ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

13th December 2012

Action

96. DECLARATIONS OF INTEREST

Councillor Heathcock declared an interest in agenda item 3 (minute 98) as a carer in a mental health context.

97. MINUTES OF THE LAST MEETING – 25th OCTOBER 2012

The minutes of the meeting held on 25th October 2012 were confirmed as a correct record and signed by the Chairman.

98. ADULT SOCIAL CARE BUSINESS PLAN 2013/14

The Committee considered a report updating it on progress against the delivery of the 2012/13 Integrated Plan and giving a high level overview of the draft 2013/14 Adult Social Care Business Plan. Members noted that the Business Plan (known in previous years as the Integrated Plan) would cover the five years 2013 to 2018. Councillor Martin Curtis, Cabinet Member for Adult Services, and Adrian Loades, Executive Director: Adult Social Care (ASC) attended the meeting to present the report and respond to members' questions and comments.

Introducing the report, the Cabinet Member said that the budget situation remained very challenging. He paid tribute to the superb work being done by officers, and announced that the projected overspend in the ASC budget for 2012/13 had now dropped from the £900k stated in the report to £400k. This had been achieved by tighter budget control, management of costs, and the use of money taken from reserves; no activity had been cut in pursuit of this reduced overspend.

Looking ahead, the Cabinet Member said that in some areas of ASC where funding was being reduced in 2013/14, e.g. for profoundly deaf adults, the reductions actually reflected that the budget for the area had traditionally been underspent. Taking out the underspends would remove some of the flexibility in the budget, but he stressed that the areas in which these reductions were being made would still be demand-driven, and demand would be funded if it were present.

In the course of a wide-ranging discussion, members raised a number of questions about ASC current spending and future spending plans.

Mental Health

Members sought clarification of proposals to review and reduce the mental health staffing budget in order to provide a service focused solely on the Council's statutory obligations. They were reminded that mental health was an area of

traditional underspend and advised that the Council currently exceeded its statutory obligations. Community-based services provided by the Council would be reduced, but ways of working more closely with Cambridgeshire and Peterborough Foundation Trust (CPFT) to replace these services were being explored; the proposals concerned not only staff capacity but changes in the ways of working.

A member pointed out that the current year's mental health budget had been underspent. The Cabinet Member replied that some of the underspend had been the result of understaffing and vacancies; while he would be happy to be able to spend more on mental health, it was essential to look at everything spent on non-statutory services, because there was a statutory requirement to provide adult social care. In response to the suggestion that the mental health budget had been underspent in order to enable it to be cut in the coming year, the Executive Director gave an absolute assurance that no instruction had been given to underspend any of these budgets this year in order to justify cutting them next year.

Drawing attention to members' recent work examining proposals for mental health provision, a member asked what the Council was delivering in the area of mental health services. The Cabinet Member said that the mental health agenda had widened in recent years, and the question now was what it was necessary to do to deliver mental health across the public sector, rather than viewing the Council's work – and that of other organisations – in isolation.

The Executive Director offered to provide a briefing note on what the Council's current responsibilities were. He added that it was becoming increasingly evident that the Council did far more to support mental health than it appeared from the budget; for example, many of the troubled families whom the Council worked to support also had mental health needs. Efforts were being made to develop the model of service to be less clinic-based; all parties would benefit if CPFT could do more to equip the Council's staff to identify and respond to mental health needs, but progress was slow. **AL**

Responding to an observation about the importance of early intervention and provision of support outside working hours, the Executive Director said that the Council was participating in a review of mental health out of hours services and the use of Council staff; these services were currently shared with Peterborough. The Cabinet Member pointed out that any case for greater investment in mental health must also articulate the source of that investment. Working more smartly with the available resources, joint working, and a better understanding of mental health across the GP sector could all lead to improvement without additional spending.

<u>Eligibility Criteria</u>

Asked whether the reduction in Mental Health provision meant that there were implications for broader social services provision, the Executive Director assured the Committee that eligibility criteria would not be changed.

Explanations were sought for how a rise in the number of referrals could be accompanied by a fall in the number of assessments and reviews; a member's suggested answers included that this might be the result of stricter gate-keeping, stricter application of eligibility criteria, or a de facto change in criteria. The Committee was advised that the criteria were unchanged, but more work was being undertaken to ensure that they were being applied consistently across the county, which would result in some people not receiving a service who might previously have received it. It was also possible that people's awareness of social care had

risen as a result of national discussion and local promotions such as Ask SARA, leading to an increase in referrals that did not necessarily meet the criteria. Asked how it was assessed that an assessment was not required, he Executive Director undertook to supply a briefing note to the Committee on the referral process. **AL**

Reablement

Asked what the difference was between avoided costs and savings in the context of reablement, the Executive Director said that when making a demographic projection, account was taken of the profile of need and of the population. The question would then be asked as to what could be done to avoid expenditure, by such means as reablement. Each reablement package was examined to establish what costs would have been incurred without reablement.

Members noted that Addenbrooke's was putting some funding into the enlarged reablement programme, but the County Council currently met the bulk of the cost.

Demography

Asked what was being done to address demography, the Cabinet Member reported that the Leader had asked the Council to be more challenging and less accepting of demographic information. The history of the last ten years suggested that the forecast of continuing population growth was probably correct. There was a "graph of doom" scenario under which local authorities would find themselves only spending on statutory duties (such as adult social care, learning disability, children with special educational needs) unless circumstances changed; the question was what could be done to influence the situation.

Budget management and planning

The Executive Director confirmed that the £16m savings being sought for 2013/14 included provision for the £3m vired from reserves in the current year. Members pointed out that reserves could not be relied on indefinitely.

A member recalled suggesting in the past that it would be a good idea to split the budget into costs over which the Council had some control (e.g. staffing) and costs over which it had no control (e.g. demography). He also drew attention to the risk of shunting costs from one organisation to another (e.g. a resident with mental health problems running up rent arrears, being evicted and needing to be housed in temporary accommodation). The Cabinet Member said that the Leader was keen for the public sector to work more holistically, avoiding the situation where one organisation's saving cost another organisation double the amount saved. The creation of the Clinical Commissioning Group and the Health and Wellbeing Board would provide forums for discussion between public sector bodies in the county.

The Cabinet Member undertook to talk to the Executive Director about a statutory/ non-statutory split; he was determined that the Council be seen to be as efficient and lean as possible. The Executive Director said that work on splitting costs was already under way, and it was necessary to do more. He also drew attention to the report's list of strategic actions to be taken forward over the next 12-18 months.

A member expressed concern that small teams of ASC staff were getting smaller, and there were high rates of staff sickness and stress-related absence. The Executive Director said that a business case could perhaps be made for employing more social workers in order eventually to achieve savings, through for example

improvements in the number and quality of assessments carried out; this had been the experience of some other local authorities.

Information Technology

Replying to questions about whether the IT currently in use was satisfactory, the Cabinet Member said that it was not. The current underlying platforms were not good enough, so it would be necessary to invest in IT over roughly the next two years. He gave the example of the current invoicing system, which a domiciliary care agency had told him was very complex by comparison with that used by other commissioners; better IT would bring long-term financial savings to both the Council and service providers. IT systems would also need to be changed in order to facilitate closer working with Local Commissioning Groups (LCGs).

The Executive Director added that changes would be made to SWIFT (the adult social care database) to bring it more closely into line with ASC processes, which should result in improved reporting and efficiency. However, it was also necessary to examine the corporate IT infrastructure, which was struggling to keep up with the service demands being made on it. ASC had fundamentally changed its way of working, so IT systems that reflected these current arrangements were required.

Assistive Technology

Members queried the removal of additional planned revenue investment in transformation, used to support service developments such as prevention. The Cabinet Member said that he was convinced more could be done, e.g. to expand assistive technology, but it was necessary to fit in with the resource capacity. The Executive Director added that the report could have been clearer on this point, which was linked to the ASC Capital Programme for 2013/14.

Cambridgeshire Community Services NHS Trust (CCS)

Members raised the question of CCS's status. The Service Director said that the fact that CCS's application for foundation status would not be progressed had significant implications for the Local Authority, because providers were now required to have foundation trust status, and CCS had been providing services to the Authority. It was therefore necessary to ensure that these services continued to be undertaken; one option would be for the Authority to bring the services back in house, though no decision had yet been taken. The Cabinet Member added that entering into the Section 75 agreement with CCS for CCS to provide services had been the right decision at the time it was made, and no criticism of CCS by the Authority was intended. However, this change in circumstances should be treated as an opportunity to be used to realign services and improve ways of working.

Independent Service Providers (ISPs)

A member, recalling that the member-led review of home care had found many ISPs to be financially vulnerable, suggested that it was dangerous not to give an uplift to ISPs, because this was effectively a cut in their funding. The Executive Director responded that a major home care contract exercise had recently been completed, and rates agreed in November would not be increased in March. Some contracts had been let for a lower amount in the tendering process.

In reply to the comment that problems identified by the home care review (such as low pay, lack of training and career progression, and poor recruitment and

retention) were likely to continue, the Cabinet Member said that the new structure in place for domiciliary care would improve care services. Agencies were now being grouped geographically, in order to reduce carers' (frequently unpaid) travelling time and increase the time they could spend with service users, and the structure of six major providers with smaller providers grouped under them meant that the major providers could take the lead on such matters as training.

A member commented that it was difficult for some recipients of Self-Directed Support (SDS) to find care agencies, particularly in Cambridge and South Cambs, and that there were too few care workers. So far, she had seen little evidence that carers were travelling less and spending longer with service users. The Cabinet Member reminded members that the new structure represented a significant change, and its effects should not be judged merely on the first few months.

Members noted that options for using call monitoring systems were being looked at with care agencies; the Council's thinking on how to deliver call monitoring had changed since the member-led review into home care services.

Informal Carers

In response to the suggestion that there was a danger of imposing too many demands on informal carers, members were advised that work was being developed with a carers' organisation to improve support for informal carers. It was important to identify those people who were acting as carers, and to provide them with effective support, as a means of preventing carer breakdown, which had expensive consequences for the Council; this was the least costly and most compassionate option.

Self-Directed Support (SDS)

A member reported hearing of one recipient of SDS who appeared to have been using some of their personal budget in a way that suggested that the service user did not need or was not spending the money for its intended purpose. Members were advised that both individual recipients' use of SDS and the amount of money going in to it was being kept under review. The Cabinet Member added that it was difficult to judge without knowing the individual circumstances; he knew of one group of SDS recipients who had shared resources to set up a photography club, which had had a very positive impact on their lives and their mental health.

Clinical Commissioning Group (CCG) and Local Commissioning Groups (LCGs)

A member asked what discussions were taking place on how to reconcile the current financial pressures and the need for equality of service delivery across the county with the local bias of LCGs. Cabinet Member and Executive Director acknowledged that the tension between the whole and the local was perplexing authorities across the country. It was a question of the balance between applying eligibility criteria equitably and allowing services to be shaped by local demands and needs.

Members noted that discussions were taking place with the CCG about how the services currently delivered by CCS could be provided in future. The CCG was keen that these should be delivered more locally, which would however raise the issue of equity across the county.

The Chairman thanked the Cabinet Member and the Executive Director for their attendance and helpful answers. The Cabinet Member invited members to contact him and ask for further information if they felt his answers had not been clear.

The Chairman then led the Committee in summing up its findings. Points identified included:

- mental health was an important factor in service delivery and budget; there was a view that there should be more investment in mental health (not disinvestment), and that the existing budget should be spent in full
- the Committee had heard a clear statement that eligibility criteria were not being changed, but there seemed to have been some erosion of access to services, with criteria being applied more strictly and some enquirers not getting beyond the Contact Centre – the apparent increased difficulty in accessing services might merit further exploration
- geographical differences in the amount spent above eligibility criteria
- the budget implications of CCS's failure to achieve foundation status, and the possible consequences of this failure for CCS
- possible scope for tightening SDS arrangements, given examples of apparently inappropriate expenditure
- the Committee had been clearly assured that there had been no deliberate underspending of budgets as a means of paving the way for cuts
- the challenge to demographic projections needed to be more robust, and there was some way to go to meet the challenge posed by these projections
- hospitals needed to work in a different way, and become more accountable, particularly as their budget overspends had become an issue
- a frequent reply to questions had been that work was in progress, or that work was at an early stage; the Committee needed to monitor progress in such areas as care agencies, commissioning and changes at CCS
- there had been little reaction to the member suggestion that it would be useful, when building the budget, to separate out the costs over which the Council had control (for example, staffing) and the costs over which it had no control (such as demography)
- the aim of increasing capacity in families might prove difficult to achieve in practice.

The Scrutiny and Improvement Officer informed members that the Scrutiny Management Group proposed to establish a working group, with a representative from each Overview and Scrutiny Committee, to look at the Business Plan before it was considered by Cabinet in January 2013. The Committee delegated the Chairman to attend as its representative; the Chairman asked members to convey any further observations on the Business Plan to himself or the Scrutiny and Improvement Officer.

99. FORWARD WORK PROGRAMME

a) Committee Priorities and Work Programme 2012/13

The Committee reviewed its work programme. Members were advised that the proposals for specialised regional treatment centres for liver metastases were now

unlikely to emerge until March 2013, with the result that the joint Overview and Scrutiny Committee would probably not meet until the municipal year 2013/14.

The Committee agreed

- to invite representatives of the Huntingdonshire District Council Social Well-Being Overview and Scrutiny Panel to attend its next meeting for an item reporting progress at Hinchingbrooke Hospital
- to authorise the Chairman, in consultation with the Scrutiny and Improvement Officer, to finalise the detailed work programme for the remainder of the municipal year.

b) Cabinet Agenda Plan

The Committee noted the Cabinet Agenda Plan.

100. CALLED IN DECISIONS

There were no called in decisions.

101. DATE OF NEXT MEETING

The next meeting of the Committee would be held at 10am on Tuesday 5th February 2013, preceded by a preparatory meeting for members of the Committee at 9.30 am.

Members of the Committee in attendance: County Councillors K Reynolds (Chairman), J Batchelor, N Guyatt, G Heathcock (substituting for Cllr Austen), G Kenney (Vice-chairman), V McGuire, P Read (substituting for Cllr Hutton), P Reeve, P Sales, S Sedgwick-Jell, F Whelan and F Yeulett; District Councillors S Birtles (Cambridge City, substituting for Cllr S Brown), M Cornwell (Fenland). R Hall (South Cambridgeshire) and R West (Huntingdonshire)

Apologies: County Councillors S Austen and C Hutton; District Councillor S Brown (Cambridge City)
Also in attendance: County Councillor M Curtis

Time: 11.05am – 1.10pm
Place: Kreis Viersen Room, Shire Hall, Cambridge

Chairman