

## **ADULTS COMMITTEE: MINUTES**

- Date:** Thursday 14th September 2017
- Time:** 2.00pm to 4.20pm
- Present:** Councillors A Bailey (Chairwoman), A Costello, K Cuffley, N Harrison, M Howell (Vice-Chairman), D Wells and G Wilson
- Apologies:** Councillors J French and D Giles

### **13. DECLARATIONS OF INTEREST**

There were no declarations of interest.

The Chairwoman congratulated the Adult Early Help Team on being finalists for two awards from the Association for Public Services Excellence, 'Best Efficiency & Transformational Initiative' and 'Best Innovation & Demand Management Initiative'.

She also reported that Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) was holding a Wellbeing at Work event at the Imperial War Museum, Duxford, on 10 October, World Mental Health Day. Committee members were encouraged to take up an offer to meet frontline adult social care teams; the Assistant Director, Adults could arrange sessions for members.

### **14. MINUTES – 13th JULY 2017 AND ACTION LOG**

The minutes of the meeting held on 13th July 2017 were agreed as a correct record and signed by the Chairman, subject to the inclusion of Councillor Harrison's name in the list of members present.

The Action Log was noted

### **15. PETITIONS**

No petitions were received

### **16. THE CAMBRIDGESHIRE AND PETERBOROUGH FOUNDATION TRUST 2016-17 ANNUAL REPORT**

The Committee received a report from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) on the delivery, for 2016-17, of the Council's delegated duties for people over 18 years with mental health needs under the Section 75 agreement. The report summarised CPFT's performance for 2016-17 and set out the priorities being followed through to 2017-18. The report was presented by Deborah Cohen, CPFT's Director of Service Integration, accompanied by Fiona Davies, Head of Commissioning Mental Health for the County Council.

Speaking as the County Council's appointee to the CPFT Council of Governors, Councillor Wilson said that the Governors' meeting the previous evening had gone through the full CPFT annual report, which was an impressive document, and described future plans and priorities in more detail than the Committee report; he suggested it might be helpful to map the relationship between the two documents. Councillor Wilson reminded members that CPFT's business covered far more than the work done under the Section 75 agreement, and drew attention to the importance of securing recurrent funding for the Recovery College, which had been inspiring for recovering patients who had graduated from it.

Members were advised that CPFT had increased the budget for the Recovery College in the current year, and also was making a recurrent saving by writing its own course materials instead of buying them in from an American outside company. An additional post had been created above that of Recovery College Manager; this freed up the Manager to undertake more strategic work. The College was being expanded into a hub and spoke model, to operate in the districts, such as Ely and Wisbech. Efforts were being made to secure a partnership and colocation with a voluntary organisation. CPFT was looking to position itself as a provider of staff skilled in the recovery approach, thus for example reducing the period of time for which home care was needed.

In response to a comment about the effect on service users of vacancies in social work, members noted that the number of vacancies had gone down; CPFT and County Council were nearly up to complement. The Commissioner added that the restructure had been very effective, resulting in an innovative service model, and there had been considerable interest in the vacancies. She was working with Marek Zamborsky of Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) on improving recovery and supporting users of primary and secondary mental health services.

Examining the report in detail, members

- asked why the take up of direct payments was below target (paragraphs 4.2 and 5.7), and what was being done about this. It was explained that the figures related to all carers and all patients, not just those with whom social work staff worked directly. Before the Care Act, there had been no entitlement to a Support Plan for carers, but the introduction of entitlement had increased the importance of carrying out an assessment for carers. However, CPFT's current systems did not allow staff to record cases where the service user did not have a carer, or did not want their carer to be involved; excluding these cases would lead to an improvement in the figures. CPFT had set itself a target of 50% by the end of the year
- noted (paragraph 4.3) that the Council had not incurred any costs as a result of the legal challenges in relation to Deprivation of Liberty Safeguards (DOLs)
- asked how the impact of reduced care packages was measured in terms of service quality rather than finance, and how staff assured themselves that all was well when care packages ended. It was explained that a quality assurance panel examined all proposals for changes to or termination of care packages from a service user's, not a financial, perspective. CPFT also worked with a rolling audit programme used by councils. Many care packages consisted of nursing placements for older people, and they would not be ended before the service user's death. People were being

admitted to care homes at a later stage than used to be the case, and were usually there only for the last 12 to 18 months of their lives; rather than putting people in residential care, it was better to provide domiciliary support

- noted that no complaints had been received about non-award of care packages; the need was being met
- expressed disappointment at the inability of current information systems to capture data on some cases (paragraph 5.2), particularly as MOSAIC was a new programme
- in answer to a request for more information about the national Think Ahead Social Work training programme (paragraph 6.5), were advised that this had been set up in response to the recognition that social work in mental health required a greater profile. The scheme was based on Teach First, and provided a year of on-the-job fast track training leading to qualification, with a second year in which to gain a master's degree while working full time as a qualified social worker.

The Director of Service Integration invited individual members to let her know if they would like to visit any of CPFT's services. The Chairwoman asked that an email be sent to members and substitute members of the Committee about this. **ACTION**

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.

## **17. FINANCE AND PERFORMANCE REPORT – JULY 2017**

The Committee received the July 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that an updated table of key activity data for Adult Mental Health Services had been circulated to members, and that the report included actions, as previously requested by the Committee.

Members were advised that the overall budget position continued to deteriorate across People and Communities, with an increase in demand for older people's services, though there were underspends in some other areas. Mitigating actions were being undertaken to bring spending closer to budget; a continuing overspend would have implications both for the current year's finances and for the following year.

Discussing the report, members

- noted that a weekly delivery board was looking at pressure areas within all services; the intention was to identify mitigating actions wherever possible
- requested that any report on the mitigating actions identified include an indication of whether the action would have an impact on the level of provision to service users

- commented that it would be helpful to receive some indication of the level of confidence in improvement at the next meeting
- in answer to a question on actions to improve the proportion of adults with learning disabilities in paid employment
  - were advised that officers had reached the conclusion that it would be possible to find the capacity to improve from within the service, rather than putting in a bid for transformation funding. An update on this would be included in a future report
  - noted that it was possible social workers were still maintaining some support for people who had stopped needing a care package because they had gained paid employment, but this good work was not being captured because the case had been closed; officers were exploring ways of demonstrating that this work was being done
  - noted that the support in question included for example the provision of informal local drop-in sessions, which could be attended by those in employment as well as others
- noted the intention to provide a training session for members to assist their understanding of the finance and performance report tables. **ACTION**

It was resolved to review and comment on the report.

## **18. SERVICE COMMITTEE REVIEW OF THE CAPITAL PROGRAMME**

The Committee received a report setting out an overview of the draft Business Plan Capital Programme for Adults Services for 2018-19. Members noted that the report formed part of the iterative process of developing the Capital Strategy, and included details of the planned capital resources available to Adults Services.

Points noted by members in the course of discussion included that

- provision of assistive technology equipment was now included within the NRS Healthcare contract for equipment and living aids
- the possibility of building care homes on Council-owned land had been talked about for a number of years, but options were still being explored, and there was no scheme sufficiently developed to be proposed for inclusion in the capital plan.

It was resolved:

- a) to note the overview and context provided for the 2018-19 Capital Programme for Adults Services
- b) to comment on the draft proposals for Adults' 2018-19 Capital Programme and endorse their development

## **19. DELAYED TRANSFERS OF CARE AND WINTER PLANS**

The Committee received a report examining the issue of delayed discharges from hospital, focussing on current performance, key challenges and system-wide plans to

meet demand and improve outcomes. The report also described work to develop plans for winter, working with Peterborough City Council and the CCG.

Members noted that

- delayed discharges were also known as delayed transfers of care (DTOCs), and reducing them was a complex and challenging process
- patients who had been identified as no longer needing acute hospital care only fell within the definition of DTOC once a referral had been made to social services
- County Council officers were working with NHS colleagues on developing solutions to the delays, many of which were attributable to issues of process and capacity
- social workers and the reablement services both worked seven days a week
- DTOCs due to adult social care performance in Cambridgeshire was better than the average for England, and compared well with other shire counties in the region.

The Chairwoman thanked officers for providing the DTOC Dashboard. Members were told that the dashboard had received favourable attention nationally.

Discussing the report, members

- in view of the uncertainties surrounding Brexit, expressed concern at how high a percentage of the homecare workforce was drawn from the European Economic Area (EEA), and asked how many people these were, and whether there were any contingency plans in place in case they should decide to leave the country.

Officers advised that it would certainly be possible to look at the make-up of the workforce; the information supplied in the report had come from Skills for Care. The Council's approach to the delivery of home care was changing, with a move away from a relatively small number of strategic providers to a dynamic purchasing system, with an increased number of providers coming to work in the county, which did not necessarily mean a large increase in the overall number of care staff. Efforts at future-proofing were also being made; under the dynamic purchasing framework, new providers could be brought in every three months.

The Council was working with NHS colleagues on recruitment of care workers, and use was being made of social media to reach potential employees. Good results were being achieved in the north of the county, but finding staff in more prosperous areas of the county was proving challenging; there were more employers paying higher wages in Cambridge City and South Cambridgeshire

- suggested that Government should be lobbied to make a special case for care workers in post-Brexit arrangements
- noted that officers were reasonably confident of making progress in reducing DTOCs, though the need for health and social care to achieve 200% to 300% improvement was very challenging, and success was very dependent on a number of external factors
- enquired about the cost to the Council of fines for DTOCs. Officers said that, while reimbursement had been a major issue in the past, about three years ago, the Council had entered into an agreement with Addenbrooke's in particular, under

which the Council, instead of paying fines, would invest in services such as reablement. The initial guidance on reimbursement charges had been that they should be levied only exceptionally, and that local authorities engaged in work to reduce DTOCs should not be fined. Attempts by other local hospitals to levy fines were being resisted; the Council was not currently paying any DTOC reimbursement

- noted that there were currently about 3,000 older people in care homes in Cambridgeshire, and that the £3m investment in housing for vulnerable people referred mainly to people with learning disabilities; the funding was time-limited, and it was necessary to look very carefully at how best to use it
- noted that Cambridgeshire's figure for DTOCs attributable to both the NHS and adult social care (ASC) had shown a small increase because Cambridgeshire, unlike some other areas, had followed revised guidance on how to record information. The advice, from both the Local Government Association and NHS England, was now that there should be a joint intermediate care and reablement service, with the result that the 'both' figure had increased. The NHS in the past had had no intermediate service, so all reablement delays had been attributed to ASC.

It was resolved:

to consider the details set out in the report before Committee and to comment on current circumstances and plans.

## **20. BETTER CARE FUND PLAN 2017**

The Committee received a report on the Better Care Fund (BCF) Plan for 2017/19, which included the plan for the Improved Better Care Fund (IBCF). The Chairwoman advised members that the recommendation to Committee was to note the BCF Plan, rather than approve it, because approval of the plan was the responsibility of the Health and Wellbeing Board, which had approved it on 8th September 2017.

Members noted that the IBCF was a new element, paid direct to local authorities, of about £8.3m in 2017/18. This was non-recurring funding which would reduce in amount over a three-year period, and there were requirements about how it was used. In general, the BCF now provided scope for more local solutions to local problems; both County Council and CCG were keen to have flexibility built into their BCF plans. The Commissioner – Integration said that there was substantial documentation supporting both the full BCF Plan and the IBCF Plan, which she could supply on request.

In the course of discussion, members noted that it was permissible to use BCF funding to restore monies previously taken from the corporate budget for investment in transformation; the money would remain in the transformation fund until bids were received for other projects. BCF guidance now was rather less prescriptive than it had been, enabling more innovative use of the funding.

It was resolved unanimously to

- a) note the 2017 Better Care Fund Plan
- b) approve the proposal for the Improved Better Care fund.

## 21. CARE HOME DEVELOPMENT TIMELINE

The Committee received a report setting out the next steps in meeting the current and future demand for residential and nursing home care in Cambridgeshire, following on from the Adult Committee's decision in January 2017 to support the principle of using Council assets to secure an expansion of affordable care home provision, and to commence a competitive dialogue with service providers to identify a strategic partner to develop a full business case.

Members noted that

- the Council purchased about half the available local care beds; it had some influence on the market but could not control it
- there was a particular issue with the availability of nursing beds and care for people with dementia, and significant inflation in the cost of care homes beds
- the use of Council assets to incentivise providers to offer beds was being explored
- in developing the key milestones for the project, officers had called on the procurement expertise of Cardiff City Council, because of the unfamiliar nature and unusually large scale of the procurement
- in the shorter term, measures were being pursued to increase the supply of beds more quickly, for example by slightly extending existing block contracts, and consulting existing providers about whether they would be willing to extend or rebuild their buildings.
- the possibility of entering into strategic partnership with one or more providers to build a care home was being explored, as were discussions with the NHS on using underutilised NHS land.

In the course of discussion, members

- asked about the time required to extend existing care home buildings; members were advised that one provider had indicated that this could be completed within a year of securing the contract
- noted that the advice being received from Cardiff was that the procurement could proceed a little more quickly, but the Head of Commissioning's one previous experience of competitive dialogue had taken longer than expected; it would be necessary to examine the benefits and risks closely
- enquired about the availability of staff for any new beds. Officers said that it tended to be less difficult to recruit care home staff than homecare staff, because there were no issues of mileage and travelling, but accommodation was a key issue; some potential providers had said they would be able to offer housing for staff
- noted that despite the 400-bed shortfall in the Cambridgeshire system, sufficient beds were usually being found, for both ASC and NHS needs, by using short-term beds and a brokerage system to identify available beds
- noted that the accommodation strategy report to the October meeting of the Committee would cover measures to improve the supply of extra care sheltered housing and general housing suitable for older people

- commented that the table of milestones was helpful, but omitted any mention of the governance arrangements. Members asked that a Gantt chart be supplied setting out timescales visually; the Head of Commissioning undertook to talk to colleagues about producing one. **ACTION**
- noted that, although there was little time until the 22 October deadline for development of a sourcing strategy, procurement plan and contract notice, officers were confident that this should be achieved
- asked that a future report to Committee include governance arrangements and allow for the involvement of the member reference group already established. Officers apologised for the delay in arranging for the reference group to meet
- thanked officers for the report's helpful provision of background information on the project, and asked that any future report to Committee be sufficiently transparent to help a member of the public wondering why, for example, an elderly relative could not find a care home place
- suggested that a report, or brief update, on the Older People's Accommodation Strategy be brought to alternate meetings of the Committee.

It was resolved:

to note the key timescales associated with expending the current level of Care Home provision in Cambridgeshire

## **22. PEOPLE AND COMMUNITIES SENIOR MANAGEMENT STRUCTURE UPDATE**

The Committee received a report updating it on the final structure of People and Communities, the directorate which covered both Cambridgeshire and Peterborough, and replaced the former Children, Families and Adults (CFA) directorate. The accompanying structure chart set out the shared posts and postholders working for both County Council and Peterborough City Council.

It was resolved:

to note the final People and Communities structure (previously Children, Families and Adults).

## **23. MEMBER DELIVERY CHAMPIONS**

The Committee received a report inviting it to appoint members to the role of Member Delivery Champion. The Chairwoman advised that any report reference to service delivery champions should be read as a reference to member delivery champions, the preferred name for the role, because not all the areas being championed were services.

The question was raised of how these appointments would fit in with other initiatives such as member reference groups, the work of Lead Members, and the 'deep dive' reports already commissioned. The two Liberal Democrat members of the Committee

said that they agreed with the choice of subject areas, and agreed that there was a role for members in supporting officers and examining problems more closely. However, as opposition members, they did not wish to compromise their independence by appearing to be complicit in decisions that would ultimately be taken by the ruling group on the Council. They did not wish to be unhelpful, but they thought it important to maintain, and be seen to maintain, a clear distinction between those who govern and those who challenge those governing. For that reason they would not be putting themselves forward as delivery champions.

It was resolved by a majority, two members abstaining:

- a) to agree the proposed role of the Member Delivery champion as set out in the report before Committee
- b) to agree that the subject areas and their Member Delivery Champions be:
  - Learning Disability Transformation – Councillor Costello
  - Delayed Transfers of Care – Councillor Bailey
  - Neighbourhood Cares – Councillor Bailey
  - Adult Social Care budget – Councillor Howell
  - Assistive Technology – Councillor Cuffley.

## 24. ADULTS COMMITTEE AGENDA PLAN

The Committee considered its agenda plan and identified a number of modifications. It was suggested that it might be useful to look more closely at some of the Home Improvements Agency's more long-standing cases, either as a separate report to Committee or within a report on assistive technology. The Assistant Director: Adults and the Head of Commissioning – Adults undertook to look into this with the Commissioning Manager. **ACTION**

It was resolved:

to note the Agenda Plan, subject to the following changes:

- a) transfer the report on Staffing Structures – Benchmarking using CFO insights from the agenda for 12th October 2017 to the agenda for 9th November 2017
- b) delete the report on the 3.5% DTOC Plan from the agenda for 12th October 2017
- c) add an update on Older People Care Home Development to the agenda for 9th November 2017

Chairwoman