

## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Wednesday, 2 December 2009 commencing at 10.00 am and finishing at 2.50 pm

**Present:**

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

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)

Councillor Arash Fatemian

Councillor Jenny Hannaby

Councillor Dr Peter Skolar

Councillor Anthony Gearing

Councillor Sarah Hutchinson

Councillor Alan Thompson

Councillor Tim Hallchurch MBE

Councillor Larry Sanders

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

Leader of the Council: Councillor Keith R. Mitchell CBE

**By Invitation:**

**Officers:**

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

Part of meeting

**Agenda Item**

**Officer Attending**

5. L. Baxter (Corporate Core); J. Jackson, S. Kearey, A. Nursey, P. Purnell & S. Stapley (Social & Community Services); M. Elliott (Shared Services)

6. S. Collins (Shared Services)

7. M. Bradshaw, N. Horn, J. Ray & A. Sinclair (Social & Community Services)

*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.*

**34/09 MINUTES**  
(Agenda No. 3)

The Minutes of the meeting held on 15 October 2009 were approved and signed.

**35/09 SERVICE AND RESOURCE PLANNING 2010/11 - 2014/15**  
(Agenda No. 5)

The report before the Committee (AS5) set out the Business Improvement & Efficiency Strategy for Social & Community Services. The strategy contained the identified pressures and proposed savings over the medium term from 2010/11 to 2014/15. The Committee was invited to consider and comment on the strategy and the pressures and savings contained therein.

The Cabinet Member for Adult Services, together with Mr John Jackson (Director for Social & Community Services), Mr Paul Purnell (Head of Social Care for Adults), Mr Simon Kearey (Head of Strategy and Transformation) and Ms Maureen Elliott (Finance Business Partner – Social & Community Services) attended for this item, together with other Heads of Service, in order to answer the Committee's questions in relation to the identified pressures and proposed savings.

The Assistant Head of Finance (Corporate Finance) also attended to answer any questions which the Committee may have wished to ask.

The Director for Social & Community Services gave an overview of the budget for Adult Services (Refer Annex 1) which covered the Directorate's vision, how this relates to the Corporate Plan, some key figures, an overview of the Service and Resource Plan, demographic change, the Directorate's Business Improvement and Efficiency Strategy, delivering the unidentified savings, working with the NHS, potential risks 2010/11 and potential risks in the medium term.

The Committee then asked a number of questions. A selection of the Committee's questions, together with the officers' responses, is listed below:

- **If extra savings were required corporately would the Directorate be able to make further savings? ie had the Directorate left some money in reserve should this be needed?**

It would probably be possible to make additional savings in the next financial year but the contingency was needed to cover the potential risks. These were the major overspend on the older persons pooled budget and the potential cost of free personal domiciliary care, should primary legislation be passed before the next General Election. Considerable savings were expected from Transforming Adult Social Care including Self Directed Support, but the potential risks in the medium term also had to be taken into account.

- **Why had there been an overspend on the older persons pooled budget?**

This was a budget of two halves rather than a 'pool'. The Primary Care Trust's (PCT's) half of the budget had been overspending for some time and related to Continuing Health Care. The Council's half had been generally close to the budget but this year there had been an overspend. A major factor in the

overspend was that Delayed Transfers of Care (DTC) had been reduced, in terms of speeding up hospital discharges. Therefore, most of the forecast overspend had come from the increased demand for community care, especially domiciliary care (home support). Officers were reasonably optimistic that this could be reduced to a £1.5m overspend by the year end.

- **If the overspend on the older persons pooled budget was to be reduced would this result in more DTC?**

It would be necessary to try to reduce weekly new commitments and to review more robustly some of the larger home based packages. This week a team would be reviewing and reassessing people and it was hoped that about 500 less people would be receiving domiciliary care by the end of this financial year. Some service users were receiving such large packages of care to enable them to remain at home that it would be reasonable for the Directorate to now enforce a ceiling policy. A home based package of care should not cost more than it would cost to meet a person's needs in a care home. Some home based packages were costing £1,500 - £2,000 per week due to the number of carers that were required, whereas it was possible to purchase a bed in a care home for £700 or £800 per week.

- **How serious was this overspend?**

Reducing the overspend to £1.5M would still mean that the Directorate's room for manoeuvre was limited, especially in light of the Prime Minister's pledge to offer free personal home care to anyone at the highest threshold of the eligibility criteria. This might be implemented from 1 October 2010 and could also generate claims from people who were self funding their care. Costs from the NHS might also come to Adult Social Care as some health needs might be redefined as social care. The costs of the proposal - should it be introduced - were unknown, as the government's estimation of cost was based only on academic research. Work needed to be undertaken locally to gauge this. The government had said that it would make available £420M out of an estimated £670M and it was assuming that the shortfall could be met by local government efficiency savings. This would be extremely difficult. If introduced, free personal home care would be at the expense of other services or by increasing Council Tax. The Directorate had not included any funds in the Strategy for this potential change, as it was not known whether it would be introduced, or what the costs would be. The consultation would not officially end until 26 February, which would be after the Council had set its budget.

- **Would the Council's ICT systems be sufficiently robust to deal with the transformation of Adult Social Care?**

A review was currently underway. Sufficient capital funding was available. The results of the review should be available by the Summer.

- **Might the introduction of Self Directed Support result in a casual labour force for Adult Social Care? How could this be avoided?**

Considerable work had been undertaken nationally in this area. A National Workforce Strategy had been launched in April and work was ongoing. There

would need to be more registration and training of social care staff, not just social workers.

- **How would the take-up of community based services be encouraged?**

This was the role of the Community Development Team, especially in relation to hard to reach communities. Current examples of community based services included the Oxfordshire Chinese Community & Advice Centre, the Good Neighbour Scheme and Volunteer Linkup in Witney (transport and befriending services). There was still more work to be done in this area.

- **What about transport planning and subsidy to get people from their homes to these services?**

Officers were working on the Local Transport Plan and were encouraging members of the Health and Wellbeing Partnership Board to input into the next Plan.

- **What was the detail behind SC27 - pooled budget contributions from Oxfordshire Primary Care Trust (PCT) to meet increased health activity?**

The PCT should be contributing more funding to the community equipment budget. A great deal of provision classified as home support was actually health care. The PCT would not be formally setting its budget until the end of January. Their financial situation was very tight and they were looking into it. Negotiations were underway.

- **SC40 [Home Support] Renegotiate all block contracts down to the average for the area. This was listed as a high financial risk. Was it likely that the providers would go out of a business as a result, which could end up costing the Directorate more if it had to go to other providers?**

Contract staff were highly skilled in this area and made sensible decisions. Officers would also be looking into why some providers were charging above average for the area.

- **Fuel poverty was an issue for many people. What could be done?**

Addressing fuel poverty was not one of the Council's key functions and the Directorate did not have the resources to undertake significant activity in this area. It was to be assumed that the District Councils were more involved. However, Mr Kearey undertook to look into whether information on fuel poverty could be provided as part of the Directorate's provision of information to the public (eg. in libraries).

- **The way in which the financial information had been presented to Scrutiny via the Directorate Business Improvement and Efficiency Strategies may cause the Media to gain an inaccurate overall impression of the budget proposals (as they contained insufficient emphasis on the amount of identified pressures that would actually be reinvested in services). Could the information please be made clearer to the Media?**

Mrs Baxter undertook to make reference in the Service and Resource Planning Reports to Cabinet that £75m of the £106m of pressures (as quoted in the Media), would be reinvested in services.

Following debate, the Committee **AGREED** to forward the following advice to the Cabinet via the Strategy and Partnerships Scrutiny Committee:

This Committee:

- a) wishes to express its concern regarding the capability of the Council's ICT facilities to support the transformation of Adult Social Care, with particular regard to the roll out of Self Directed Support;
- b) wishes the Directorate to continue its close liaison with NHS Oxfordshire (formerly Oxfordshire PCT), with particular attention to the grave financial situation facing NHS Oxfordshire, which will have ramifications for Adult Social Care given the amount of services that are delivered in partnership;
- c) notes the importance of community development initiatives which aim to increase social capital, wellbeing and independence thus aiming to reduce demand for residential care and acute services; and that whilst there are already some good examples of this, there is still more to be done, including work to ensure that there is a cohesive system of integrated local community services in place;
- d) notes that the Adult Social Care budget for 2010/11 is balanced, whilst noting the two risks to the service identified by the Director, which are:
  - the major overspend on the older person's pooled budget (which the Directorate plans to reduce); and
  - the financial implications for local authorities of the potential introduction of free personal domiciliary care for people with the highest levels of need, as outlined by government sources.

The Committee also **AGREED** to express its thanks to Directorate and financial officers for the Directorate specific and generic budget briefing sessions, which in its view had been very useful.

### **36/09 UPDATE REPORT ON THE MONEY MANAGEMENT SERVICE** (Agenda No. 6)

In July this Committee had received an update report on the money management service and had agreed to:

- note that there were still problems within this service which officers were trying to eradicate through the use of IT and other techniques; and
- advise the Cabinet that a further report on this "essential" service would be brought to this Committee's December meeting to enable it to consider – prior to the setting of the 2010/11 budget – whether the situation had improved as a result of the implementation of the specialist money management database.

It was agreed that this report would include the results of the planned benchmarking work to be undertaken by the Association of Public Sector Deputies (APAD) and the impact that the new joint panel arrangements would be having on

both the waiting lists and the numbers of clients supported to return to independent living in the community.

An update report was before the Committee (AS6(a)), together with the Minute of the Committee's discussion at its July meeting (AS6(b)).

The Committee was invited to consider whether it wished to provide any advice to the Strategy & Partnerships Scrutiny Committee in relation to the Money Management Service.

Mr Sean Collins (Assistant Head of Shared Services – Financial Services) attended before the Committee in order to provide an update and to answer the Committee's questions.

Following a brief discussion, the Committee **AGREED** that in light of the current position as set out in the report and the financial circumstances facing the Council, it did not wish to suggest to the Strategy & Partnerships Scrutiny Committee that additional resource should be put into the Service.

**37/09 EVALUATION OF THE INTEGRATED HEALTH AND SOCIAL CARE SCRUTINY REVIEW (ALSO KNOWN AS THE SINGLE POINT OF ACCESS TO REHABILITATION AND CARE/SINGLE FRONT DOOR SCRUTINY REVIEW)**

(Agenda No. 8)

[Lead Member Review Group comprises Councillors Mrs Anda Fitzgerald-O'Connor and Timothy Hallchurch MBE].

This Review had explored the effectiveness of efforts to achieve a single point of access for people in need of care, for instance upon leaving hospital. It had looked at the role of the Access Team in Social & Community Services and of other agencies in the provision of care and at efforts to improve information flow and co-ordination.

The Review had been considered by the Cabinet on 21 October 2008. The Cabinet had agreed nine of the ten recommendations, noting that many of the recommendations were in train or had already been actioned.

A tracking template was before the Committee (AS8), which included progress to date on the agreed review recommendations, together with the Cabinet's original response.

Following a brief update from the Lead Member Review Group, the Committee **AGREED** to sign off the Review on the grounds that it was satisfied with progress to date.

**38/09 TRANSFORMING ADULT SOCIAL CARE - INCLUDING OFFICER EVALUATION OF THE SELF DIRECTED SUPPORT LEARNING EXERCISE, TASC PROGRESS UPDATE, Q&A AND NOMINATIONS TO TASC WORKING GROUP**

(Agenda No. 7)

The Committee had before it:

- a progress report on Transforming Adult Social Care (TASC) (AS7(a));
- the new National Progress Measures and Draft Terms of Reference for the Programme Assurance Group (Annexes 1 and 2 to AS7(a));
- the Self Directed Support Learning Exercise Evaluation Report (AS7(b)), (short summary, executive summary and full report).

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care), Mr Martin Bradshaw (Assistant Head of Service – Reshaping the Supply Market), Mr Nick Horn (Assistant Project Manager – TASC Programme) and Mr Jon Ray (Senior Project Manager – Strategy and Transformation) attended before the Committee in order to answer Member's questions on the evaluation of the Self Directed Support Learning Exercise.

Mr Sinclair summarised progress in relation to the Transformation of Adult Social Care. In response to a question from the Committee, Mr Sinclair stated that although progress was slower overall than originally intended, it was important not to rush many of the activities and it had been difficult to align numerous different tasks throughout the Council. However, as the overall budget for Adult Social Care was dependent on the successful delivery of TASC, it would be necessary to continually monitor adherence to the timescale for the delivery of the project milestones.

The Committee also noted that as part of the work on Transforming Adult Social Care, the Directorate was also looking to set up a working group to help to ensure that the programme was delivering against its expected outcomes and timescales. This function (programme assurance) would act as an insurance policy for the programme board. A wide range of stakeholders were sought to join this group, including Councillor representation.

Mr Sinclair then drew the Committee's attention to the evaluation highlights from the Self Directed Support Learning Exercise, notable successes and areas for improvement, as detailed in the report.

Support brokerage had worked well, clients had spent 9% less of their personal allocation than anticipated (the national pilot figure was 8%) and the cost of external home support was lower than that of internal home support. Eleven out of the thirty three people who had chosen a direct payment had used it to purchase a personal assistant rather than to arrange care through an agency, which had worked out at approximately £12 - £15 per hour, as compared to £20 per hour for Council services. Although questionnaires and interviews had been based on a low number of people (those 55 people who at the end of August had support plans in place), the findings were in line with the national pilots and results from other local authorities.

Areas where improvement was needed were also detailed in the report, including an acknowledgement that the interim IT arrangements that were in place were sufficient to manage the current level of clients, but that once the project was implemented, would not be able to cope with the increased numbers and data. The emphasis in the systems review would be to ensure that IT systems and processes were fit for purpose to deliver self directed support. However, it had been necessary to specify the processes that would need to be put in place before this could be done and officers needed to see if the new SWIFT model could deliver what was needed.

Overall the areas for improvement were slower and less than expected, largely as a result of having imposed a new business model onto an existing system and it was the structure of the organisation and the systems that were now being reviewed.

The Committee then conducted a question and answer session. A selection of the Committee's questions, together with the officers' responses, is listed below:

- **Could detail please be provided in relation to the fast track assessments?**

The accelerated review programme for older people was in response to both the major overspend on the older people's pooled budget and government directive. Priority service users would be reviewed between now and the end of the financial year, with the aim of reducing the amount of support given to them based on the Fair Access criteria. A number of people were receiving more support than they needed and as they were being reviewed and re-assessed would be moved onto self directed support, at the same time offering people more choice and control on how their needs could be met. It was timely to get people onto self directed support now in light of the reviews rather than to wait another six months before this was done. This would bring forward the introduction of self directed support county wide six months earlier than originally anticipated.

- **What training would be delivered to personal assistants (PAs) and how would this be funded?**

PAs mostly work for themselves and are not subject to regulation. This was a risk.

However, the Council had introduced the 'Support with Confidence' Scheme to give service users and their families an assurance when purchasing non-regulated support services that PAs registered with the scheme had been vetted, including CRB checks, independent safeguarding processes, references and nearly all of the processes that County Council employees and contracted providers of services were subject to. Any complaints would be investigated and the PA would be removed from the scheme if necessary.

This scheme was being strongly encouraged and promoted, especially with the registered brokers.

The Council was paying for the CRB checks and the training and PAs would be hosted by local authorities and other organisations until work was available for them. It wasn't known whether there would be job transfers from existing home support workers, as although PA work was more lucrative it was less stable at the moment.

Given the cost of training a PA (£1000 for each PA to go through the system), officers were keen not to recruit them until demand for self directed support had picked up. To do so before then would run the risk of losing them to other employers. Eight PAs were currently going through the application process.

- **How could the Council ensure that PAs not on the scheme were sufficiently trained?**



It was not a mandatory scheme. Family members, friends and neighbours would not be required to undergo training. If an agency provided a PA then they would have to be registered. However, there is no current obligation for PAs to be registered. The Council is keen to ensure that the Support with Confidence PA scheme is promoted and that people use this service.

- **Would money for training be added to personal budgets?**

Over time training costs would come out of personal budgets. If a PA had not already been trained then the resource allocation would need to take this into account.

- **How could an elderly and possibly confused person be expected to employ a PA?**

Officers recognised that they were less likely to be a direct employer especially if mentally incapacitated and they would receive contracted or directly provided home support or a trusted person could employ on their behalf.

- **How could the Council avoid being “unfair” when reassessing people when it already had an outcome in mind?**

Colleagues undertaking the reviews would be targeting those people whom they believed to be in receipt of more services than necessary or who had not been identified as high risk. For example, some conditions changed over time. There was also the possibility that some people would be found in need of additional support. People had already been identified in terms of risk as a result of flu pandemic planning assessments.

Following the question and answer session the Committee **AGREED**:

- that it was generally satisfied with the findings of the Self Directed Support Learning Exercise;
- that the Self Directed Support Task Group should continue, in order to monitor the rollout and operation of Self Directed Support, including the robustness of IT systems, the internal restructure and the accelerated review programme;
- to continue to monitor the Transformation of Adult Social Care at each meeting; and
- to nominate Councillor Don Seale as the Councillor representative on the Transforming Adult Social Care Programme Assurance Working Group and Councillor Larry Sanders as his Deputy/Substitute.

### **39/09 FORWARD PLAN**

(Agenda No. 9)

The Committee noted the items on the current version of the Forward Plan.

### **40/09 SCRUTINY WORK PROGRAMME**

(Agenda No. 10)

The Committee noted the items listed on its work programme.

**41/09 TRACKING**  
(Agenda No. 11)

The Committee noted the tracking information as listed on the face of the agenda.

..... in the Chair

Date of signing .....