

ADULTS COMMITTEE: MINUTES

Date: Tuesday 7th October 2014

Time: 2.00 to 4.25pm

Present: Councillors P Ashcroft, A Bailey (Chairwoman), S Crawford, P Downes (substituting for Cllr Bourke), D Giles, G Kenney, L Nethsingha, Orgee (substituting for Cllr Curtis), J Reynolds, K Reynolds, S Rylance (substituting for Cllr Clapp), J Scutt (substituting for Cllr Onasanya), M Smith, M Tew, G Wilson and F Yeulett

Apologies: Councillor K Bourke, P Clapp, M Curtis F Onasanya

38. DECLARATIONS OF INTEREST

There were no declarations of interest.

39. MINUTES – 9th SEPTEMBER 2014

The minutes of the meeting held on 9th September 2014 were agreed as a correct record and signed by the Chairman.

40. PETITIONS

No petitions were received.

41. ADULTS COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2015/16 TO 2019/20

The Committee received a report detailing the Business Planning proposals for Adult Social Care, Older People and Mental Health Services. The Executive Director: Children, Families and Adult Services gave a presentation providing an overview of the 2015/16 financial position. This highlighted the challenges facing the authority with a reduction in core funding, demographic, inflationary and legislative pressures.

The presentation provided context, demonstrating the main areas of spending on care budgets, preventative measures, enabling and other non-care budgets. It then moved to an overview of the care sector, demonstrating the significant pressures that the Voluntary Care Sector was facing and the further challenges presented by pressures within the NHS, the Care Act coming into force in April 2015, the Mental Capacity Act and Deprivation of Liberty Standards.

Further evidence of the challenges facing the Adult Social Care budget were presented in the form of graphs and tables, detailing the demographic changes within Cambridgeshire showing an aging population with increasing levels of frailty and an increasing prevalence of dementia and disabilities.

The key themes of the Financial Strategy set out in the presentation were around preventative measures, developing community support mechanisms, support for carers, maximising assistive technology and promoting functional integration with the NHS with clear financial accountability. However, it was accepted that this did present significant challenges as to who paid what.

Key programmes that were highlighted included, Transforming Lives, the Older Peoples Strategy, the Better Care Fund and the Mental Health Strategy for Adults and Older People.

Key proposals for Adults Social Care included reviewing all Learning and Physical Disability cases against a reduced Resource Allocation System, further use of assistive technology to maximise independence for people with Physical and Learning Disabilities, additional savings to be realised through Learning Disability contracts and the negotiation of specialist high cost contracts. It also included managing some of the demographic pressures facing the council, and taking the recent Physical Disability underspend as a permanent saving. Inflation on care packages for Physical and Learning Disability care packages was to be capped at 1%.

Key proposals for Older People included managing demand through work on falls and continence, greater scrutiny of home care packages and work on Continuing Health Care arrangements. Inflation would be capped at 1%; there would be further improvements to hospital discharge processes and savings from the contract for community equipment.

Mental Health key proposals included collaborative management of budgets for older people with mental health needs with the Mental Health Trust. It also included improved assessment and reviews, strategies to manage the triggers of demand for care packages, absorbing the additional demand for specific adult mental health conditions within existing resources and budget reductions to services commissioned through the voluntary and community sector.

Finally the Safer Communities team would make reductions through staff redundancies disinvestments, and a reduction in allocations received from the Police and Crime Commissioner budget and the Supporting People core budget.

The committee was asked to consider the report in three distinct sections.

Summary of the Draft Revenue Budget

A member questioned which part of the directorate would be affected by the proposed draft revenue budget and commented that it would be useful to know how these figures would affect individual service users. It was explained that targets had not been established for individual budgets because it might not produce the desired outcome. The objective was to identify an additional £5.9 million savings in the least risky way and that Officers were looking for ideas and suggestions for how to achieve that.

The level of Home Care support provided to individuals was being reviewed and questions asked of whether family or other support mechanisms can be put in place instead of Local Authority funded care.

There was work taking place to reduce the cost of residential and nursing home placements however this might well affect the level of choice available to those who moved to a care home. It was noted that families could still “top-up” to purchase care that was more expensive than the Local Authority would ordinarily commission.

A member commented that because of the size of the numbers quoted in the report it would be helpful to understand the actual costs of care. Not having this information was hampering the Committee’s ability to assist in this matter. It was agreed that information regarding the cost of care packages would be provided at a future Member seminar.

A member questioned how population was increasing each year but there was no corresponding increase in overall income to the Council. Officers advised that although population was increasing, the level of government funding was decreasing at a greater rate. In response to a member suggestion it was confirmed that Service Users had been involved in cost saving workshops.

Communication was a key area that a number of members identified. It was felt that the Council could do more to demonstrate what it received in income, as the public assumed that income levels were much higher and it needed to be shown that it is not the case.

Complexity of Need and Demographic Challenges

A member believed that demography and legislative change needed greater scrutiny and requested a more detailed breakdown of demography to see if money could be channelled to where it was needed most.

It was explained that all demographic data has been scrutinised. Some data was very precise because the level of transition between children’s services and adult services was known. Officers confirmed that for over 18s some modelling did take place. Improvements were being made in predicting demographic changes and therefore the level of savings that could be achieved. It was agreed that communication would be discussed further with the Chief Finance Officer and the Director Customer Service and Transformation.

A question was raised over whether cross-border working took place, with care providers in a neighbouring county being sourced rather than, for example, a Service User who was resident in St Neots being transported to Wisbech each day for care services. Officers explained that cross border placements were known as “Out of County Placements”. This was an option that was considered when sourcing care for individuals however, some specialist provision was not always readily available in the local area and therefore users might have to travel a distance.

A member made the point that the impact of the scale of the savings required was unacceptable, it might be possible to achieve the targets for this year but for subsequent years it would not be possible without looking at the capital programme and possibly a referendum regarding Council Tax increases.

Strategic Direction

An update was provided to committee on “Transforming Lives”. In October 2015, two innovation sites would be set up, Physical Disabilities in Huntingdon and Learning Disability in Ely. Part of the work would be to identify resources in the community for people with learning disabilities and support them to develop and grow in order that the Local Authority could in time withdraw its support and allow the community resources to sustain themselves.

A member raised the issue of libraries being closed when they could be transformed and utilised as resources for the elderly in order to reduce levels of isolation and loneliness. It was mentioned that the third floor of the central library in Cambridge was due to be closed and this would provide an ideal location for such a scheme. It was also mentioned that smaller libraries could be utilised for companionship groups and afternoon teas.

It was confirmed that meetings had taken place with libraries regarding how best to utilise these as community spaces. There was already a commitment from Adult Social Care and the Libraries Service to do this.

There were further questions raised over Transforming Lives and where the reassurance was that it would deliver the desired results. It was explained that the challenge was a cultural one amongst staff. It was unknown how pay grades and potential restructure would affect Transforming Lives. It was not easy to demonstrate that preventative measures affected the level of social care spend but a model was being developed from reablement.

Draft business planning proposals and approach to achieving savings

Attention was paid to paragraph 6.15 detailing how the £6.533m savings were expected to be achieved in 2015/16, and what the figure equated to in terms of reductions to care packages provided.

A member suggested an inflationary increase of 0.5%. Another member suggested whether a 0% offer should be the standard but with the flexibility to offer increases to providers if they were able to demonstrate the need. Following that a Member commented that the Committee did not know enough about the costs of running a care home, and if pressure was continually placed on providers then they would close. It was agreed that examples and information about this would be presented at a Member Seminar. Linked to this Members wished to understand what would happen if a major provider closed. Following this, another member suggested that he was moving towards the idea of identifying a smaller pot of money for inflation increases, but giving flexibility to officers to award rises where they were needed most.

It was explained that there would be an impact on providers and some might be able to absorb the impact and some might not. It had already become difficult to source home care providers in parts of the county because they were finding it difficult to recruit carers due to high employment rates and the role not being perceived as an attractive option. There was also competition between the Local Authority and self-funding residents for places in care homes. Homes were more likely to admit self-funders over Local Authority funded residents because they could charge more for beds.

A member asked whether it would be possible to provide a home care service directly to the Service User rather than purchasing the care through a private sector provider. Officers advised that it was better value for the Local Authority to purchase the care through the private sector rather than providing the care directly. However, Buckinghamshire and Nottinghamshire County Councils were looking to run their own home care provision and this might be looked at in the future.

A member questioned what the impact was on the programmes run by the Safer Communities Team. It was pointed out that the City Council had been persuaded not to reduce their funding levels. Officers advised that options were being looked at regarding domestic violence and it was currently at the options stage.

One member was not clear on what statutory obligation meant when it was evident that there were waiting lists for services. Officers explained that the statutory obligation arose from the assessment of needs by the Local Authority to provide care. The lack of care providers could mean that the Council failed its statutory obligations and was left open to challenge via judicial review.

One member suggested that the 1% increase should only be made available to non-profit making organisations.

It was suggested that the Council should look at everything it did for Service Users and focus on the high priority tasks of individuals. There appeared to be anecdotal evidence that some care services provided could be viewed as non-essential.

It was explained that Service Users and professionals were being asked to look at all tasks carefully in order to identify non-essential items. However, the personalisation agenda that was being reinforced through the Care Act allowed for flexibility and creativity. It was pointed out that professionals were checking that packages were focussed on need.

It was agreed that the steer to officers was to work on the basis of a fund totalling the equivalent of a 0.5% inflationary increase, but that this was not necessarily to be awarded across the board, but instead, the idea of making award rises more flexibly where they were most needed was to be considered. Officers were asked to present further information about this at a member seminar to be held on 21st October 2014.

Addressing the shortfall in savings for 2015/16

It was noted that the current budget for 2014/15 should come in on target. Currently Adults were showing an underspend and Children, Families and Adults (CFA) were currently overspent but should deliver the target by the end of the financial year.

The biggest variables facing the Adult Social Care budget were the pressure that the NHS was under and the additional demand that was brought on by the onset of winter.

Members questioned whether there was anything identified in the budget plan for 2015/16 that could be brought forward and implemented this year to ease budgetary pressure such as social care staff completing Continuing Health Care assessments.

Officers advised that work had been completed to identify initiatives in future years that could potentially be brought forward.

Members suggested reducing the reliance on agency staff. They were particularly interested in the level of cost associated with the hiring of agency staff and also what more the organisation could do to retain staff.

Officers explained that the cost of agency staff across Adult Social Care was not known. However, the need for agency staff had reduced by looking for relief staff that were employed on zero hours contracts and were able to fill gaps when they occur. It was noted that the relief workers wanted to be employed on zero hours contracts because it was beneficial to them. The use of agency staff had been an area of focus in Children's Services and was now the same focus was being given to Adult Social Care along with staff retention and training. Members expressed a wish to understand the levels of agency staff employed by the Council and the associated costs.

Further suggestions were made around Direct Payments and claw backs of unspent monies. Members were keen to get as many people on a Direct Payment as possible by actively promoting them and taking away the barriers to uptake, because of their lower spending to meet care needs and their flexibility and control. Officers explained that the use of Direct Payments in Cambridgeshire was comparatively high within the Eastern Region. However, the message was being reinforced with staff regarding promoting them to Service Users.

It was asked whether staff could learn from how Direct Payments were spent by Service Users and if the Council could purchase services from these agencies. Members questioned how much more efficient Direct Payments were in terms of cost to the Local Authority. It was explained that staff were somewhat constrained because of the authorised provider list. There was also an inherent lack of flexibility in Local Authority arranged provisions. However, there was work taking place to streamline Direct Payments for people who did not want to have the additional responsibility of managing the money. There was an organisation called Penderels that managed Direct Payment accounts on behalf of Service Users but the associated costs were unknown.

Members noted that there were no figures contained within the report detailing how much was paid to the NHS in delayed discharge fines and what could be done to reduce this additional cost.

Officers advised that it had been agreed with Addenbrooke's that delayed discharge fines would not be paid but instead the money was to be reinvested in community based placements. A major cause of delayed discharges was a lack of availability in the home care provider market and specialist nursing beds with dementia care.

It was suggested that there was a need to look at delayed discharges holistically with the NHS although it was conceded that this was difficult with the pressures in the NHS.

Members commented that with all social trends there were positive and negative effects. Many young people were moving further away from family and people were living longer. This raised the question of who would look after them when they became frail. The challenge was to actively engage those in their 60s and 70s who were healthy

to assist with the problems the community faced. However, it was conceded that people could not be forced into this and there was no guarantee of success.

The meeting concluded with members agreeing that the RAG (Red, Amber, Green) status of the report was very useful and Members commented whether this could be adopted for other committees.

It was unanimously resolved to:

- a) Note the overview and context provided for the 2015/16 to 2019/20 Business Plan revenue proposals for the CFA Service.
- b) Comment on those draft revenue savings proposals that were within the remit of the Adults Committee for 2015/16 to 2019/20 and provide a steer on their further development.
- c) Comment on the proposed approach to inflation within the CFA Service for 2015/16 and provide a steer on the options set out in the paper (paragraph 6.21).
- d) Ask Officers to work with Members of the Adults Committee to develop further detailed proposals for presentation to the Adults Committee on the 4th November.

42. ADULTS COMMITTEE AGENDA PLAN

It was resolved:

To note the agenda plan, including the updates reported orally at the meeting.

Chairman / woman