

## **ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 12th October 2017

**Time:** 2.00pm to 4.30pm

**Present:** Councillors A Bailey (Chairwoman), D Connor (substituting for Cllr Wells), A Costello, S Crawford, J French, D Giles, N Harrison, M Howell (Vice-Chairman), L Joseph (substituting for Cllr Cuffley) and G Wilson

**Apologies:** Councillor K Cuffley, D Wells

### **25. APOLOGIES AND DECLARATIONS OF INTEREST**

Councillor Howell declared a personal interest in agenda item 7 (minute 31) by reason of friendship with a member of the Assistive Technology Telehealthcare (ATT) team.

### **26. MINUTES – 14 SEPTEMBER 2017 AND ACTION LOG**

The minutes of the meeting held on 14 September 2017 were agreed as a correct record and signed by the Chairman.

The Action Log and oral updates were noted. Officers reported that work was progressing to produce the Gantt chart for the care home development timeline.

### **27. PETITIONS**

No petitions were received.

### **28. FINANCE AND PERFORMANCE REPORT – AUGUST 2017**

The Committee received the August 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that the overspend to the end of August had worsened across P&C. Expenditure in the Young Adults team and the Learning Disability (LD) Partnership team had been higher than expected, partially offset by underspends in the Physical Disability team.

Examining the report, members

- sought further information on why the target and the figure for the proportion of adults with learning disabilities in employment were so low. The Chairwoman recalled that the Committee had previously received a report on this, and asked that it be circulated again. Members noted that commissioning plans were being refreshed. **ACTION**
- noted that the Committee, when previously discussing the Draft Employment Strategy for People with Learning Disabilities or Autism, had agreed that it was important to embed the strategy within the work of frontline social care staff
-

- asked why the costs of new and existing LD packages had been higher than expected. Members were advised that costs tended to vary depending on what providers were available and what they could offer; the Service Director – Commissioning offered to find out more detailed information about the 16 cases in question. **ACTION**
- noted that a team reviewing details of placements and packages, including Out of County placements, had met with considerable success; it was expected to continue its efforts in the coming year, and was working towards repatriation of people placed Out of County, which should help reduce costs
- drew attention to the importance of ensuring that service users received the services that they needed
- noted that a delivery board had been established which received reports of progress in achieving savings. Achieving savings was challenging, and could include issues of phasing because of the length of time needed for some changes to take effect
- expressed concern at the increase in bed-day delays. Officers advised that numbers of hospital admissions had greatly increased. Better Care Fund money was being used to improve Delayed Transfer of Care (DTOC) figures; a further report on measures to reduce DTOCs would be brought to a future meeting of the Committee
- suggested that the actions being taken to mitigate pressure in LD Services amounted to cuts because demand was greater than anticipated and the cost or content of care packages were being reduced. The Chairwoman replied that this was a phasing issue, and part of the Transforming Lives agenda, which encouraged independence. For example, measures were being developed to give people the skills needed to enter employment, and people were being enabled to live in supported accommodation rather than in expensive care homes. Often there were upfront costs involved, for example in travel training, which aimed to remove the need for a person to be accompanied on public transport. The budget pressures stemmed from the transformation work progressing more slowly than originally planned. Officers confirmed that the budget was challenging and demand-led, but the response was to improve outcomes, not make cuts to services
- requested fuller information in future Finance and Performance reports; for example, not filling vacancies suggested either that the post had been unnecessary or that necessary work was not being done. The transformation plan appeared to be behind timetable and inadequately assessed or resourced
- drew attention to the proportion of planned reviews completed on or before their due date, which was slightly below a modest target, and meant that when a review was delayed, provision of a support plan was also delayed. Members noted that the Adult Early Help Team was diverting a large number of people from front-line staff, thus freeing them up to address reviews, but they were in turn being diverted by other demands such as DTOC. Officers suggested, and the Chairwoman agreed, that a deep dive into issues around the review target would be useful. **ACTION**

It was resolved to review and comment on the report.

## 29. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-2023

The Committee received a report setting out an overview of the draft Business Plan Revenue Proposals for services within the remit of the Adults Committee. Members noted that savings had already been delivered over the preceding five years, and that the unidentified savings were of key importance in delivering savings for 2018-19. There were various uncertainties in the year ahead, including for example the national living wage. Members noted that the business planning proposals would next be considered by the Policy and Service Committees in December, then by General Purposes Committee before going to Full Council for decision in February 2018.

Discussing the proposals, members

- in relation to the effect on the inhabitants of a village of the presence of a community organisation that cared for people for example on hospital discharge, asked whether the Council liaised with such organisations, whether any data was available on their effectiveness, and whether fewer people were admitted to hospitals from villages which had such organisations. The Service Director – Commissioning said that data was available in relation to investment in community support and outcomes of that support; this could be shared with members. The intention was to continue to invest in community support in future. **ACTION**
- noted that the business planning proposals assumed a 2% increase in precept in each of the five years covered, though the 2% Adult Social Care (ASC) precept was only definitely available for the first two years of the five. Members suggested that the committee report could set this out more clearly
- were advised that officers were reasonably confident that savings could be achieved, despite the increase in the number of older people and their needs; delivery would not be equally successful in all areas, but investment in for example ATT and reablement would bring savings
- sought assurance that the proposed savings would not reduce the level of service to service users, would not adversely affect their lives and livelihood. The Chairwoman said that she wished people to be assured that ASC needs would be met; it was a question of how to do this, and of shifting resources into preventative work. In her view it was neither helpful nor responsible to increase spending on frontline care at the present stage
- expressed support for transformation work, but said that it was clear that there were shortfalls in the current quality of ASC, and asked the Chairwoman to tell her colleagues in other service areas that the funding available to the Adults Committee was inadequate
- praised officers for their excellent work and achievement in developing the business plan proposals.

Councillor Wilson proposed the following amendment, seconded by Councillor Harrison:

The committee instructs officers to propose priority actions to invest additional income from raising the general precept by 1.99% in each year of the business plan from 2018/19 to 2022/23. The options proposed should be costed and outline the benefits for service users.

Introducing the amendment, Councillor Wilson said that it related to what he believed to be the assumption in the business plan that it would not be possible to have an adult social care precept. He suggested that a prioritised list of things that could be done should be developed, including all the key themes identified in report paragraph 1.5 as well as ideas about service improvements.

Debating the amendment, members

- suggested that the amendment was little but rhetoric and lacked innovative thinking. The seconder explained that what was being sought was the opportunity to work with officers on developing proposals; possible areas for investment included delayed transfers care and mental health services, which were not adequately funded by the County Council
- pointed out that the County's mental health responsibility was for the social care needs of individuals, which was carried out through a Section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), which had presented its annual report to the Committee's last meeting, in September
- noted that the proposal would provide an additional £5m a year, increasing cumulatively
- pointed out that many initiatives were going through the process of having business cases worked up and that if the Committee or members had a specific proposal or proposals that required a £5m investment, it would be possible to put in a bid to the corporate Transformation Fund. Others pointed out that the fund would need to be replenished as it was spent.

Councillor Giles proposed that the amendment be amended to direct officers to invest additional income in the Transformation Fund. On being reminded by the Chairwoman that there was already £5m from the Transformation Fund available to the Committee, so the additional precept of 1.99% was unnecessary, Councillor Giles withdrew his amendment.

Returning to discussion of Councillor Wilson's amendment, members

- noted that around £17m was available in the corporate Transformation Fund for 2018/19
- expressed support for an increase in precept, but also expressed concern that too great an increase would risk impoverishing local people, who would then have less money available to spend in local businesses, with the result that the whole community would be impoverished.

Councillor Wilson explained that the motion was not about increasing percentages, but about identifying options to make a more informed use of funds. He was seeking ideas from officers which had not been put into the business planning papers; the ideas could then be discussed with the Committee and included in the debate at Council. The Chairwoman reminded members that a wide range of proposals were already being developed, the best of which had been included in the report.

On being put to the vote, the amendment was defeated.

Returning to the substantive motion, the Chairwoman reminded members that their business planning suggestions would be welcomed.

It was resolved by a majority:

- a) to note the overview and context provided for the 2018-19 Business Plan revenue proposals for the Service
- b) to comment on the draft revenue proposals that were within the remit of the Adults Committee.

### **30. OLDER PEOPLE'S ACCOMMODATION STRATEGY**

The Committee received a report updating it on recent progress in delivering the Older People's Accommodation Strategy, now in its ninth iteration. The strategy set out the County Council's approach towards both meeting and preventing the increasing demand for specialist accommodation for older people.

Members noted that the strategy had been produced in collaboration with the Older People's Accommodation Programme Board, which included a wide range of organisations and services from across the county in its membership. This collaborative work had led directly to the selection of the Northstowe development as an NHS Vanguard for the Healthy New Town (HNT) programme. Less encouragingly, no conclusion had yet been reached in the national debate on the utilisation of housing benefit and its impact on supported housing, and the merger of Hinchingsbrooke Hospital NHS Trust with Peterborough and Stamford NHS Foundation Trust had delayed plans for the development of the Hinchingsbrooke Hospital site.

Points raised or noted in the course of discussion included

- the report covered most of the areas of the action plan, which concentrated on matters where it was anticipated rapid progress could be made; the strategy was wider, and concerned more with types of housing
- the timescale for the doubling of the older population was 20 years
- the work round developing a care home was concerned more with affordability for residents than with income generation
- it would be useful to have a key performance indicator to cover customer satisfaction; it was important to know what current users thought of the service

- Trading Standards should be asked to be involved in questions of residents' rights and Home Improvement Agency (HIA) performance
- discussions with HIAs had included ensuring that all were working to the same approved list of contractors; this could be followed up with Trading Standards, and would be included in a future deep dive report on HIA
- it was difficult to predict what future demand would be for accommodation specifically for older people; more people were growing older, but many of them would continue to live independently, and changes were also taking place in working patterns and in technology. All the strategy could do was give a best estimate of demand
- until two years ago, more care home places had been lost than gained, but there had been a reversal of this position as new providers had appeared, including housing associations aiming at the luxury end of the market.

Members from different districts pointed out that it had been said previously that care home places would be included in districts' local plans, for example, 50 places for every 500 houses. The Chairwoman urged members to encourage their local councils to include care home places in their local plans where this had not yet been done.

The Head of Commissioning – Adults was thanked for his helpful and informative report.

It was resolved to consider and comment on the report.

### **31. DELIVERING BETTER OUTCOMES THROUGH TECHNOLOGY ENABLED CARE**

The Committee received a report on the work of the Assistive Technology Telehealthcare (ATT) Team and the Double-Up Project to demonstrate the positive outcomes and challenges of providing technology enabled care. Members noted that

- training materials were being developed to increase awareness of ATT
- the question of branding was being examined, as the full name of Assistive Technology Telehealthcare was rather cumbersome
- the double-up team was a small group, aiming to reduce the number of calls which required attendance by two carers by assessing a service user's needs and in some cases supplying alternative equipment
- the use of ATT helped improve the quality of life for service users and their family carers, as well as reducing the costs of delivering care.

Discussing the report, members

- thanked officers for an excellent report, welcomed the investment being made in ATT, and expressed support for the intention to rebrand the service as the Technology Enabled Care (TEC) Team
- encouraged greater efforts to raise awareness of the service

- asked why the County's share of the Section 75 budget (£345k) was greater than the £240k contributed by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Members were advised that had frequently been raised with the CCG, because the work benefitted Health as well as Social Care, with for example the remote monitoring of vital signs, and the prevention of hospital admissions; it was hoped that the CCG would increase its share
- noted that the CCG's contribution to the Section 75 funding was not specifically for telehealth; the £240k went into the main budget for specific development
- sought clarification of the current percentage of people in receipt of a community care package which included assistive technology, and asked how it compared with the Telecare Services Association (TSA) suggested target of 50%. Officers advised that the data required to measure this was not being reliably captured at present, though ways of benchmarking meaningfully were being explored. The Council did evaluate its service, but was not yet able reliably to compare it with that of other authorities
- noted that the report described the Cambridgeshire assistive technology offering as 'bespoke' because, while some other authorities classed the provision of a red-button alarm system as telecare, Cambridgeshire supplied equipment based on an assessment of the individual's circumstances and care needs
- suggested that members could try and help with developing a more joined-up approach to Community Lifeline Provision across the county. Members noted that lifelines were not necessarily provided by the district councils, but by other agencies; there was a difference of approach between large organisations wanting to rent out equipment for a profit and local authorities wanting to lend equipment on the basis of need. The use of innovative ATT equipment was not always possible, because it was necessary to work with the lifelines supplied
- requested that members of the Committee be notified when the report by The Institute for Health Research, University of Bedfordshire, was published; the study sample for this had included all the people referred to the Cambridgeshire ATT service, and members expressed an interest in its findings about using assistive technology to prolong the length of time for which people with dementia could continue to live in their own homes. **ACTION**
- noted that there was some scope for further reducing double-up, and that it was important to keep individual service users' needs under review; the social care management team was fully aware of the work, and consulted the ATT team before agreeing any request to recommission care as double-up. Efforts were also being made to review the range of equipment held by care homes; the work had been funded through the Transformation Fund, and the occupational therapist carrying it out had been in post for three months and was already building good links with care homes
- suggested that a letter should be sent to those who were funding their own care pointing out that it might be possible to remove the need for double-up; this should be done on a phased basis to avoid overwhelming staff. **ACTION**

- suggested that the Care Quality Commission should be encouraged to include a question about the use of double-up care in their inspections of care providers.

The Chairwoman thanked officers for the report and the work they were doing.

It was resolved to review and comment on the work of both teams and their progress to date.

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

The Committee noted that an appointment was required to the Outcome-focussed Review on Adult Early Help, as described in the Business Planning Report (agenda item 5 and minute 29 refer).

It was resolved unanimously to:

appoint Councillor Bailey to the Outcome-focussed Review on Adult Early Help.

### **33. ADULTS COMMITTEE AGENDA PLAN AND TRAINING PLAN**

The Committee considered its agenda plan and training plan and identified a number of modifications.

It was resolved unanimously:

- a) to note the Agenda Plan, subject to the following modifications
  - i) adding a report on the Fairer Contributions Policy and an update report on Delayed Transfers of Care performance to the agenda for November 2017
  - ii) moving the report on Older People Care Home Development from the agenda for November 2017 to the agenda for December 2017
  - iii) moving the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) six-monthly report, and the Transforming Lives report, from the agenda for December 2017 to the agenda for January 2018
- b) to note the Training Plan

Chairwoman