F Yeulett

Apologies: Councillors S Hoy and G Kenney

Members noted the appointment of Councillor Tew and Councillor Bailey as Chairman and Vice-Chairwoman for the municipal year 2016/17.

The Chairman welcomed recently elected Councillor Dupre to the Adults Committee.

161. DECLARATIONS OF INTEREST

None.

162. MINUTES – 1ST MARCH 2016 AND ACTION LOG.

The minutes of the meeting held on 1st March 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted following the verbal update regarding minute 121. Officers informed Members that a report would be presented to the September meeting of the Committee. It was agreed for the action to be removed from the log along with minute 126.

163. PETITIONS

No petitions were received.

164. CAMBRIDGESHIRE LOCAL ASSISTANCE SCHEME (CLAS) FOR 2016/17

Members considered a report that provided an update to Members on the Cambridgeshire Local Assistance Scheme (CLAS) and sought outline agreement to engineer a new approach to CLAS arrangements that provided information and advice as well as goods and services.

During discussion of the report Members:

- Referred to paragraph 2.10 of the report and expressed disappointment that more than one third of CLAS funding was not used for the direct delivery of services. Officers explained that the distribution of funds was under review and would be addressed within the planning for the coming year.

- Questioned the audit arrangements regarding the use of Authorised Agents and suggested that those agents whom the Local Authority had cause for concern regarding their quality should be audited more frequently. Officers advised that audits were carried out on a random basis but greater consideration would be given to auditing failing Agents more frequently.
- Expressed surprise that only 3.5% of clients of the Peterborough scheme received recycled white goods when the Cambridgeshire scheme made awards of white goods to 46% of clients. Officers explained that the Peterborough scheme was an advisory model whereas the Cambridgeshire scheme was geared more towards distributing goods. There were plans to align the Cambridgeshire scheme to an advisory service but there was a balance between the two to be struck.
- Questioned how Food Bank volunteers had been encouraged to apply to become CLAS Agents. Officers had contacted Food Bank leads and provided information to be shared with volunteers. Officers requested Members inform them of any Food Banks in their area to ensure that all had been contacted. **ACTION**
- Expressed disappointment regarding the number of initiatives that had not taken off but highlighted the prevention work carried out by East Cambridgeshire District Council by providing early intervention before a crisis could escalate.
- Confirmed that officers were awaiting the publishing of research into furnished lettings for vulnerable people. Members requested that the report be circulated to them when received. **ACTION**
- Noted that a contingency fund of £163k remained in 2016/17 and would require the agreement of the General Purposes Committee for the money to be reallocated.
- Expressed interest in exploring further the Peterborough model that focussed on prevention given the pressure on the CLAS budget and questioned whether the Transformation Fund could be incorporated into it. Officers agreed that it could be looked into but reminded Members of the importance of comparing like with like when assessing different schemes.
- Confirmed that reports would be presented to Spokes and a further report would be presented to the Committee in the autumn in preparation for the new financial year.

It was resolved unanimously to:

- a) Consider the proposed alternative approach to providing a Cambridgeshire Local Assistance Scheme as outlined in Section 4.
- b) Support further investigation into that alternative approach.
- c) Agree further updates be provided to Adult Spokes rather than further reports presented to the Adults Committee

165. UNDERSTANDING THE IMPACT OF TRANSFORMING LIVES IN 2015/16

The Committee received a report that provided information on the impact that the Transforming Lives model had on services, care outcomes and financial commitment in adult social care in 2015/16. Officers explained that it was challenging to find a way of understanding the impact of Transforming Lives. The report focused on the Learning Disability Partnership (LDP) and Physical Disabilities (PD) team as they had adopted the approach during 2015/16.

During discussion Members:

- Welcomed what was a long awaited report and anticipated that the statistics would improve over time as more data was collated. Members requested that the data was presented to the Committee on a regular basis.
- Concerned by the data presented in the table at paragraph 3.3 of the report as it did not correspond to the data presented in appendix 1 of the report. Officers explained that the analysis was carried out on a combination of 2 databases and there were slight differences in the data and agreed that it should have been made clearer in the report.
- Recognised the challenge of writing the report and providing the statistical analysis and questioned why the numbers of individuals who had experienced the Transforming Lives model was much lower in Fenland than East Cambridgeshire. Officers explained that the model had had been implemented in East Cambridgeshire much earlier than Fenland and had been an "Innovation Site". Fenland had begun to implement the model in October 2015 and work was ongoing to ensure that data was being properly recorded.
- Expressed disappointment that the implementation of the model appeared only to translate to an overall saving of 2.5%. Officers explained that the savings were net of the cost of the care that the individual would have had if the model had not been implemented.
- Highlighted the case recording in the LDP team and questioned why the number of Transforming Lives case notes recorded had decreased so markedly in December 2015. Officers explained that there was an overall drop in activity due to the Christmas leave period and accepted that when staff were under pressure it was sometimes seen as easier to revert to the "old" way of working. Discussions had taken place with care teams in order to mitigate it happening again.
- Highlighted the clear benefits of the model demonstrated at paragraph 5.6 of the report and requested the benefits be emphasised. Members questioned whether service users and their carers had seen an improvement through Transforming Lives. Officers confirmed that the feedback had been from the staff perspective and it was recognised that service user input was hugely important. Work was ongoing to identify the best method of engaging service users for their input.

- Noted that the report represented the first step in recording and understanding the impact of the Transforming Lives model and as the model was deployed in teams across the County, the data and its analysis would become more refined.
- Queried the figures presented in appendix 3 of the report. Officers explained that a full year's data would be required in order for a true picture to emerge. In time it was expected that the Transforming Lives model would be able to be accurately measured against the "old" ways of working.
- Thanked the work of officers in compiling the report, and thanked Mike Hay who was due to retire in the near future for his contribution to Transforming Lives..

It was resolved unanimously to note and comment on the analysis undertaken to assess the impact of Transforming Lives.

166. TRANSFORMING CARE PLAN

A report was received by the Committee that briefed Members of the programme of work known as Transforming Care, led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), that developed community based services for people with learning disabilities and/or autism so that the need for in-patient beds was reduced. Officers highlighted the good progress made on reducing the numbers individual placed out of county. The plan had been expanded to include children and young people because it was imperative that the transition from children to adult services was as seamless as possible.

During discussion of the report Members:

- Questioned the rationale behind reducing the number of inpatient beds by one in Clinical Commissioning Group (CCG) commissioned beds and one in the NHS England commissioned beds. Officers explained that the intention was to focus on the spot purchasing of beds and that there was scope to reduce block bed numbers as the beds were particularly specialised. The availability of beds, Members were assured, would be closely monitored.
- Confirmed that the changing demographic of the county had been taken into account when developing the plan but would continue to be monitored closely.
- Noted the requirement to be able to cope with demand for beds most of the time but also avoid over supply.
- Confirmed with officers that the report covered the entire CCG area that included East Northamptonshire and North Hertfordshire and should have been referenced in the preface of the report.
- Sought assurance regarding the length of placements in the beds. Officers explained that there was an expectation that patients would occupy the beds for no longer than six months. The block contract was designed to work quickly and effectively with

strong links to the community that ensured placements did not go on for longer than necessary

- Clarified that the inpatient beds were designed to treat people with learning disabilities and/or autism who had been determined to be a risk to themselves or others.

It was resolved:

- 1) To note and comment on the draft Transforming Care Plan.
- 2) To delegate authority to the Executive Director: Children, Families and Adults, to approve the strategy after it had been presented to the Children and Young People's Committee following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young Person's Committee.

167. DRAFT MARKET SHAPING AND CHILDREN, FAMILIES AND ADULTS PROCUREMENT STRATEGIES

Members received a report that provided an update on the development of two related strategies; a Market Shaping Strategy and a Children, Families and Adults (CFA) Procurement Strategy. Officers emphasised the Council's role as a market facilitator, established through the Care Act 2014. The procurement strategy set out the need to work with other Local Authorities in order to procure jointly and highlighted the need to procure services differently, based on outcomes through the use of incentives.

During discussion Members:

- Highlighted the work of the Reablement Team within the care process and the need for it to be reflected and understood.
- Drew attention to the potential for the Council to consider more direct market interventions including supporting social enterprises, Community Interest Companies and User-Led Organisations and suggested that work in that area should commence immediately.
- Highlighted the importance of referencing a Local Authority run care home which had previously been considered by the Committee.
- Welcomed the Procurement Strategy but raised concerns regarding whether the Council had the capacity and the skilled staff necessary for the strategy to succeed. Officers advised that staff were completing Chartered Institute training and there was a focus on ensuring that the Council had the capability to deliver the strategy.
- Questioned whether disaggregation of contracts had been considered where it could be advantageous to do so. Officers advised that European Union procurement rules had changed recently and legal advice would be sought during all procurement exercises.
- Sought greater clarity on how a revised home care contract focussed on the outcomes of individuals differed from the current home care contract. Officers

explained that the current contract was task based with time allocated to the individual tasks. The new model would incorporate seven care outcomes agreed with the individual. The care provider would then work with the individual to achieve the agreed outcomes without time constraints. There would also be incentives built into the contract where if a care provider was able to achieve the outcomes more quickly then there was potential to offer financial reward.

The Chairman and the Committee thanked the work of Andrew Mailer in producing the strategy.

It was resolved unanimously to:

- a) Review and comment on the draft Market Shaping Strategy before it was shared with stakeholders for a period of consultation.
- b) Agree to receive and review the final draft Market Shaping Strategy at the September Committee for approval.
- c) Review and comment on the draft CFA Procurement Strategy.
- d) To delegate authority to the Executive Director: Children, Families and Adult services to approve the CFA Procurement Strategy following its presentation to the Children and Young People's Committee following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young People's Committee.

Cllr Nethsingha left the meeting at 3.45pm.

168. DISABILITY RELATED EXPENDITURE

Members received a report that requested that consideration be given to reducing the standard rate of Disability Related Expenditure used when completing a financial assessment that determined the level of contribution an individual would make toward the cost of their care.

Disability Related Expenditure (DRE) was taken into account within the financial assessment of people receiving social care services who were in receipt of Attendance Allowance, the care component of Disability Living Allowance or Personal Independence Payment.

Department of Health guidance allowed a standard rate to be applied without any evidence of expenditure being supplied. Officers explained that a number of other Local Authorities applied a lower standard rate and some did not apply a standard rate and chose to assess DRE on an individual basis. Officers emphasised that an individual assessment for DRE would be provided on request

During discussion:

- Members clarified the financial assessment process and questioned the level of support available to individuals. Officers advised that there would be no change to the overall process. A financial assessment form was sent to individuals on which

they could indicate that they had disability related costs that were above the standard disregard and provide information to support the claim. Financial assessment officers would then seek to verify through evidence of receipts and bills that the costs were greater than the standard disregard by applying guidance set by the National Association of Financial Assessment Officers (NAFAO). The assessment would then be sent to the relevant Care Manager for approval. Officers explained that if the level of expenditure amounted to less than the standard rate, then the standard rate would be applied so that individuals were not disadvantaged by requesting an assessment of their DRE.

- Members noted that the implementation of the new standard rate would be from the date of the next financial assessment and requested that a letter be issued to service users affected. **ACTION**
- It was questioned what protection was afforded to the most vulnerable individuals. Officers explained that the benefits information collected during the assessment identified individuals who would be eligible for DRE. The default position would remain to have a standard disregard with an individual assessment provided on request.
- Members drew attention to the number of Local Authorities that did not offer a standard DRE and questioned what the impact would be in Cambridgeshire if such an approach was adopted. Officers explained that modelling work had not been completed as it was not possible to know what the individually assessed rates would be. Northamptonshire County Council had recently moved to a standard rate of DRE following a period where each person was assessed individually. The experience of Northamptonshire was that processing individual assessments took approximately 40 minutes longer then approval would have to be sought by the Care Manager added a further 20 minutes to the processing time. The estimated saving in officer time by moving to a standard rate of DRE was around £21,000. Members noted that delays to a financial assessment being completed resulted in delays in income being collected by the Local Authority. Officers agreed that further exploration over whether a standard rate was required or not could take place.
ACTION
- Clarity was sought on which local authorities were Cambridgeshire's statistical neighbours. Members were informed that they included Oxfordshire, Wiltshire, North Yorkshire and Staffordshire. Officers were unsure as to how long each local authority's DRE policy had been in place.
- Members requested that as DRE assessments were undertaken, data would be recorded on the outcome of assessments to help inform any future changes to the application of DRE and the standard rate. **ACTION**
- A Member raised highlighted the significant numbers of responders to the consultation did not want a change to the standard rate and suggested that further work was required before a change could be made. Officers accepted that it was a difficult process with an element of subjectivity and highlighted the income targets set within the Council's Business Plan.

- Members noted an error in the figures quoted in paragraphs 1.3.4 and 5.7 in calculating the full year effect of reducing the standard rate of DRE.

It was resolved:

- a) To consider the feedback from the consultation.
- b) Continue to offer a standard rate of Disability Related Expenditure, with no evidence of expenditure being required, as part of the financial assessment process.
- c) Reduce the standard rate of Disability Related Expenditure from £26 per week to £20 per week with the change implemented as described in paragraph 5.9 of the report. – 6 yes 5 against

Councillors Crawford, Dupre, Giles and Wilson requested that it be recorded in the minutes that they voted against recommendation c).

169. FINANCE AND PERFORMANCE REPORT – MARCH 2016

The Committee received the March 2016 Finance and Performance report. Members noted that it was an extended iteration of the report and that the closedown report would follow at the next meeting of the Committee. Officers highlighted that there had been little change between February and March with an underspend of £2m across the CFA service. Previous issues regarding the Commitment Record and expenditure recording being slow had been resolved. An overspend by the LDP had been offset by other areas of significant underspend. Attention was drawn to the addendum to the report that was circulated to Members following the publication of the agenda. The addendum added to the list contained within Annex A of the report and would form part of the proposed service reserves for 2016/17 that required Member endorsement and for them to be referred to the General Purposes Committee.

Officers informed Members that the activity data regarding delayed transfers of care (DTOCS) included in the report were the most up to date made available by NHS England.

During discussion Members:

- Raised concerns regarding the data and the level of information provided. Officers agreed that the Finance and Performance Report was presented in a standard format for accounts and would take feedback to the Council's Section 151 officer.
- Noted the difficulties surrounding Continuing Health Care (CHC) and the CCG. Concerns would be escalated as there were doubts that despite the Council having raised these issues with the CCG on several occasions there had been no significant change as a result and there were a number of issues outstanding.

- Suggested that financial reassessments were scheduled to coincide with the reassessment of care needs.
- Expressed concern that the table presented in section 2 of the annex to the report was confusing. Officers noted Members concerns and suggested that the table could be simplified.
- Questioned the use of “Funnel Savings” as it was a term that had not previously been used and expressed concern that it appeared to be a method of making further cuts. Officers explained that it did not represent a departure from policy and highlighted the need to budget for more savings that were needed to be made. The approach would be at the core of Business Planning for 2017/18.

It was resolved unanimously to:

- a) Note the finance and performance position as at the end of March 2016
- b) Note the implications for 2016-17 budget setting
- c) Endorse the proposed service reserves for 2016-17 (listed in Annex A of the report) and refer them to the General Purposes Committee for their approval.

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

Members received a report that set out the appointments to outside bodies, partnership liaison groups, and internal advisory groups and panels for the municipal year 2016/17. Following discussion and with the agreement of the Chairman, officers were requested to review the list of bodies to be appointed to. Members and officers noted that Councillor Crawford was no longer able to attend the Older People’s Partnership Board.

It was resolved to review to agree for officers to review the list of Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Groups.

171. ADULTS COMMITTEE AGENDA PLAN

The Committee resolved to note the agenda plan and the following oral update provided at the meeting. Members confirmed that the Transforming Lives report that was due to be presented in September would include the same level of statistical data and analysis seen in the May report. Members also requested a further Cambridgeshire Local Assistance Scheme report be presented in September

Added

15th September 2016 – Extra Care Housing – Market Position Statement

Chairman