

## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Thursday, 15 October 2009 commencing at 10.00 am and finishing at 1.23 pm

**Present:**

**Voting Members:** Councillor Don Seale – in the Chair

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)  
Councillor Arash Fatemian  
Councillor Anthony Gearing  
Councillor Melinda Tilley (In place of Councillor Tim Hallchurch MBE)  
Councillor Jenny Hannaby  
Councillor Sarah Hutchinson  
Councillor Larry Sanders  
Councillor Dr Peter Skolar  
Councillor Alan Thompson

**Other Members in Attendance:** Cabinet Member for Adult Services: Councillor Jim Couchman

**Officers:**

Whole of meeting K. Coldwell and D. Fitzgerald (Corporate Core)

Part of meeting

**Agenda Item**

**Officer Attending**

- |    |   |
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| 5. | Director for Social & Community Services, S. Kearey and P. Purnell  |
| 6. | Director for Social & Community Services, P. Purnell & V. Raja (Social & Community Services); S. Jones (Oxfordshire PCT); D. Saunders (The Alzheimer's Society) |
| 7. | Director for Social & Community Services  |
| 8. | D. Fitzgerald (Corporate Core)  |

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting and agreed as set out below. Copies of the agenda and reports are attached to the signed Minutes.*

### 22/09 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS (Agenda No. 1)

Councillor Melinda Tilley attended in place of Councillor Tim Hallchurch MBE

**23/09 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE**  
(Agenda No. 2)

Councillor Dr Peter Skolar declared a personal interest at Agenda Item 5 in relation to that item on the grounds that:

- he had passed on money from his parents to his grandchildren when his parents had died to enable them to buy their own homes; and
- his mother in law had sold her flat to pay for care when she went into a care home.

**24/09 MINUTES**  
(Agenda No. 3)

The Minutes of the meeting were approved and signed.

**25/09 GREEN PAPER ON CARE AND SUPPORT: SHAPING THE FUTURE OF CARE TOGETHER**  
(Agenda No. 5)

On 14 July 2009 the Department of Health issued a consultation document on the future shape of the care and support system in England. The Committee had been circulated with a copy of the Executive Summary prior to the meeting and directed to the Department of Health's website, should Members wish to view the full document.

The closing date for responses was 13 November 2009.

A paper which focused on the different issues within the Green Paper was before the Committee (AS5).

The Director for Social & Community Services, together with Mr Paul Purnell (Head of Adult Social Care), Mr Simon Kearey (Head of Strategy and Transformation) and the Cabinet Member for Adult Services, attended for this item to answer any questions which the Committee may have wished to ask.

The views of this Committee would be taken into account in considering what response the County Council would make to the Green Paper and any response would be submitted in the name of the Cabinet Member for Adult Services and the Leader of the County Council (as Cabinet Member for Finance).

The Committee discussed its views on the Green Paper and **AGREED** to comment on a draft minute of its advice prior to submission to the Cabinet Member for Adult Services' and Leader of the Council's (with responsibility for Finance) Delegated Decision on 4 November.

Following the meeting, the Scrutiny Committee endorsed the proposed response from the County Council (refer Annex 1) which covers the main points which emerged during the scrutiny discussion and had cross party and universal endorsement.

Ms Coldwell undertook to circulate a copy of the Local Government Association's response to the Green Paper to all members of the Committee.

**26/09 OXFORDSHIRE APPROACH TO THE DELIVERY OF THE NATIONAL DEMENTIA STRATEGY**

(Agenda No. 6)

The Committee was provided with the opportunity to conduct a question and answer session in relation to the current position and issues regarding Dementia, with a view to identifying any issues for a 'select committee' investigation at a future meeting.

A briefing paper was attached to the agenda (AS6).

Ms Varsha Raja (Assistant Head of Adult Services), together with the Director for Social & Community Services, Mr Paul Purnell (Head of Adult Services), the Cabinet Member for Adult Services, Ms Suzanne Jones (Service Development Manager - Older People - Oxfordshire PCT) and Mr Duncan Saunders (Service Manager - Oxfordshire and Berkshire - The Alzheimer's Society) attended for this item to answer any questions which the Committee may have wished to ask.

Ms Raja summarised some of the key information set out in the briefing paper to Committee as follows:

- approximately 40% of the expected population of people with dementia in Oxfordshire had actually been diagnosed. This was in line with the national picture in terms of diagnosis of people with dementia, as nationally between 20 and 40% of people had received a diagnosis of dementia;
- although there was some service provision in Oxfordshire, there was a lack of universal access across the county to these services and there were some gaps in service provision;
- more detailed analysis was required to assess the quality of provision;
- Adult Social Care had not been allocated any ring fenced funding to deliver the National Dementia Strategy, although an initial sum of £150,000 had been delivered from the pooled budget to deliver key priorities;
- Oxfordshire was also one of the 22 demonstrator sites for dementia advisors and a total of £207,000 had been allocated by the Department of Health to deliver this project, which is a pilot information prescription for people with dementia and their carers. Other activities were also underway, as set out in the paper.

Mr Saunders then made the following points in response to a number of questions:

- Dementia was an umbrella term for a variety of similar conditions with broadly similar symptoms - with Alzheimer's disease being the most common condition - although all forms of dementia were degenerative and incurable;
- ongoing research was underway regarding how best to prevent and slow down the onset of dementia and research evidence was showing increasing links between lifestyle and dementia. Some types of dementia were thought to be entirely due to alcohol abuse. The usual advice in terms of staying active and eating a healthy diet was relevant in terms of prevention. Staying mentally and

socially active, for example by learning a musical instrument, was also thought to be beneficial;

- people with Down's Syndrome were at increased risk of developing dementia.

Ms Jones then stated that all of Oxfordshire PCT's work in relation to dementia was undertaken jointly with Social & Community Services and that a county wide steering group was in place, with high level clinical leadership.

A further selection of the Committee's questions is listed below, together with the officers' responses:

- **Was Oxfordshire PCT also under financial pressure?**

Yes.

- **Was dementia still being under prioritised by the PCT?**

No. Dementia now had the same priority as Strokes. Both were equally detrimental for people.

- **Mental health services were being cut. Surely this was another reason to ensure that they were properly funded? What did Oxfordshire PCT do in terms of NHS Continuing Care for people with dementia?**

The PCT was supporting approximately one hundred people with mental health problems under NHS Continuing Care. This was not low in comparison with other PCTs. The government was benchmarking PCTs on a quarterly basis and Oxfordshire had come out as on par with other PCTs.

- **In terms of issues and gaps in provision what was 'Just Checking and Wandering technology?'**

This is technology that supports an extended period of assessment. If someone is diagnosed with dementia then technology is put into their home to enable an assessment to be made of which pathway they need. This is an extension of telecare and can be used to monitor lifestyle. It can be used to determine whether someone can manage in their own home if additional support is provided to them or if they need to move into a care home. For example it can monitor when a person goes to bed, if they are eating and if they are socialising. Consent is required before any monitoring can take place. This type of telecare is useful if there isn't a carer in place.

- **Could more information about memory clinics please be provided and what action would be taken to evenly distribute provision against need?**

The PCT's role was to ensure that an accurate diagnosis of dementia is given. Not everyone has to go to a memory clinic to receive a diagnosis. However, their distribution does need to be aligned with projected demographic growth. They also need to be restructured and modernised. Dementia is progressive

and therefore people's needs change over time and a variety of provision needs to be available.

- **The briefing paper stated that there was no specialist dementia service in terms of home support and that service provision was task focused and not outcome focused. Please elaborate.**

This was not a good situation. The focus needs to be on how quality of life and outcomes for people can be improved, and carers need to be attuned to the needs of people with dementia. This would require specialist services for people with dementia. A way forward needs to be devised within the next few months.

The Head of Social Care for Adults stated that both he and the Assistant Head of Adult Services welcomed Scrutiny's assistance to help keep the profile of dementia high on their list of competing priorities, such as Transforming Adult Social Care, delayed transfers of care and financial management.

The Director for Social & Community Services stated that the Department of Health was undertaking benchmarking work in relation to Dementia. This would give Oxfordshire a good indication of how well it was doing against the benchmarks and how well it was improving outcomes for people.

Following the question and answer session, the Committee **AGREED** to monitor progress in relation to the delivery of the National Dementia Strategy in six month's time, especially in relation to the current issues and gaps in provision.

Councillor Dr Peter Skolar undertook to bring the briefing paper to the attention of the Oxfordshire Joint Health Overview and Scrutiny Committee.

## **27/09 IMPACT OF COUNCIL FINANCIAL PLANNING ON ADULT SERVICES** (Agenda No. 7)

The Director for Social & Community Services attended for this agenda item in order to give a brief explanation of the process being followed. He stated that the Council was planning for difficult financial times ahead and that there was clear consensus across the political parties nationally of this. The Director then summarised the process between the Summer and up to budget scrutiny at the November/December meetings.

The Committee noted that there was an £8.0m savings target for Social & Community Services for the next financial year (4% of the budget for Adult Social Care), together with any new pressures that might crop up. This figure would then grow to £26.0m by the end of the five year timeframe. This would involve taking 20% out of the budget overall. Officers had not yet identified how to save £26.0m from the budget and would not have identified this in time for the December meeting of this Committee. However, they had identified how to balance the budget for next year which would deliver net savings of £8.0m next year. The efficiencies would require the Directorate to either pay less for the services it purchased, avoid the need for some services as a result of the move towards prevention or work smarter.

Councillor Dr Peter Skolar requested that it be minuted that as Chairman of the Strategy and Partnerships Scrutiny Committee he wished to make the point that that the above Committee would not necessarily just accept a paper from each Directorate describing services and costs agreed at Star Chamber. He added that he hoped that Scrutiny would not just be told how the service intended to save £8.0m, as in his view, this would not be acceptable, adding that all of the scrutiny committees should be provided with some choices as to how the efficiency savings could be made.

The Director responded that the service and resource planning report for 2010/11 – 2014/15 which had been provided to the September Council meeting gave some choices for next year dependent on all of the Directorates delivering their savings targets.

The Cabinet Member for Adult Services reminded the Committee that as the Directorate was only half way through the Transforming Adult Social Care Programme, many of the potential future efficiency savings would not have been worked up in time for the next financial year. He added that the impact of some of the changes might not be apparent until the third year of the programme and further stated that Scrutiny would have to put forward alternative options if it was not content with the proposed budget.

## **28/09 ANNUAL SCRUTINY WORK PROGRAMME OCTOBER 2009 - JULY 2010** (Agenda No. 8)

Mr Des Fitzgerald (Policy and Review Officer) introduced the proposed annual scrutiny work programme for this Committee (AS8).

Following discussion, the Committee **AGREED** to include the following items in its future work programme:

- **Duty to involve** – Q&A and report at its February meeting on what this new statutory commitment involves and what the Council will be doing;
- **Services for Adults on the Autistic Spectrum** – Q&A and report at its April meeting or once the Joint Needs Assessment has been finalised if later;
- **Dementia Strategy** – Q&A and report at its April meeting in order to monitor progress in relation to issues and gaps in provision;
- **Telecare** – Q&A and report at its October meeting;
- **Domiciliary Care** – consider at a future meeting once both inspections have been completed.

## **29/09 TRANSFORMING ADULT SOCIAL CARE: RESPONSES TO PREVIOUS QUESTIONS** (Agenda No. 9)

The Committee noted the responses to its previous questions which had been sent out with the agenda (AS9) and **AGREED** that it did not wish to ask any further questions.

**30/09 SELF DIRECTED SUPPORT TASK GROUP: UPDATE**  
(Agenda No. 10)

[Lead Member Task Group comprises Councillors Jenny Hannaby, Sarah Hutchinson, Larry Sanders and Lawrie Stratford].

The Committee **AGREED** that it was satisfied with progress to date and that there were no major issues of concern.

**31/09 FORWARD PLAN**  
(Agenda No. 11)

No items were identified for consideration.

**32/09 TRACKING**  
(Agenda No. 12)

No items had been identified for tracking at this meeting.

**33/09 ANNEX 1**  
(Agenda No. )

**ANNEX 1**

**Shaping the Future of Social Care Together  
Response of Oxfordshire County Council to the Green Paper**

1. This paper sets out the response of Oxfordshire County Council to the Green Paper "Shaping the Future of Social Care Together". It reflects informal discussions with Cabinet colleagues and discussions at our Adult Services Scrutiny Committee on 15<sup>th</sup> October 2009. However, ultimate responsibility for this response rests with us as the Cabinet Member for Adult Services and the Leader of the Council (with responsibility for Finance). This response was agreed under our delegated powers on 4<sup>th</sup> November 2009.
2. Oxfordshire County Council believes that there is a need to change the current arrangements but that any changes must build on good practice currently in place. We give examples of good practice already in place here in Oxfordshire in paragraph 8 below. We recognize that there are serious financial pressures on the adult social care system and that those pressures will get worse over the medium and longer term. Oxfordshire County Council has made a very significant investment to respond to the demographic pressures that we face (investing £35m extra annually by the end of the current medium term service and resource plan ending in 2013/14). This investment has been made despite the absence of any additional resources from central government. However, it is difficult to see how the County Council can make a similar investment over the next five year period unless extra resources are contributed from other sources.

3. We believe that there are some serious shortcomings with the Green Paper. In particular we would highlight the following:
  - The Green Paper has been several years in gestation. As a result it does not reflect the very serious financial pressures now facing the public sector.
  - Any changes will require reform of primary legislation such as the National Assistance Act 1948. We would support changes to bring this legislation up to date. However, there is no mention in the Green Paper of how this legislation should be amended.
  - There is no mention of eligibility criteria and the review of Fair Access to Care Services (FACS). It is completely unclear how the proposals will impact at a local level where eligibility criteria vary currently.
  - We do not believe that the Green Paper is especially helpful in taking forward the agenda set out in Putting People First (see paragraph 7 below).
  - It is unfortunate that the Green Paper places so much emphasis on the costs of residential care when Putting People First rightly places so much focus on community based services, prevention and early intervention.
  - It is also unfortunate that the Green Paper focuses so much on the issues facing older people at the expense of younger adults who will receive or already receive social care.
  - There is no consideration of the impact on providers of social care whether domiciliary care or residential care.
  - Overall, there is a significant lack of detail which makes it very difficult to come up with definitive responses because it is unclear what will be the implications for individuals or local authorities.
4. Whilst we do support the expectations set out on pages 10 and 11 of the Green Paper, we do not support the concept of a National Care Service as defined on page 47 of the Green Paper: “a National Care Service where everyone gets a consistent service wherever they live in England, and where everyone gets help with their high-level care costs”. There is a very clear danger that this will create unrealistic expectations amongst the public which can not be delivered.
5. The idea of a “National Care Service” is clearly based on the concept of the National Health Service. However, the National Health Service does not deliver “a consistent service”. If an individual has a stroke, their chances of survival and then recovering will depend on where they live in the country. This is not just a reflection on the socio-economic profile of an area but also the quality of care that is provided (by both health care and social care) and the priority that the stroke pathway has been given by the PCT and the local authority.
6. We also believe very strongly that locally agreed services reflecting local needs are the best way to deliver value for money and the best quality of services within the resources available.
7. As we have already commented, we do not believe that the Green Paper advances the agenda set out in Putting People First. We would accept that the expectations set out on pages 10 and 11 are consistent with the direction



set out in Putting People First. In addition, the widespread application of personal budgets will reinforce concerns about whether it is fair that some people have to pay for their social care so it is right that there is some discussion about possible alternatives. The Green Paper highlights the importance of prevention, early intervention and reablement. These are crucial to Putting People First. However, it is almost silent on how these will be encouraged or required. There are similar concerns about how joint working with the NHS will be encouraged (see paragraph 8 below).

8. Oxfordshire has a national reputation for the quality of the partnership working between local government and the health service. This was acknowledged by Phil Hope in the debate on 14<sup>th</sup> July on the transfer of funding for adults with learning disabilities initiated by Andrew Smith MP. The excellent working relationships have not happened by chance. They reflect the personal commitment to joint working over many years from both executive and non-executives within both the health service and local government in Oxfordshire. The Green Paper assumes that this is a matter of mindsets and behaviour alongside shared goals and joint ways of working (see page 12 of the Executive Summary). Whilst this has been effective in Oxfordshire it is not clear that this will automatically work elsewhere within England unless there are very strong pressures which require this to happen. This does not need to involve structural change (as the Green Paper says). However, it would be helped if there were clear requirement placed on all Primary Care Trusts and local authorities to adopt some of the mechanisms in place in Oxfordshire such as pooled budgets, joint commissioning and integrated teams of social and health care. These requirements might be expressed through a new concordat on joint working.
9. The Green Paper sets out 5 possible funding options. We agree that Option 1. "Pay for yourself" should be ruled out for the reasons given in the Green Paper. We would also agree that Option 5 should be ruled out but for different reasons to those quoted in the Green Paper. The reason given in the Green Paper is that "it places a heavy burden on people of working age". Exactly the same argument could be applied to the funding of the NHS. In our opinion the real reason that Option 5 should be ruled out is that it is quite simply unaffordable given the immense pressures on the public purse at the current time and the demand for ever increasing resources for adult social care to respond to the demographic pressures.
10. Of the three other options we agree with the principle of the Option 2 "Partnership" although any final decision ought to be taken in the light of assessing the implications for those currently receiving Attendance Allowance/Disability Benefits. It is not clear how many people may be disadvantaged and to what extent.
11. We do not believe that a voluntary insurance scheme will work and we anticipate that this will be the reaction of insurance companies. Voluntary schemes do exist at the moment but they are very unsuccessful. This means that a compulsory insurance scheme is the "least worst" option. However, much more work is required to understand how it might work.

12. There is no consideration in the Green Paper of the financial implications for local authorities. This means that local authorities will be reluctant to commit to any radical change unless they understand the implications for their overall funding and its possible impact on other services and on the council taxpayer. One important financial aspect is that the current system provides local authorities with a powerful incentive to keep down the total level of spending on adult social care because any extra costs fall on the council taxpayer. Thus they seek to achieve value for money from the services they buy or provide themselves. They also have a powerful incentive to promote community based options along with prevention and early intervention because this keeps people out of (or delays their admission into) the more expensive intensive forms of care. Any new system must provide similar incentives to encourage good behaviour by both organisations and individuals.

Councillor Jim Couchman  
Cabinet Member for Adult Services

Councillor Keith Mitchell CBE  
Leader of the Council

Oxfordshire County Council

Date to be inserted after the response has been agreed.

..... in the Chair

Date of signing ..... 200