

ADULTS COMMITTEE: MINUTES

Date: Thursday 9th November 2017

Time: 2.00pm to 4.35pm

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

34. DECLARATIONS OF INTEREST

There were no declarations of interest.

35. MINUTES – 12 OCTOBER 2017 AND ACTION LOG

The minutes of the meeting held on 12 October 2017 were agreed as a correct record and signed by the Chairwoman.

Reviewing the action log, members were advised that 11.30am – 1pm on 11 January had been identified as a possible time for the training session to assist understanding of the finance and performance report tables (minute 17); the Committee agreed to this, and to look at 'Proportion of planned reviews completed within the period that were completed on or before their due date' (minute 28, third action) at that session.

Members were also advised that minute 28, second action (find out details of the 16 Learning Disability packages that were costing more than expected) was now complete.

The Action Log and oral updates were noted.

36. PETITIONS

No petitions were received.

37. FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2017

The Committee received the September 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that

- the overspend had risen slightly compared with the previous month because of increasing demand
- there had been little change in the performance data over the same period
- the expectation was that P&C Services would be able to deliver the full amount of required savings, £20,658k, within the current financial year.

Members welcomed the report, and in the course of discussion

- noted that the savings tracker for recouping under-used direct payment budget allocations was showing red because previous work done to claim direct payments had been overstated, and achieving this saving was additional to the baseline

- asked how quickly it might be possible to expand the work to support people with physical disabilities and people with autism to live more independently. Officers advised that two workers were supporting this savings target, but in practice had spent much of their time working with people on ways of reducing their need for services, rather than achieving cashable savings
- expressed disappointment at the constraints on progress caused by the Cambridgeshire and Peterborough Clinical Commissioning Group's (CCG's) pace and effectiveness in completing the continuing health care (CHC) process, and sought assurance that the position was improving. Officers advised that there had been some improvement in the CCG's understanding of the issues involved
- drew attention to the forecast underspend of £119k in Autism and Adult Support as compared with the variance of £653k in the total cost to the Special Educational Needs (SEN) placements budget of Autistic Spectrum Disorder placements, and asked how confident officers were that the savings would be achieved. Members were advised that the underspend had been forecast because the level of activity had been different and costs were being reduced; the information for SEN Placements currently included people with autism in the adult disability figures, but this was due to change shortly. There was considerable confidence within Adult Disability Services that they would continue to maintain the underspend to the end of the year, though this relied in part on some of the physically disabled people's monies coming through from the CCG.

The Chairwoman drew attention to the substantial savings that had been made in home to school transport costs. Although this fell outside the Adult Committee's remit, she urged members to recognise this work, and thanked everybody involved for their efforts. The contribution of front-line staff had been key to achieving these savings in the People and Communities budget.

It was resolved to review and comment on the report.

38. CHANGES TO THE FAIRER CONTRIBUTIONS POLICY

The Committee received a report setting out a number of possible changes to the Fairer Contributions Policy (FCP) that would increase the income raised through service user contributions towards their care and support. Members noted that care and support provided under the Care Act 2014 was subject to means testing to determine how much each service user should contribute; the income thus generated was used within the Adult Social Care (ASC) budget to offset the cost of providing care and support. Data had been obtained from a number of other local authorities to provide comparative information on charging policies.

Members sought further information about the consultation process, noting that there was a requirement to consult the public on any proposal to change the FCP. Officers advised that the consultation would be conducted through the Council's website, and include an easy-read version of the questions. Officers would use their network of partnership groups and engagement groups to go out and talk to people and encourage them to respond; the responses would then feed into the wider business planning consultation, and any changes would be incorporated in the business plan.

Members proceeded to consider options for each of the four specific areas of the policy where changes were being proposed. They weighed up the benefits and risks of each of the two or three options identified for each area and arrived at a preferred option for consultation; the Committee's discussions and decisions are noted under each area and summarised in a cumulative decision at the end of this minute.

Disability Benefits Review

Members noted that the proposal related to whether to take into account the higher rates of Attendance Allowance (AA), Disability Living Allowance (DLA), and Personal Independence Payment (PIP) when assessing the amount a service user should pay. PIP was being introduced on a phased basis for people under 65, and would eventually wholly replace DLA. Unlike the enhanced rate of PIP, higher rates of AA and DLA were paid to people who required personal support through the night, so taking that element into account in the assessment could be challenged by service users who did not receive night-time care from the Council but paid for it from their benefit income.

The three options were 1) to do nothing; 2) to take into account the higher rates of AA, DLA and PIP; or 3) to take into account the enhanced rate of PIP (with no change in the treatment of income from AA or DLA). One way of helping to mitigate the financial impact of options 2 or 3 would be to increase the amount taken into account for Disability Related Expenditure (DRE), which was a means by which the assessment recognised additional costs of having a disability.

In the course of discussing these options

- several members expressed concern that some of the most vulnerable members of society were being expected to pay significant amounts of money; it did not seem right to propose options which it was clear were likely to cause harm to service users. Members noted that the £27.45 referred to was the difference between the middle and the higher rate of DLA; it was expected that the contribution would increase by this amount weekly if no mitigation were to be put in place. The final amount saved by a change would only be known once the financial assessments had been carried out, because the amount people were spending on night-time care was not currently known
- the cost of conducting the assessments was raised. Members were advised that there was already a financial assessment team in place, and all service users were routinely reassessed each April because of annual changes in benefit rates, so it would be possible to include a question about night-time support expenses then; this could be part of business as usual, rather than an additional exercise
- it was noted that service users could either accept a standard rate of DRE without having to go into detail about their night-time support costs, or if they felt that the standard rate did not cover these costs, they could ask for an individual assessment and provide evidence of their expenditure. In general, people were only asked to provide information on what they were spending their income on if they were seeking a higher income through an individual assessment.

Members asked about the experience of councils which had already made a similar

change to that proposed, and were advised that about 25% of Milton Keynes service users had requested a review of their DRE when the change was implemented in July, but the option of a standard rate of DRE was not available there. In Northamptonshire, proposals for change were currently out for consultation

- several members expressed concern at going out to consultation on something the identified risks of which included financial hardship, worry and anxiety for customers classed as very vulnerable, and suggested that officers be asked in parallel to the consultation to work out the financial impact on people; it was important that those already struggling did not face severe difficulties as a result of the changes.

Members noted that people would all need to be financially reassessed and that the amount of an older person's income currently disregarded in the assessment was £149.50 a week. This figure was based on the Department for Work and Pensions (DWP) minimum income guarantee plus a buffer

- the question was raised whether it would be possible to apply the changes only to service users who were new entrants to the system, but officers advised that it was not lawful to charge different amounts to people receiving the same state benefits
- some support was expressed for preferring option 3, on the grounds that everybody on DLA would eventually be moved onto PIP
- one member pointed out that the proposals would bear most heavily on the poorest, and risked putting greater pressure on other services, because people would be deterred from applying for a care package because of the cost, and end up requiring emergency NHS care.

Officers acknowledged the Committee's view, summing it up as that any consultation should be on a clear proposal, and include how the process of financial assessment would work, as well as examples, and an explanation of the safeguards.

There was some discussion of the merits of putting forward more than one option for consultation, but it was decided that to put both options 2 and 3 would be confusing rather than helpful; option 3 would fit with future benefit changes. It was agreed to wait for the consultation responses before taking any decision on mitigation measures.

It was proposed by Councillor Howell and seconded by Councillor Cuffley to

ask officers to take forward for consultation Option 3, Amend the CCC Contributions Policy to allow the Financial Assessment Team to take into account the Enhanced Rate of Personal Independence Payment.

On being put to the vote, the resolution was agreed by a majority.

Short Term Respite Accommodation Charge Review

Members noted that this proposal concerned the methodology for assessing the charge for short term respite accommodation. The options were whether to continue to apply non-residential charging rules (Option 1), or to change to assessing individuals who

received short term respite accommodation on the same basis as those in long-term residential accommodation. Members noted that the potential weekly cost to the service user of this change would be £124.80, but subject to financial assessment.

It was proposed by Councillor Howell and seconded by Councillor Cuffley to

ask officers to take forward for consultation Option 2, Amend the CCC Contributions Policy to enable the Financial Assessment Team to assess individuals who receive short term respite accommodation under residential rules.

On being put to the vote, the resolution was agreed by a majority.

Appointee Charge

Members noted that this proposal related to the appointeeship service currently offered free of charge to service users who were unable to manage their own financial affairs. The question was whether to introduce a charge to cover the cost of providing the service; it cost more to provide the service to those living in the community than in residential care. The intention was it would be possible to offer the service to those currently on the waiting list as well as additional new service users who required the service. The appointee charge would not make the service cost neutral, but would help the Council to support the service. The options were to do nothing (option 1), to apply a charge to all service users for whom the Council acted as an appointee (option 2), or to apply the charge only to those with capital above £1,000 (option 3).

In discussion, a member suggested that, if the Council was no longer able to provide a free appointeeship service, it should try to find a voluntary agency willing to do so, and also commented that, because the charge was based on the cost of the service divided by the number of users, light users would subsidise those who made heavier use of it. Officers reported that Age Concern did provide an appointeeship service, but not free of charge; they did not know of any organisation offering a free service. The Council's proposal was intended to strike a balance between charging and being able to offer the service to more people. The Vice-Chairman asked that the next report on the FCP changes include an estimate of voluntary agencies' charges for such services. **ACTION**

It was proposed by Councillor Howell and seconded by Councillor Cuffley to

ask officers to take forward for consultation Option 3, Apply a charge for the appointee function for all service users who have capital above £1,000.

On being put to the vote, the resolution was agreed by a majority.

Direct debits

Members noted that this proposal related to payments for care; while a direct debit option was already available, it was not the default payment method. However, it would be cheaper for the Council, and convenient for many service users, if care invoices were usually to be paid by direct debit, with alternative arrangements available for those for whom direct debit was not possible.

In discussion, members very widely welcomed the proposal to make direct debit the default option. They asked how large the savings to the Council would be, and noted that costs currently arose from the need to take action to collect overdue payments. It was suggested that uptake of direct debit might be a suitable performance indicator if the change were to be made.

It was proposed by Councillor Howell and seconded by Councillor Cuffley to

ask officers to take forward for consultation Option 2, Make direct debit the default payment method for Adult Social Care invoices.

On being put to the vote, the resolution was agreed by a majority.

The Committee then considered the recommendation in the report.

It was resolved by a majority to:

- a) Consider the options for changing the Council's Fairer Contributions Policy
- b) Ask officers to take forward the following options for consultation:
 - 1) for Disability Benefits Review, Option 3, Amend the CCC Contributions Policy to allow the Financial Assessment Team to take into account the Enhanced Rate of Personal Independence Payment
 - 2) for Short Term Respite Accommodation Charge Review, Option 2, Amend the CCC Contributions Policy to enable the Financial Assessment Team to assess individuals who receive short term respite accommodation under residential rules
 - 3) for Appointee Charge, Option 3, Apply a charge for the appointee function for all service users who have capital above £1,000
 - 4) for Direct Debits, Option 2, Make direct debit the default payment method for Adult Social Care invoices
- c) Request interim feedback from the consultation in January and further feedback in February

39. DELAYED TRANSFERS OF CARE

The Committee received a report updating it on the County Council's performance on Delayed Transfers of Care (DTOCs). Members noted that since the deep dive report to Committee in September 2017, there had been a substantial increase in delayed transfers, which were attributable to both the NHS and Adult Social Care. As a consequence, Cambridgeshire was one of 32 local authorities whose DTOCs performance was receiving particular attention, having been sent a letter signed by the Secretaries of State for both Health and Communities and Local Government.

Discussing the report, members

- sought further information on how delays were being recorded at Addenbrooke's. It was explained that, while some delays had been identified that were being wrongly attributed to the NHS, the difficulty for ASC was that the hospital was reporting a number of delays differently from other hospitals. Addenbrooke's put both reablement and intermediate care delays in the same category and attributed them all to both ASC and the NHS, though the majority of these delays were in fact due to intermediate care, and as such should be attributed solely to the NHS; counting reablement and intermediate care in one category made the ASC performance seem worse than it was. Addenbrooke's had now recognised the difficulty and would be adjusting its recording method
- asked about progress with measures to improve home care and nursing care as a means of reducing DTOCs. Members noted that home care had very recently moved to a dynamic purchasing system and now had 74 providers, which had brought additional capacity. An update on the work to develop a care home would be brought to the Committee's next meeting, with a Gantt chart. A procurement process had been started, and a provider event had been attended by over forty potential providers
- expressed concern about the possible implications of the Secretary of States' letter for Improved Better Care Fund (IBCF) monies. Officers advised that the letter had referred to reviewing performance and the way the funding was being spent if there was no improvement; officers were working side by side with health colleagues, asking them to help identify what ASC could do better; the CCG had supported the authority's response to the government letter. The Chairwoman pointed out that the Cambridgeshire BCF plan had been highly commended when it was produced.

Members requested sight of the Secretary of States' letter and the reply. The Executive Director: People and Communities undertook to supply this. **ACTION**

- stressed the importance of involving district councils in provision of accommodation for older people; a care home was a source of local employment. Members were reminded that only about 3% of the older population went to live in care homes; there was a need for partnership working on the provision of other types of housing
- noted that the benefit of seven-day working by Council Discharge Planning Teams was under review. Many local authorities' discharge planning teams worked for only six days a week. There were concerns that working seven days a week was not proving cost-effective; using staff then had an adverse impact on the availability of staff during the rest of the week, and to be fully effective, the teams needed other services to be working all seven days too.

It was resolved unanimously:

to consider and comment on the report.

40. REABLEMENT SERVICE 'DEEP DIVE'

The Committee received a deep dive report on the work of the Reablement Service. The report included an update on the impact of key initiatives progressed to date as well as future plans to address challenges arising. Members noted that the main aim of the service was to support people to regain skills which had been lost through an episode of ill health, enabling them to look after themselves in their own homes as far as possible. The service was regulated by the Care Quality Commission (CQC) and subject to its inspection regime; the Huntingdonshire Team had achieved an overall rating of 'Good' when inspected recently.

The Chairwoman expressed the Committee's thanks for a comprehensive report on a highly effective service.

Discussing the report, members

- asked what was involved in a typical reablement case. Members noted that while the patient was still in hospital, ward staff would supply a description of need, and an occupational therapy (OT) assessment would be carried out. These would help the reablement service to identify achievement goals for the patient once discharged; reablement started at the point on the day of discharge when support was needed
- sought further information on the role of reablement in reducing DTOCs. It was explained that reablement was one element in a much wider discharge network; the service worked closely with health colleagues in discharge planning teams, discussing on a daily basis how patients could best be supported on discharge
- expressed surprise that reablement had not been specifically mentioned in the report for the preceding item on DTOCs, and sought and received assurance that reablement was indeed a key element in reducing delays in transfers of care. It was explained that the investment would assist with the flow of people, but that the substantive problem of increase in demand remained.
- commented that the enhanced response service could be seen as a transfer of activity from the health service to the local authority, and asked whether funding support might be obtained from the NHS and ambulance service. Officers pointed out that encouraging independence and preventing further hospital admission reduced the local authority's cost because of the reduction in need for residential care and homecare
- noted that there were nine reablement flats at Doddington Hospital, and one each in Cambridge (at Ditchburn Place) and Huntingdon, and that the Council was working with district council partners on a housing strategy for vulnerable people
- welcomed the greater efficiency being achieved through the use of electronic scheduling, and suggested that it might be appropriate to introduce travel hours (or care hours as a proportion of the hours worked) as a performance indicator.

It was resolved unanimously:

to consider the report and provide comments on progress so far and issues raised.

41. ADULT AND OLDER PEOPLE'S SERVICES PERFORMANCE & SELF-ASSESSMENT

The Committee received a report setting out the ways in which services for adults and older people were monitored, and presenting the findings of the Cambridgeshire Adult and Older People Self-Assessment 2016/2017. Members noted that self-assessment was particularly important for those elements of adult and older people's services which were not subject to inspection by the CQC.

The Committee expressed an interest in seeing the full self-assessment document, noting that it included the results of the annual service user experience survey. The Service Director: Adults and Safeguarding undertook to supply the document, and to bring a report on the survey findings to a future meeting of the Committee. **ACTION**

In answer to their questions on the report, members noted that

- the integrated community equipment service operated by NRS provided low-level community equipment jointly across health and social care, and across Cambridgeshire and Peterborough. Assistive technology equipment for domestic use was only supplied following a monitoring of the service user's activity to help assess what equipment would be helpful in the individual case
- ways of addressing the shortage of staff included asking people what it was that was preventing them doing their job. An improved IT system, Mosaic, was being introduced, and should increase the time that staff were able to spend with service users.

Members welcomed the self-assessment, describing it as an honest, upfront assessment of strengths and weaknesses.

It was resolved by a majority to:

- a) Note the agreement to provide information about our services to the Care Quality Commission (CQC) in the event CQC Local Area Review via the Integrated Commissioning Board
- b) Note and comment on the progress made during 2016/17 in delivering services to adults and older people in Cambridgeshire as described in the appendix of the report before Committee.
- c) Note and comment on the arrangements under which the Council's adult services would continue to be monitored in the future.

42. PEOPLE & COMMUNITIES STAFFING STRUCTURE

The Committee received a report outlining the current staffing structure and line management levels across People and Communities (P&C) directorate. Members noted that the intention was to concentrate resources on front line services, keeping management to a minimum, and that further development work in future would be looking at links between the Cambridgeshire and Peterborough P&C directorates,

The Chairwoman thanked officers for a very helpful report, which aided understanding of the new structure.

It was resolved:

to note the current staffing structure and the line management levels across People and Communities directorate.

43. ADULTS COMMITTEE AGENDA PLAN AND APPOINTMENTS TO OUTSIDE BODIES

An updated agenda plan was circulated and agreed. Members noted that the version on the Council's website would be updated as usual at the beginning of next month.

It was resolved:

- a) to agree the Agenda Plan
- b) to note that no appointments to outside bodies were required to be made.

Chairwoman