

ADULTS COMMITTEE: MINUTES

Date: Tuesday 20th May 2014

Time: 2.00 p.m. to 4.05 p.m.

Present: Councillors Ashcroft, Ashwood (substituting for Cllr Wilson), Bourke, Clapp (Chairman), Crawford, Giles, Harty (substituting for Cllr Yeulett), Kenney, Loynes, Nethsingha, Onasanya, Orgee (substituting for Cllr Bailey), J Reynolds, Smith and Tew

Apologies: Councillors Bailey, K Reynolds, Wilson and Yeulett

1. CONFIRMATION OF CHAIRMAN/WOMAN AND VICE-CHAIRMAN/WOMAN

The Committee noted that the Council had appointed Councillor Clapp as the Chairman and Councillor Bailey as the Vice-Chairwoman for the municipal year 2014-15.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. PETITIONS

No petitions were received.

4. ADULT MENTAL HEALTH SECTION 75

The Committee received a report presenting the draft Agreement under Section 75 of the National Health Services Act 2006 between Cambridgeshire County Council (the Council) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for the provision of adult and older people's mental health delegated Council services. The report explained that the Council had entered into a number of agreements with the National Health Service (NHS) since 2002; it had had a Section 75 agreement with CPFT since 2009. Under that agreement, the Council delegated its mental health-related social care activity to CPFT. Changes in how CPFT delivered services and in the Council's strategic approach for adult social care meant that a new Section 75 agreement was now needed to ensure a clear governance structure for delivery of the delegated duties.

Discussing the report and draft agreement, members

- queried the proposal to delegate approval of the final version of the agreement to the Executive Director: Children, Families and Adults Services acting alone. The Committee was advised that this had already been picked up in discussion with the Chairman and Vice-Chairwoman last week; the intention was that the delegation should be to the Executive Director acting in consultation with a member or members of the Committee's choice

- sought evidence for the statement that current partnership arrangements were functioning well, and for how savings were to be made against the Council's spend on mental health packages of care for 2014/15. Officers advised that no actual change to services was planned; the draft agreement was documenting what was already happening. When asked, service users said they wanted a seamless process, with only one assessment of their needs; CPFT and CCC staff were happy with the pooling of information and decision-making that this way of working involved. Savings were set out in the Business Plan, and the Section 75 agreement was a separate process
- in answer to their concerns that reducing expenditure could result in a reduction of service, noted that no workforce cuts were proposed; economies would be sought in the delivery of back office services and of training
- queried the agreement date of 1st April 2014. Members were advised that the date reflected the advice of legal advisers. The agreement would not come into effect until it had been agreed through the committee process, and could be dated differently if required
- stressed the importance of good information sharing, a topic that had already been identified by the Health and Wellbeing Board, and welcomed the drafting of a protocol for information sharing
- asked whether the agreement was to be for an initial period of a year, and brought to the Committee for review before the end of that year
- drew attention to the poor level of funding for mental health services in Cambridgeshire, which on some metrics was the lowest in the country
- noted that a strategy for Social Care and Older People's Mental Health was being developed and would be brought to Committee later in the year; work on developing the strategy had already started with Healthwatch and the Service User Network, and there would also be an event for providers
- in answer to a question about the development of low-level preventative community services, were advised that work had already started with the Head of Quality and Transformation, Adult Social Care on how the Transforming Lives approach could be linked to mental health, and how, within the resources available, staff could work at a low-key local level
- commented that the potential closure by CPFT of Lifeworks, which was enabling people to stay independent with a low-level approach, showed a different approach to providing community support from that outlined above
- noted that the Mental Health Governance Board, which was to oversee the government of the Agreement, had been established late in 2013 and included the Chief Executive and the Chief Operating Officer for CPFT, the Executive Director: Children, Families and Adults Services for CCC, and their heads of finance. Officers suggested that a County Councillor should also be added to the Board.

It was resolved to:

- a) note the progress on revising the Section 75 Agreement for the provision of adult and older people's mental health delegated services
- b) delegate to the Executive Director: Children, Families and Adults Services in consultation with the Chairman and Vice-Chairman of the Committee authority to approve and sign the final version of the Section 75 Agreement, including all Schedules.

5. A NEW STRATEGIC APPROACH FOR SOCIAL WORK AND SOCIAL CARE FOR ADULTS IN CAMBRIDGESHIRE: TRANSFORMING LIVES

The Committee received a report describing the new strategic framework for adult social work and social care being developed to 'transform the lives' of the individuals, families and communities within Cambridgeshire. The report also pointed out the role that all Councillors would have in working within their communities to support this initiative, particularly in the first two stages of the three-tier model, 'Help to Help Yourself' and 'Help When You Need It'.

Members noted that Cabinet in April 2014 had agreed the approach and direction of travel of Transforming Lives, which was integral to the achievement of the Council's business plan savings. It was also a response to the Care Bill, which had received the royal assent on 16 May 2014, so was now the Care Act; regulations and guidance under the Care Act would be published for consultation in June 2014. The aim of Transforming Lives was to develop an approach to social work and social care that was increasingly proactive, preventative and personalised. It acknowledged the contribution made by the voluntary sector and by carers. An event had been planned for June as the first part of a continuous process of engagement with stakeholders.

In the course of discussion, members

- stressed the importance of the Committee demonstrating leadership of this changed approach, pointing out that it was a job for all Councillors. Officers said that a draft communication and engagement plan would be developed in consultation with the Committee. Work was being done to map out the main decision points; these could be mapped onto the Committee's agenda plan. Additionally, it would be necessary to explore, perhaps through a seminar or other specific event, ways in which members could help to promote the strategy
- welcomed the principles behind the strategy, but sought clarification of how they would be carried into practice, and how achievement would be measured. Members were advised that work on prevention and early intervention was being undertaken with voluntary and community sector organisations, who knew and engaged with their local communities; there were also plans to evaluate and develop the Community Navigators project. Workforce achievement could be measured against the Council's internal staff appraisal system, with staff objectives being linked to Transforming Lives; the Head of Workforce Development was also exploring the use of nationally-developed tools to track progress

- sought clarification of the reasons behind the Council's reliance on the voluntary sector. It was explained that the voluntary sector tended to work with people below the Council's threshold for receiving services; ways were being explored of how to increase the sector's input, including how to get people to receive help earlier. The Transforming Lives project board included a representative of the voluntary sector
- in the light of recent national media reports of uncaring and unskilled care workers, asked how standards of care were monitored locally. Officers advised that standards were set out in contracts with residential and nursing homes and with home care agencies which the providers were expected to follow, including police checks and a robust staff induction process. Contract monitoring visits, including requests for feedback from service users and their relatives, were carried out to check compliance by both agencies and residential care homes; home care and residential services were also subject to regulation by the Care Quality Commission (CQC). It was also important that anybody who became aware of poor practice, e.g. a district nurse, reported it and gave feedback to Council officers
- noted that the Council currently worked with 34 home care agencies, and in practice used places in about 50% of local residential and nursing homes. There were five members of staff engaged in monitoring work; they shared information with CQC and collaborated with CQCover their findings
- drew attention to the identified risk that the Council's systems would be unable to support the new ways of working. Officers commented that the risk was often that social care practice was being driven by the available software. A procurement exercise for IT equipment was being carried out using a process of competitive dialogue; the aim was to have an IT system that was driven by the needs of practice
- expressed support for the strategy, and suggested that it would be helpful to have a member seminar on the subject, open to all County Councillors.

It was resolved:

- a) to endorse the Transforming Lives strategy as previously agreed by Cabinet
- b) to champion the role of all members in engaging with their local communities to support this initiative
- c) to receive at its next meeting a draft project plan with important decision points highlighted
- d) to request that a development plan for all members be devised to help them in supporting the Transforming Lives strategy in their communities.

6. INTRODUCTION TO THE CARE BILL

The Committee received a report on the implications of the Care Bill – now the Care Act – prior to the release of the draft regulations expected in June 2014, for implementation from April 2015. Members noted that care accounts and deferred payments were due to be implemented in April 2016. The Act fitted well with the Transforming Lives strategic approach. It included novel entitlements for carers, and a requirement to assess those funding their own care to establish their needs and the cost of meeting them. As a result, it would be necessary to conduct at least 1,500 new assessments.

Members noted that, in the view of the Local Government Association, insufficient funds were being made available to meet the new obligations. The Better Care Fund (BCF) arose from the transfer of funds from the NHS into a pooled budget with the Council; it was money already within the Clinical Commissioning Group's allocation, and did not represent new money. There were indications that cost pressures nationally on local authorities could be up to 23% higher than Department of Health (DoH) estimates.

Discussing the report, members

- welcomed the Act, but expressed reservations about its considerable financial implications. Officers advised that the DoH had confirmed that the BCF would be established, despite press reports to the contrary. It was not possible at the moment to give a precise cost of implementing the Act, but it would be built into budget modelling; it should be possible to log the cost of implementation, because of the specific nature of the Act's requirements, such as assessments for the carers of self-funders as well as of self-funders
- sought clarification of the decisions that the Committee would be required to make in November 2014, and asked for an update report prior to November. Members were advised that it was difficult to know what would be required until the regulations were published and it became possible to judge how complaint current practice would be with these regulations. A project was already examining the provision of support for carers, including how to publicise their forthcoming right to request an assessment of their needs
- noted that if the statutory requirements imposed by the Act exceeded the funding received to meet them, it would be necessary to make savings elsewhere in the budget. Some of the BCF funding was ring-fenced, but it was not new money, and many of the tasks for which it was currently being used would still have to be undertaken
- requested an update on the implications of the Act before its meeting in November.

It was resolved:

to receive updates on the implications of the Care Bill, with a preliminary report in September 2014, progress towards implementation in April 2015 and any matters for decision at the Committee's meeting in November 2014.

7. APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS, AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

The Committee received a report which had been considered by the General Purposes Committee at its meeting on the morning of 20 May 2014. Members were advised that, as anticipated in the report, the General Purposes Committee had asked the Adults Committee to review representation on the Cambridgeshire Carers Partnership Board and on the District Care and Repair Bodies, and additionally to make one of two appointments to the Transitions Partnership Board, the other appointment to be made by the Children and Young People Committee.

It was resolved:

- (i) to reappoint Councillor Yeulett to the Cambridgeshire Carers Partnership Board
- (ii) to appoint Councillor Kenney to the Transitions Partnership Board
- (iii) to delegate to the Executive Director: Children, Families and Adults, in consultation with the Adult Spokesmen/women, the task of reviewing the Council's representation on District Care and Repair Bodies
- (iv) to appoint Councillor Nethsingha to the Mental Health Governance Board.

8. FINANCE AND PERFORMANCE REPORT – MARCH 2014

The Committee received a report setting out the latest financial information for Children, Families and Adults Services (CFAS). Members noted that this was the month-end report for March; the final outturn report for 2013-14 would be presented to the Committee at its next meeting in July.

In response to their questions, members noted that work was already being undertaken on implementing the current year's Business Plan. The aim was to deliver a balanced budget within the Business Plan, accommodating both pressures and underspends.

It was resolved:

to note the report.

9. BUSINESS PLAN BUDGET FOR 2014/15

The Committee received a report providing it with details of the budgets that it would be monitoring for the financial year 2014-15. Members noted that, for completeness, the report included all the budgets within Children, Families and Adults Services, though the Adults Committee would only be considering the budgets related to Adults Services.

Discussing the report, members queried whether moneys underspent in one year could be spent in the following year. The Committee was advised that the net position for CFAS would be carried forward in revenue balances by service area. Some of the savings made in 2013-14 were one-off savings, so would not occur again in 2014-15, and others were early achievement of the planned 2014-15 savings. As part of the

ongoing monitoring of spending in 2014-15, it would be necessary to review the allocation of resources where demand had exceeded expectations. It was not intended to use the one-off reserves to supplement the budget on an on-going basis. Members welcomed this reassurance.

It was resolved:

to note the report.

10. SERVICE COMMITTEE AGENDA PLAN

The Committee was asked to review its agenda plan, consider suggestions from the outgoing Adults, Wellbeing and Health Overview and Scrutiny Committee, consider a request from the Audit and Accounts Committee, and discuss its working arrangements going forward.

Discussing topics covered by the Overview and Scrutiny Committee (OSC), attention was drawn to work started, but not completed, on support for people with acquired brain injury, particularly housing support. It was agreed that two members of the Committee would follow this up. The Committee noted that the OSC's review of delayed transfers of care now came within the remit of the Health Committee; a follow-up report was going to the Audit and Accounts Committee. The Executive Director undertook to circulate this report to members of the Committee for information.

It was resolved:

- a) to note the agenda plan
- b) to request a report on the work of the Drug and Alcohol Advisory Team at the November 2014 meeting
- c) that Councillors Clapp and Bourke would follow up the work of the Adults, Wellbeing and Health Overview and Scrutiny on support for people with acquired brain injury, reporting to the Committee in September or November 2014.

Chairman