

**ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 7<sup>th</sup> July 2016

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

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

**Apologies:** Councillors S Crawford, L Harford and F Yeulett.

Councillor Nethsingha left the meeting at 2.00pm.

**172. DECLARATIONS OF INTEREST**

None.

**173. MINUTES – 17<sup>th</sup> MAY 2016 AND ACTION LOG.**

The minutes of the meeting held on 17<sup>th</sup> May 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

**174. PETITIONS**

No petitions were received.

**175. DOMICILIARY CARE DEFERRED PAYMENT AGREEMENTS FOR OLDER PEOPLE**

Members considered a report that informed Members of the ongoing consideration of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire. The benefits to the introduction of such a scheme would allow for an additional choice option for individuals to be able to stay at home, who otherwise would potentially move into permanent residential care and the development of the care market in Cambridgeshire.

During discussion of the report Members:

- Questioned whether it would be beneficial for the loan and charge to be arranged through the Cambridge & Counties Bank. Officers agreed to research further what role the Cambridge and Counties Bank could play in the process. **ACTION**
- Questioned why it was predicted that so few people would be eligible for a Deferred Payment. Officers explained that the scheme was discretionary and the numbers of people predicted to apply for the scheme were low due to the very high level of care

- need to require 24hr live-in care which would mean many would not choose to enter a Deferred Payment because they felt unable to remain in their own home.
- Noted that Care Teams would be equipped to provide information on the scheme on a case by case basis but it would not be widely publicised.
  - Confirmed that the interest rate applied to the debt accrued under the Deferred Payment agreement was 1.26% per annum and it was compound interest.
  - Sought clarification as to why the value of the property would not be disregarded from the financial assessment as the person remained living in it. Officers explained that the cost of 24hr live in care was such that it could not be afforded by the Council and the Deferred Payment scheme addressed the lack of options available to people who wished to remain in their own home.
  - Noted that there had been cases in the past where the availability of such a scheme would have been helpful.
  - Sought assurance regarding the disposal of assets and the risk that posed to the Council. Officers explained that any such disposal of an asset could be determined to be deprivation of assets; therefore within the financial assessment they would be treated as still owning the property.
  - Questioned the cost effectiveness of the scheme. Officers explained that eligible people would have already qualified for a Deferred Payment for permanent residential care. The proposed scheme was designed to allow those people to remain living in their own home and would therefore have few cost implications as a result.

It was proposed by the Chairman with the agreement of the Committee to amend the recommendation so that the Committee endorsed the implementation of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire.

It was resolved to endorse the implementation of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire.

Councillor Nethsingha returned to the meeting at 2.20pm

**176. THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST  
2014/15 ANNUAL REPORT ON THE DELIVERY OF THE COUNCIL'S DELEGATED  
DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS.**

The Committee received the Cambridgeshire and Peterborough Foundation Trust (CPFT) annual report 2014/15. This was the second annual report that had been presented to the Committee. Officers highlighted the ongoing work in relation to the financial plan in order to contribute to the overall level of financial savings required. Members' attention was also drawn to the collapse of the Uniting Care contract part way through the year. Key priority areas for the coming year were identified including; early intervention and prevention and the implementation of the Transforming Lives model of delivering social care in Cambridgeshire.

During discussion Members:

- Drew attention to paragraphs 4.2 and 4.3 of the report and sought greater clarity on them. Officers explained that there had been challenges with recruiting and retaining social workers during the first half of the year which had led to an underspend due to vacancies not being filled. The position changed in the second half of the year following the introduction of the Social Care Recruitment and Retention Strategy. Officers acknowledged the overspend on the Older People Mental Health (OPMH) budget and explained that it was particularly difficult to forecast the OPMH budget due to this being a demand led budget supporting people with fluctuating care needs with some unpredictability of when care packages would end.
- In relation to paragraph 9.1.1 of the report, questioned whether the Council, NHS and other bodies measured good practice with regard to employing individuals with mental health needs. Officers informed Members that the measure focussed the Trust's attention on the need to work harder to assist people with mental health needs to secure and retain employment and drew attention to programmes that CPFT ran to achieve that aim. Members noted that officers would need to investigate further as to whether there were specific policies in place within the Council that encouraged the employment of people with mental health needs and the role the Council could play in encouraging employers to recruit people with mental health needs. **ACTION**
- Noted that work would be undertaken to gain greater understanding of the take-up of Direct Payments across the county and how they were delivered to individuals. This data would be presented in the next annual report.
- Sought greater clarity in relation to the data presented on pages 34 and 35 of the report. Officers explained that guidance from the NHS Information Centre required that employment data was collected from people aged up to 69 years despite it exceeding the national retirement age. Data was benchmarked against other Local Authorities in order to determine what level of performance was being achieved.
- Highlighted the tension within the Section 75 Agreement with regard to spend on social care activities versus spending on health related activities. Members requested greater budget analysis contained in future annual reports as it was important for public accountability and that reporting was more closely aligned to the requirements of the S75 agreement. Officers noted the concern regarding the ease with which it was possible to differentiate between health and social care related expenditure and explained that work was ongoing to improve reporting in that area. Members' attention was drawn to changing information requirements for 2016/17 prescribed under the Care Act 2014.
- Noted the unemployment data broken down by age and requested that the data demonstrated geographic variances regarding employment in future iterations of the report.

- Requested that the data presented in paragraph 5.6 of the report in future show the performance of all teams with regard to the take-up of Direct Payments.
- Noted the ongoing work that was taking place regarding information management systems and the continued drive toward greater integration across organisations that would achieve better outcomes for patients.

It was resolved to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult Mental Health.

## **177. UPDATE ON FALLS PREVENTION PROGRAMME**

An update was provided on the Cambridgeshire Falls Prevention Programme. It was highlighted to Members that falls represented the commonest cause of injury and death amongst older people. Falls had major implications for health and social care but there was also a human cost to families and carers of people who had suffered falls.

Members' attention was drawn to analysis work that had taken place regarding who was suffering from falls and how they were falling. The programme represented a system wide approach that currently had a strong foundation. The programme was being implemented across the county. Reducing falls was complex and many sectors and organisations need to be engaged. The success of the programme was predicated on such engagement taking place and the health and social care system working together.

During discussion of the report Members:

- Noted that there appeared to be a lack of understanding in society regarding falls and it was almost an accepted part of aging. Members emphasised that non-injurious falls were a possible indicator that a person may suffer from a more serious condition and falls therefore should not be accepted or ignored. Officers confirmed that if someone had suffered a fall within the last 12 months they would be referred for a falls risk assessment.
- Suggested that Parish and Town Councils be involved in raising awareness across the community together with Radio Cambridgeshire and local churches.
- Highlighted the importance of personal fitness in preventing falls and that it could often be more important than environmental factors in causing falls.
- Questioned the demand for falls prevention classes as existing classes were struggling to remain open due to a lack of demand and suggested that it may be more beneficial to sustain the ones currently operating than setting up new classes. Officers explained that there was inconsistent provision for classes across the county and acknowledged that there was a challenge to sustain motivation for the classes and achieve greater awareness in the community.
- Drew attention a walking group that had been set up in a Cambridgeshire village over 10 years ago and was extremely successful. It was therefore important to ensure that the activity was something that people wanted to take part in. The importance of encouraging healthier lifestyles at a young age was emphasised as a preventative measure.

- Questioned how the results of the programme would be measured and emphasised the role that Parish Councils and Community Navigators played in the success of the programme. Officers explained that the Health Committee would take the lead role in scrutinising the programme. Members requested to see data from the pilot scheme.

It was resolved to note and comment on the report.

## **178. HEALTH AND CARE EXECUTIVE GOVERNANCE FRAMEWORK**

Members received a report that presented the Cambridgeshire and Peterborough Health and Care Executive Governance framework. The report had already been presented by the Clinical Commissioning Group to the Health and Wellbeing Board and it would be presented the next meeting of the Health Committee. NHS England had prescribed a model of governance to be followed but there was some flexibility in how it was organised locally. Local Authority members were non-voting members but did attend board meetings. Members noted the correction to the diagram on page 58 of the report where the arrow between Health and Care Executive and the Health and Wellbeing Boards should be a two-way arrow. Officers drew Members attention to the “Significant Implications” paragraphs of the report.

During discussion:

- Members noted that the Governance Framework was required to enable Chief Executives work together more effectively and further integrate Public Health and Social Care.
- Officers explained that due to the collapse of the Uniting Care contract, plans regarding data sharing had suffered as a result. Work was ongoing to identify ways of data sharing between existing systems. Data sharing was being encouraged within the guidance and legislation and a Better Care Fund workshop was due to take place to ensure that the correct permissions were in place to enable effective data sharing.
- Questioned why the Local Authority had no voting rights within the Governance Framework. Officers explained that the delegation to officers that would be required did not exist and it was determined that voting rights were not necessary.
- Members highlighted discussions that were taking place regarding devolution and questioned whether there were examples that could provide learning, for example in Manchester where the health budget had been devolved. Officers explained that the NHS retained a regulatory oversight of the devolved health care system and would be monitoring the devolved areas closely.
- It was noted that the proposed governance structure was complicated but Members were reassured that the Executive would receive regular reports from engagement with the public and stakeholders in the development of proposals.
- Members highlighted the importance of retaining the Council’s scrutiny function regarding the NHS.

- Members noted that the Governance Framework was a move from elements of the NHS working in competition of each other to a more integrated system that worked together.
- Questioned why there were 4 Health and Wellbeing Boards referenced in the report. It was explained that the geographical area the Board covered included Bedfordshire and Hertfordshire and therefore they were included.
- Members questioned how the public would be involved within the Governance Framework. Officers confirmed that the public had been involved in the process of setting up the framework and would continue to be represented by Health Watch.

It was resolved unanimously to:

- a) Endorse the Cambridgeshire and Peterborough Health and Care Executive Governance Framework.
- b) Approve the alignment of service planning for Council Adult Social Care Services with relevant aspects of NHS system transformation work.

## **179. CHILDREN FAMILILES AND ADULTS – RISK REGISTER**

Members received the Children, Families and Adults Risk Register. The register was reviewed regularly at Children Families and Adults management meetings. The Corporate Risk Register which brought together the most important risks from each directorate of the Council.

During discussion Members:

- Requested that the risks were ordered in rank of seriousness. Officers confirmed that following the request having been made at the Spokespersons meeting the Risk Register had been re-ordered to bring the residual red risks to the top. It was acknowledged that the full list had not been re-ordered using residual risk scores and officers agreed to make this change. **ACTION.**
- Highlighted the ongoing work to resolve issues with the Clinical Commissioning Group (CCG) regarding jointly funded packages of support; specifically S117, Continuing Health Care and Section 41 cases, showed concern about the slowness of the proposed timescale for resolution and questioned what progress had been made. Officers informed Members that CCC had raised the issue with the CCG and a negotiation was underway but legal advice was also being sought and legal action remained open to the Council to persue should the discussions fail to reach a satisfactory outcome.
- Noted that there was a specific risk placed on the register regarding business planning failure if Members did not agree a budget.
- Questioned why a risk regarding housing had not yet been entered on the corporate risk register. Officers explained that the two registers were not updated at the

same time but that the risk would appear on the Corporate Register in the near future.

- Highlighted that there was a political responsibility to report the budget position to the General Purposes Committee.

It was resolved to endorse the CFA Risk Register and management of the identified risks.

## **180. REVISED ADULT SOCIAL CARE COMPLAINTS POLICY**

The Committee received a revised adult social care complaints policy. Members were informed that the introduction of the complaints policy responded to a change in legislation in 2009 and was reviewed in 2011. Following a more recent review of the policy, changes were made that brought the policy up to date. The revised policy reflected that the mediation process had not been used due to its cost and that instead a meeting between officers and complainants was offered with great success. Revisions had also been made to sections regarding consent as more complaints were being made by people who acted on a person's behalf as Power of Attorney or Deputy. The importance of Senior Manager Reviews of complaints was highlighted to the Committee.

During discussion Members:

- Questioned why the option of mediation had been withdrawn. Officers explained that meetings between officers and the complainants were offered as an alternative and were found to be successful and negated the need for mediation sessions.
- Confirmed that a complainant could ask for a range of people to attend a meeting with them as support with the possible exception of legal representation. Officers agreed that it would be made more explicit within the policy document regarding who could attend meetings. **ACTION**
- Noted that 106 of 118 formal complaints were resolved by the first response. Officers explained that there was a large amount of work that took place before a Senior Management Review was instigated and the additional work often resolved the complaint without it having to be escalated further.
- Requested that future information regarding the number of complaints upheld was presented in percentage terms and included information on the type of complaint. **ACTION**
- Suggested that it would be beneficial for M.P.s to be supplied information regarding information sharing and for them to be provided with a pro-forma that could be completed with a constituent in order to allow information to be shared. **ACTION**
- Questioned why there was not an over-arching Cambridgeshire County Council Complaints Policy that contained sub-sections for each service. Officers explained that legislation regarding complaints policy varied across services but agreed to investigate further. **ACTION**

- Noted that work had taken place to ensure the recording of informal complaints was robust and had resulted in the increase in the numbers shown in the report.
- Questioned whether benchmarking took place against other Local Authorities to better understand the Council's performance. Officers explained that comparative data was analysed but due to differences in how and what data was recorded between Local Authorities it was often difficult to draw meaningful conclusions from the information.

It was resolved unanimously to:

- a) Consider the changes made to the Adult Social Care Complaints Policy and approve the revised policy
- b) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2015/16
- c) Agree to receiving future social care customer care reports at Adults Committee annually.

#### **181. FINANCE AND PERFORMANCE REPORT – OUTTURN 2015-16 AND FINANCE AND PERFORMANCE REPORT MAY 2016**

Members received the 2015/16 Finance and Performance Outturn Report for Children's, Families and Adults Services (CFA). Officers highlighted the closing position at year end of a £1.6 million underspend and the improved performance regarding delayed transfers of care (DToCs).

The Finance and Performance Report for May 2016 was presented to Members. The current forecast was for £1.3m overspend. Officers highlighted the challenges faced by the Learning Disability Partnership (LDP) in delivering the savings targets set and the contingency fund within the Cambridgeshire Local Assistance Scheme (CLAS) that had not been spent.

During discussion Members:

- Questioned how much of the recorded underspend for the last financial year was a result of fortunate circumstances. Officers explained that a lot of work had taken place to maximise efficiency within the service. Members' attention was drawn to the experience of the South Cambridgeshire Care Team where underspending occurred due to a high number of staff vacancies; since the vacancies had been filled the position was being reversed. The delay regarding the implementation of elements of the Care Act 2014 had eased the financial position significantly as funding provided by the Government had not been clawed back. Difficulties in recruiting Deprivation of Liberty Assessors had also provided significant underspends and income from contributions toward care packages following financial assessment was also higher than originally forecast.
- Members drew attention to page 183, paragraph 2.5.5 of the report and questioned



how the residential side had shown a reduction in cost per week per person in comparison with domiciliary care packages. Officers explained that it was difficult to forecast the figures accurately at the start of the year which represented the variances recorded in the table.

- Clarified the information contact on pages 236, 237 and 238 of the report. Officers explained that the position would need to improve by £378k to achieve an underspend.
- Raised concern regarding the LDP overspend and questioned what action was being taken to address the situation. Officers assured Members that the re-assessment of care packages was being prioritised in order to meet individuals' assessed needs in more cost effective ways. Work was also taking place to enter negotiations with care providers during the re-assessment process regarding the cost of the care packages. Individual's care packages were being assessed in an aggregated way to increase cost efficiency from unit costs. Negotiations were also taking place with care providers in relation to the annual uplifts to the costs of care packages and it was anticipated that the outcome of the negotiations would provide significant savings.
- Requested that that the "direction of travel" arrows were improved to show what was desirable and what the actual position was. **ACTION**

It was resolved to review and comment on the reports.

## **182. ADULTS COMMITTEE AGENDA PLAN**

The Committee resolved to note the agenda plan.

Chairman