

ADULTS COMMITTEE: MINUTES

Date: Thursday 21 March 2019

Time: 2.00 pm to 4.00 pm

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

Apologies: Councillor D Wells

163. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies from Cllr Wells. No declarations of interest received.

164. MINUTES – 10 JANUARY 2018 AND ACTION LOG

The minutes of the meeting held on 13 December 2018 were agreed as a correct record and signed by the Chairwoman.

Members queried action 161 on the action log in relation to the requested update on care homes and supported living in Cambridgeshire as they had not received an update. The Chairwoman acknowledged that the action had been updated in error by officers. She requested that an update on Hinton Grange and the Haven be circulated to Members. **ACTION.** The Chairwoman explained that a Housing Related Support report had been rescheduled for the Committee meeting in May. This would be an overarching report capturing all of the ongoing individual projects including An lac House and Whitworth House and would also be going to the Children and Young Peoples Committee. She explained that when any individual projects then required decision, this would come back to the Adults Committee as relevant.

165. PETITIONS AND PUBLIC QUESTIONS

No public questions or petitions were received.

166. SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP (STP) – UPDATE ON THE WORK OF THE NORTH AND SOUTH ALLIANCE

The Committee received two reports updating them on the work of the North and South Alliance as part of the overarching Sustainability and Transformation Partnership. The Sustainability and Transformation Partnership covered the whole of the Cambridgeshire and Peterborough Health and Social Care agenda at a strategic level and was split into two alliances to allow for more locally responsive, smaller more logical footprints.

In discussing the reports Members;

- Noted the work on Integrated Neighbourhoods enabling the development of a sustainable future for the Cambridgeshire and Peterborough healthcare system, with local people's needs increasingly met proactively in the community. Alliances of providers and commissioners of health and care had been established in the North and South of the STP, whose primary focus was the development of Integrated Neighbourhoods. Integrated Neighbourhoods drew on learning from national and international systems and aligned with the policy direction set out in the NHS Long Term Plan, building out from primary care networks serving populations of 30-50,000.
- Noted that one unit of 30-50,000 population could be effectively served by a team of 150 people. The new GP contract had been agreed which predicated these networks. Some GP practices were to come together to share resources to access the funding and there had been structural change nationally that facilitated this process.
- Questioned how the Neighbourhood Cares pilots would be integrated into the Integrated Neighbourhoods work. Officers explained that a proposed set of principles had been adopted across the whole system and the Neighbourhood Cares pilots involved with the alliances. There had been some correlation going against the trend of rising admissions in the Neighbourhood Care Pilots in St Ives and Soham and there had been some initial analysis of this. The Service Director for Adults to look at the information and share it with the Chair if any firm conclusions can be drawn from it **ACTION**. The Stamford Neighbourhood team since co-locating 18 months ago had seen a reduction in hospital beds of 3. If there were no significant reductions by 2026 it was predicted that another hospital would be needed in Cambridgeshire.
- Queried what social prescribing meant. Officers explained that this was focused beyond the medical prescribing model, linking people up to the voluntary sector and support in communities.
- Discussed the impact on continuity of care in relation to the sharing of resources. Noted that there was good evidence that continuity could be provided in micro teams, that could provide care as good as an individual. The Chairwoman commented that the Neighbourhood Cares Pilots supported populations of 10,000 and that they had natural areas that only the residents themselves knew. She queried whether the network patches would navigate into the existing networks as 30-50,000 was not a natural population figure in Cambridgeshire and that it was critical to focus at a real micro level. Officers highlighted that they would endorse and replicate the Buurtzorg principles through the Integrated Neighbourhoods work.
- Highlighted the need to ensure that trainee Doctors embraced this new way of thinking from the start of their training. Officers clarified that conversations were ongoing with the medical colleges and that individuals had to be empowered to work in this way.

It was resolved:

to note the North Alliance and South Alliance progress and review a further update in six months' time.

167. CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST (CPFT) WORK PROGRAMME UPDATE

The Committee received a mid-year report from the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for 2018/19 on the delivery of PCC and CCC delegated duties under the Section 75 Agreement. In summarising the report officers explained that the report focused on joint working and the risks and ongoing pressures within services and how they could be addressed. There was a particular challenge in Cambridgeshire of the sustainability of the Approved Mental Health Practitioner (AMHP) duty rota, due to the low numbers of qualified AMHPs. This would compromise the trusts ability to fulfil its statutory duties under the Mental Health Act. The rota was currently being supported through deployment of locum AMHP and a recruitment campaign was being progressed and training reviewed. Officers highlighted that AMHP training and recruitment was a challenge nationally.

Councillor Wilson highlighted to the Committee that he was a Governor on the CPFT Board. Officers explained that they were also currently looking at the possibility of having a Public Health Representative on the Board.

In discussing the report Members;

- Questioned the discontinuation of working with the 'Think Ahead Mental Health Social Work Programme' due to the budget constraints. Officers clarified that responding to the demands of the national programme was extremely labour intensive and the Council was still very committed to growing our own staff. It was not solely due to budget constraints.
- Queried the reduction of the number of service users. Officers confirmed that overarching service numbers in social care were reducing across the board and this may be in response to the work being done by Adult Early Help and other preventative work. This had brought the trust in line with figures nationally.
- Raised concerns in relation to resources and what the Council could be doing to help increase capacity. Officers reiterated that it was a national problem in terms of recruiting AMHPs. The trust were looking into ways of supporting therapists to become AMHP and further work on a recruitment campaign was ongoing.
- Welcomed the report overall and highlighted the progress that had been made since the first report to Committee three years ago.

It was resolved:

to note progress and developments in the context of the commitments agreed under the signed Section 75 Agreement for Adult and Older People Mental Health.

168. BETTER CARE FUND – DEEP DIVE

The Committee considered a report that provided a deep dive on the Better Care Fund. In introducing the report officers explained that the Better Care Fund had two key components;

- The Better Care fund monies that were announced in June 2013 and introduced in April 2015. This was repurposed monies largely due to a reorganisation of funding used by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire County Council (CCC) and;
- Improved Better Care Fund (IBCF) which was new, non-recurrent funding introduced in July 2018 and was to be spent on Adult Social Care in 2018-19 to meet adult social care needs generally, reducing pressures on Delayed Transfers of Care (DTOCs) and stabilising the care market.

The report focused on how the monies had been invested and the outcomes of the investments. Officers highlighted that the investment had come in quite late in the year. This had impacted in on some of the benefits. There had been a number of interventions in relation to DTOCs and a mid-year evaluation had been undertaken and they were currently looking at the year-end evaluation. Officers also highlighted the success of the reablement recruitment.

In terms of Governance, officers were focusing on planning for next year and quarterly updates were given to NHS England and at a local level the responsibility sat with the Health and Wellbeing Board. A Better Care Fund Steering Group had also been established.

In discussing the report Members;

- Queried why the Community Health Care (CHC) funding was not required to address the CHC backlog (page 54 of the papers). Officers clarified that this had now been updated and funding would continue. There were also plans to review fast-tracks and a pilot to review hospital discharges which had embedded well.
- Questioned what was happening with the Reablement Flats at Eden Place (page 56 of the papers). Officers explained that the money was being repurposed and that that there was continued funding for the vulnerable housing project and that the Council was committed to utilising corporate funding to support delivery of the project objectives, which enabled the housing project to continue in line with the original intentions.

It was resolved to note and comment on the contents of the report.

169. HANCOCK WINTER MONIES – UPDATE

The Committee received a report that gave an update on the progress of the Hancock monies investment in managing winter pressures.

In summarising the report, officers explained that Cambridgeshire had received £2.395 million of additional funding for 2018/19 and it had been reported at Adults Committee in December that this funding would be used to increase capacity of reablement provision to deliver domiciliary care as the provider of last resort and the purchase of additional 2956 hours per week of domiciliary care via discharge cars. The announcement of a further £2.395 million for 2019/20 had been made and through discussions with Health Partners it had been agreed to ring-fence next year's allocation to continue to fund this commissioned provision, allowing £1.2 million of this year's provision to be allocated to invest in additional support to address DTOCs.

Officers explained that they only had the November data at the time of the report. The latest figures showed a 5.4% decrease in the number of bed delays which was the best it had been for a long time. There was a significant increase in demand coming into the services and without the investment this would have been difficult to manage. The Committee welcomed the good news in relation to the decrease in figures.

Officers explained that there was a broader piece of work taking place around capacity in DTOCs. This work had suggested that as a system we had adequate capacity at the global level but that the issue was around matching the demand outside of hospital. The investment had not necessarily had the impact that we had wanted and the outcome of the capacity review had flagged that the focus had been on the wrong issue, and that the issue was around how demand presented itself. This played into the importance of place based services. There was now a need to review how we manage the capacity differently. Greater flexibility in approach was key.

In discussing the report further Members;

- Highlighted that the graph on page 66 of the papers was not very clear printed in black and white.
- Noted that nursing capacity costs of care had increased significantly and that providers were finding it difficult to recruit nurses particularly for individuals with complex care needs. Officers explained that there was a whole care home capacity workstream that was dedicated to commissioning new nursing capacity

It was resolved to note and comment on the contents of the report.

170. PEER REVIEW

The Committee considered a report that gave an update on progress against the recommendations from the Health and Social Care System Peer Review, in preparation for a Care Quality Commission Area Review.

In considering the report Members

- Welcomed the progress made and that there had been no significant surprises in relation to the findings.
- Noted that work on commissioning domiciliary care jointly with health was ongoing in relation to who should lead the commissioning process. An Integrated brokerage team had been set up based at Stanton House.

It was resolved to consider the content of the report and raise any questions.

171. FINANCE AND PERFORMANCE REPORT

The Committee received the January 2019 iteration of the Finance and Performance Report and the latest version of the savings tracker

In presenting the report it was noted that People and Communities at the end of January forecasted an overall overspend of £4.8 m which was around 2% of the budget. Within the services relating to Adults Committee there was a forecast overall in January of an overspend of £462K for the year, around 0.4% of the budget. This was a marginal change compared to the November forecast position. The causes of the forecast overspend position remained unchanged, principally being pressures on care spend within Learning Disability and Older Peoples services as well as slower than anticipated delivery of certain savings programmes with an expectation that work would continue into 2019/20 and deliver over revised timescales.

In discussing the report Members

- Noted that the target had changed for Direct Payments to meet the regional average.
- Welcomed performance against the percentage of new clients where the sequel reablement was not a long term service which was currently 93%. The Committee recognised this as a great achievement and congratulated the reablement team.
- Queried whether there was a sense of stability in the learning disability cost base. Officers explained that knowledge was improving every year, building on past experience and that next year's budget had been forecast accordingly.

Agenda Item: 3

- Congratulated officers on their achievements in relation to the savings tracker.

172. AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN

Members noted the agenda plan and training plan. The Chairwomen highlighted that the reserve date for April Committee 18 April would be used for a Neighbourhood Cares seminar

173. DATE OF NEXT MEETING

Members noted the date of the next meeting as 22 May 2019.

Chairwoman