

## ADULT SERVICES SCRUTINY COMMITTEE

**MINUTES** of the meeting held on Tuesday, 7 September 2010 commencing at 10.30 am and finishing at 3.35 pm

**Present:**

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

Councillor Mrs Anda Fitzgerald-O'Connor (Deputy Chairman)  
Councillor Jenny Hannaby  
Councillor Dr Peter Skolar  
Councillor Sarah Hutchinson  
Councillor Alan Thompson  
Councillor Tim Hallchurch MBE  
Councillor Larry Sanders  
Councillor David Wilmshurst  
Councillor Stewart Lilly (in place of Councillor Anthony Gearing) (until Agenda Item 10)

**Other Members in Attendance:** Cabinet Member for Adult Services: Councillor Arash Fatemian

**Officers:**

Whole of meeting K. Coldwell and D. Fitzgerald (Chief Executive's Office);  
J. Jackson (Social & Community Services)

Part of meeting

**Agenda Item**

**Officer Attending**

5.	A. Sinclair (Social & Community Services)
5(a)	A. Chant (Help and Care) & A. Sinclair (Social & Community Services)
5(b)	S. Butterworth & J. Hutchinson (Oxfordshire LINK) & A. Sinclair (Social & Community Services)
5(c)	A. Chant (Help & Care) & A. Sinclair (Social & Community Services)
7.	Director for Social & Community Services & A. Colling
8.	Director for Social & Community Services, J. McWilliam (Director of Public Health) and S. Mills (NHS Oxfordshire)
9.	Director for Social & Community Services
10.	Director for Social & Community Services
11.	D. Fitzgerald (Chief Executive's Office)

*The Scrutiny Committee considered the matters, reports and recommendations contained or referred to in the agenda for the meeting, together with a schedule of*

*addenda tabled at the meeting and agreed as set out below. Copies of the agenda reports and schedule are attached to the signed Minutes.*

**75/10 APOLOGIES FOR ABSENCE AND TEMPORARY APPOINTMENTS**  
(Agenda No. 1)

Councillor Stewart Lilly attended in place of Councillor Anthony Gearing.

**76/10 DECLARATIONS OF INTEREST - SEE GUIDANCE NOTE**  
(Agenda No. 2)

Councillor David Wilmshurst declared a personal interest at Agenda Item 7 by virtue of being on the Management Committee of Chinnor Community Centre which runs a day centre three times a week.

**77/10 MINUTES**  
(Agenda No. 3)

The minutes of the meeting held on 8 June 2010 were approved and signed.

**78/10 SPEAKING TO OR PETITIONING THE COMMITTEE**  
(Agenda No. 4)

Mr Dermot Roaf, Chair of the Oxon LINK Stewardship Group, addressed the Committee on behalf of the Stewardship Group at Agenda Item 8.

**79/10 TRANSFORMING ADULT SOCIAL CARE: PROGRESS UPDATE AND Q&A**  
(Agenda No. 5)

The report before the Committee (AS5) included a short update on progress in relation to the policy for the operation of personal budgets for Adult Social Care in Oxfordshire (the Resource Allocation Policy), together with the Quarterly Milestones self assessment report (Annex 1).

Mr Alan Sinclair (Programme Director – Transforming Adult Social Care) attended before the Committee, together with the Cabinet Member for Adult Services, in order to answer any questions which the Committee wished to ask.

The Committee noted the update from Mr Sinclair as detailed in report AS5.

Mr Sinclair reported as follows:

In relation to Social Capital/Community Building the work undertaken by the Institute of Public Care was now completed and a revised approach would be taken in this area. A document had been produced which identified characteristics where communities were and were not supporting people well and the Directorate wanted to devise a checklist based on this evidence for communities to use.

Issues challenging TASC were:

- transferring existing long term service users (c 3000) to personal budgets by April 2010. There was a large number of people to be transferred, all of whom would need reviewing and were likely to be given a smaller budget than the current cost of the services they were receiving (although it was anticipated that they will be able to purchase services more cheaply in future);
- revamping the ICT system – this is the area of TASC where the least progress was being made. The required capital investment was still to be confirmed in the current financial climate, which was appropriate given the circumstances. (Capital investment was agreed shortly after this meeting);
- officers were struggling with implementing the workforce strategy. However, they were right to stall, as this too needed to be re-examined in light of less money.

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

- **In relation to Milestone 3: Prevention and cost effective services – the document states that by April 2011 there should be evidence that cashable savings have been released as a result of the preventative strategies and that overall, social care has delivered a minimum of 3% cashable savings. The likelihood of achieving the milestone by this date has been assessed as 'fairly likely'. Surely this should say 'very unlikely', won't it take years to be quantifiable?**

The overall impact will be longer term, but we need a system where we can record soon that an intervention has led to an outcome and to a reduction in expenditure. In terms of falls prevention and continence services, work here has an immediate outcome and payback. Careful monitoring needs to take place so that we can see where the financial savings occur.

- **How fundamental is a properly functioning ICT system for self directed support – such as assessments and record keeping – surely this must be dependent on a properly functioning system? When are you going to get it and what are you going to do?**

There are a number of solutions that can help us with ICT. The current ICT system which we are using is not fit for purpose now and will not be adequate to administer self directed support in future. We are having to bolt on "add ons" to enable administrative type functions to be performed. Developing the Resource Allocation System (RAS) does require some upfront investment but once the model is running it will be relatively straightforward and cost effective. The issue is whether the allocations are recorded on paper or electronically.

- **Personal budgets are an area that is supposed to deliver efficiency savings. Are there still more savings to find in this area?**

We won't know until October the extent of the overall savings that we have to make (Comprehensive Spending Review). The RAS can deliver as many savings as you want it to but the issue is can people still buy the care and

support that they need with the personal budgets they are given. Officers will need to test the average unit costs as the market changes in response to personalisation. In six month's time we will need to see if people have managed to buy the level of services that they need. Managing demand will be based upon eligibility criteria and prevention activities.

- **There has been a lot of coverage in the national media about people using their personal budgets to purchase sexual services. How will this be mitigated against in Oxfordshire?**

The Directorate will not be producing a list of "do's and don'ts" but people will only be allowed to spend their personal budgets on services that are safe, legal and affordable.

- **How many personal assistants (PAs) are there at the moment in Oxfordshire?**

We don't know the number of PAs in Oxfordshire. People have been employing neighbours and friends for a number of years. About 60 people are going through the Council's 'Support with Confidence' scheme now, but this will still not be a sufficient number of PAs to meet the expected demand. We are looking at how many people we think we will need in future.

- **If people are going from council assistance to non council PAs will you be monitoring the quality of care provided?**

All aspects of self directed support are currently being monitored, eg the number of assessments carried out, the number of people with a care plan, whether people are using council approved PAs or not and which services people are purchasing. People are being advised to purchase services that are safe and certified. If officers thought that a vulnerable person wanting to employ their neighbour was at risk they would check that everything was ok before approving their budget and depending on the circumstances be reviewing them more often.

This Committee then **AGREED** to advise the Cabinet that it endorsed the requirement for a new ICT solution and agreed that a new system with the right requirements to meet the changing needs of adult social care would make a significant difference to personalisation and help to deliver subsequent efficiencies.

The Committee also noted:

- that Mr Sinclair would focus on the Adult Social Care Information and Advice (and Advocacy) Strategy as part of the next TASC report to Scrutiny;
- the progress update from the Self Directed Support Task Group and **AGREED** to nominate Councillor Don Seale to join the Group.

The Committee noted that the Self Directed Support Task Group would be monitoring all of the changes over the next few months, including:

- monitoring the impact and outcome of changes on service users, carers and staff;
- meeting with brokers and user-led organisations to find out how it feels to go through the process;
- looking at the sustainability of the changes once the TASC team is disbanded.

**(a) Oxfordshire LINK update**

The Committee noted the Oxfordshire LINK update (AS6(a)) which was given by Mr Chant (Help & Care). The current work plan would run for the final 7 months of the contract with Help & Care, which would end in March 2011. Staff were still collecting and scoping issues that would be on the table into 2011. Discussions would take place in the autumn regarding the transition year before Healthwatch came into being in April 2012.

**(b) Interim report from LINK research project relating to self directed support**

The Committee noted the Interim report for the LINK research project relating to self directed support (AS6(b)) which was presented by Mr Hutchison and Mrs Butterworth (Oxfordshire LINK). The Group had difficulty in finding enough people receiving self directed support to come forward – even using the council’s contacts – and was only able to interact with 4 people receiving self directed support, one of whom was using a personal budget, the rest of whom were using traditional services. The report before the Committee today was an interim report. Despite this, very useful comments were coming forward and a full report would be provided to this Committee’s October meeting.

**(c) Oxfordshire LINK Annual Report**

The Committee noted the Oxfordshire LINK Annual Report (AS6(c)), which was presented by Mr Chant. Development work was needed to recruit a more diverse group of people to the Oxon LINK. Work was underway to try to engage with unrepresented communities. The subgroups had connections with user led organisations and smaller organisations. The development officers had been working hard to increase diversity and officers had been recruiting a wider range of participants to take forward the three health projects: GP appointments - extended hours, Podiatry Services and Community Mental Health - access to Psychological Therapy services.

**80/10 PROPOSALS ON DAY OPPORTUNITIES FOR OLDER PEOPLE**

(Agenda No. 7)

The Director for Social & Community Services, together with the Cabinet Member for Adult Services and Mr Andrew Colling (Service Manager Contracts – Social & Community Services) attended before the Committee for this item.

The Director for Social & Community Services gave a presentation on the proposals for the Strategic Commissioning Framework for Day Opportunities for Older People, a copy of which is appended to these Minutes and to the signed Minutes.

The Committee noted that:

- the commissioning proposals for the Resource and Wellbeing Centres (RWBCs) were not asking for a lower quality or level of service than that currently provided and therefore asking for expressions of interest should not lead to worse outcomes;
- there were differing views between current users of the RWBCs and people receiving a personal budget;
- there had been no opposition to the proposal that Tier 2 services be based on the 14 'Closer to Communities' locality areas (based on the market towns);
- stakeholder feedback was that the county council did not necessarily need to provide transport, but that transport did need to be provided (eg by volunteers);
- transport was still a contentious issue:
  - The Director for Social & Community Services was not convinced that value for money was being obtained from existing transport services, and did not see transport provision as a core function of Social & Community Services;
  - however, the Transport Advisor pilot scheme was proving successful (Oxfordshire Travel Advice Line, 01865 323738, [oxtail@oxfordshire.gov.uk](mailto:oxtail@oxfordshire.gov.uk). This service provides free impartial journey planning and advice for people aged over 65 and those with a high level of support needs and is also able to provide information on joining a transport scheme as a volunteer, and promote relevant services);
  - many people would not volunteer to perform intimate tasks, but would volunteer for cleaning, house help and driving.

The Committee then asked a number of questions.

The Director for Social & Community Services undertook to provide information to all members of the Committee on how many of the Council's vehicles are specialist vehicles and whether they can also be used for other purposes.

The Cabinet Member for Adult Services undertook to provide written responses to the Committee's more detailed questions, as listed below:

- What happens to Centres if they do not generate sufficient income?
- How can we encourage youth/inter-generational work?
- Please advise on Volunteer Driver Insurance.
- How do we intend to support people to access transport?

The Committee then **AGREED** to advise the Director for Social & Community Services as follows:

### **Service Provision**

This Committee:

- notes current service users' appreciation of the Council's Resource and Wellbeing Centres (RWBCs) and their wish for the Council to continue to run them; whilst recognising that because evidence suggests that people with personal budgets choose alternatives to traditional day services it is necessary for the Directorate to put the RWBCs out to tender to ensure that they are well placed to attract people with personal budgets in order to generate sufficient income to be sustainable;
- endorses the Directorate's intention to market-test services, as a proactive and risk averse strategy.

### **Transport**

This Committee:

- recognises the importance of good transport provision for older people and notes that whilst the intention is for many older people to use day opportunities close to home, transport remains a concern;
- notes current County Council provision and also notes that discussions regarding future provision are still underway;
- wishes all avenues for future transport provision to be explored, including community based transport services; and
- asks for more detail on how the Directorate will continue to support people to access transport.

### **Volunteering**

This Committee:

- strongly endorses the need to consolidate, review and extend existing volunteer and good neighbour schemes (including befriending services) as a means to increase people's mental and physical wellbeing and reduce social isolation;
- wishes to encourage the Council to promote more youth/intergenerational work county-wide, which has proven to be highly beneficial to both young and old alike;
- considers that there needs to be identified people to recruit and support volunteers, who could either be volunteers themselves, or paid staff where necessary.

## **81/10 RESPONSE TO NHS WHITE PAPER - 'EQUITY AND EXCELLENCE - LIBERATING THE NHS'** (Agenda No. 8)

The Committee had been provided with copies of the NHS White Paper 'Equity and Excellence: Liberating the NHS', together with the following consultation documents: Liberating the NHS: Increasing democratic legitimacy in health and Liberating the NHS: commissioning for patients – consultation on proposal. The Department of Health was consulting on elements of the proposals and welcomed comments on the implementation of the proposals requiring primary legislation. A response to the views

raised on the White Paper and associated papers would be published prior to the introduction of the Bill.

The Committee had before it the following papers:

- Public Health in Oxfordshire: Implications of the Coalition Government's Plans
- Health White Paper - Implications for Adult Social Care (report by Director for Social & Community Services)
- The NHS White Paper (report by Health Scrutiny Review Officer)
- Local Democratic Legitimacy in Health (report by Health Scrutiny Review Officer).

and was asked to consider the changes in light of:

- Public Health
- Democratic Accountability
- Adult Social Care including integration with Health.

The Director for Social & Community Services, together with the Cabinet Member for Adult Services, Dr Jonathan McWilliam (Director of Public Health) and Ms Sonia Mills (Chief Executive – NHS Oxfordshire) attended before the Committee in order to discuss issues arising from the White Paper and to answer the Committee's questions.

Mr Dermot Roaf, Chair of the Oxon LINK Stewardship Group, addressed the Committee on behalf of the Stewardship Group, drawing the Committee's attention to the points set out on the schedule of addenda as listed below:

The Oxfordshire LINK (Local Information Network) succeeded (in 2008) the former Patient Forums and the even more former Community Health Council as a way in which the public could comment on local health and social care. It consists of about 650 members of the public who have registered an interest - of whom eight elected volunteers form a "Stewardship Group" to co-ordinate responses to their concerns. The County Council appointed Help and Care of Bournemouth to develop the LINK and support the volunteers from August 2008 to March 2011. The LINK has certain statutory powers to require commissioners and providers of health and social care to answer questions and allow visits. It does not deal with individual complaints. It has reported on matters of concern to the Health Trusts, to Social Services and to the two Scrutiny committees. I am the Chair of the Stewardship Group and have been discussing the White Paper with other Chairs in the South East. I am speaking on behalf of the Stewardship Group; the wider membership has not been consulted and Help and Care may well have different views.

The White Paper proposes that the LINK be transformed into a local "HealthWatch" in 2012 with similar duties, except that the County Council can, if it wishes, commission advocacy and other help for individuals and their complaints. The HealthWatch would be set up by and accountable to the County Council and would also be accountable to a national quango "HealthWatch England".



The Stewardship Group has discussed the HealthWatch proposal and is happy with it, subject to detailed discussions with the County Council. There is one immediate concern which is the interim arrangements between the end of the contract with Help and Care in 2011 and the initiation of HealthWatch in 2012. The County Council has suggested that support might be provided in house for that period and we would accept this (subject to detailed discussions).

The Stewardship Group has not formally discussed the other proposals in the White Paper, but some members have expressed concern about the dangers to the excellent co-operation between the Health Trusts (in particular the PCT) and Social Services if General Practice Commissioning Consortia do not give a high priority to that co-operation. The suggestion that there could be a Health and Well-being Board may be the best way forward, provided that it has teeth.

The Committee noted that the Oxon LINK Stewardship Group had not discussed specifically whether HealthWatch England should be overseen by the Care Quality Commission, although they had been discussing how HealthWatch England should be appointed to, for example, to what extent it should have appointees from the grassroots who were close to communities and understood the situation on the ground. It was also hoped that HealthWatch would report to all three scrutiny committees.

Ms Sonia Mills (Chief Executive – NHS Oxfordshire) then made a number of points. Key points are listed below:

- discussions needed to take place about the commissioning structures. GPs were very engaged and there would be discussions about how to run the consortia;
- the primary care contracts would go to whatever regional structure the commissioning board would be;
- discussions needed to take place regarding where staff would be transferred to and how the connection between Health and the local authority could be strengthened;
- there would be very significant gaps in staffing if the current structure was maintained by the deadline date;
- on the provider side all of those functions would have to go to Foundation Trust status;
- it would be necessary to ensure that the economic regulator supported rather than opposed local arrangements;
- at the same time, NHS Oxfordshire was faced with the challenge of reducing 40% of its expenditure and this structural change would be taking place amidst a very flat funding position;
- there would be a gap of approximately £180m if demand, demography and the existing range of services provided continued.

The Director for Social & Community Services made a number of points, including the need to determine how advocacy would be provided in future. Under the Mental Capacity Act if someone was deemed not to have the capacity to make decisions, another person would be authorised to act on their behalf. The County Council commissioned people to act as advocates and one issue was how this would relate

to the proposed role for HealthWatch in this respect, as those individuals would need assistance to make health and social care decisions. Other points which needed to be discussed included the role of the local authority in terms of supporting GPs with commissioning (eg Oxfordshire County Council was currently the lead commissioner for learning disabilities), what would happen with mental health (eg NHS Oxfordshire Community Services would go across to the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Foundation Trust) and what would happen regarding the commissioning of services for people with long term needs in terms of using those resources in the most effective way. Genuine joint budgets would need to be set up for them.

The Director for Public Health commented that once the changes were implemented the local authority would be the only public body with fixed boundaries who could co-ordinate policy. For example, the GP Consortia would not have fixed boundaries. Therefore the Health and Wellbeing Partnership Board would have an important role in binding together all of the relevant public sector bodies.

Following discussion, the Committee agreed to advise the Cabinet as follows:

- **With regard to the implications for public health in Oxfordshire:**

This Committee:

- endorses the Director for Public Health's recommendation that a high-level group led by the major public sector stakeholders is set up now on an informal basis, to ensure that public sector organisations in Oxfordshire work closely together over the coming months to secure the continuation of a successful Public Health function for the future;
- awaits publication of the Public Health White Paper in December - which should provide further clarity - thus enabling these arrangements to be formalised;
- recommends Councillor involvement at some level to ensure that the transfer of the public health function from Health to the local authority is carried out satisfactorily.

- **With regard to health scrutiny:**

This Committee strongly urges that:

- Health Overview and Scrutiny Committees should retain all of their existing functions and powers, to enable them to scrutinise effectively and work to ensure that health services continue to provide equity of access, equity of outcome and improvement in the quality and safety of services for patients and carers, as evidenced by the notable successes of the Oxfordshire Joint Health Overview and Scrutiny Committee;
- these powers and functions should not be transferred to the Health and Wellbeing Board on the grounds that:
  - the Board needs to focus on being an effective decision making forum;

- it is questionable as to how the Health and Wellbeing Board could be perceived as independent if it was also tasked with undertaking health scrutiny, when it could be central to many of the decisions that were to be scrutinised, including co-ordinating those partnerships which it would be scrutinising.

- **With regard to joint working between Health and Social Care:**

This Committee:

- welcomes the emphasis on joint working between health and social care and the role of the Health and Wellbeing Board in joining up the commissioning of local NHS services, social care and health improvement;
- (whilst recognising that Oxfordshire County Council is to be viewed as exemplary in terms of joint working with Health in comparison with other local authorities in England), acknowledges that there is still scope to improve joint working in Oxfordshire, especially in terms of people with long term conditions, notably older people;
- wishes to emphasise the importance of joint working between Health and Children's Social Care in order to prevent another 'Baby P';
- wishes to emphasise that local authorities have considerable expertise and experience in commissioning adult social care services over the past 20 years and already lead on commissioning some health services - for example, health services for adults with learning disabilities in Oxfordshire - and also work closely with PCTs on commissioning other health services. Examples in Oxfordshire include work on stroke, falls and continence. Therefore it will be important for local authorities to explore in conjunction with GPs and the PCT what role they can play to support the role of the GP Consortia;
- wishes to emphasise that in order for stronger joint working to take place and further efficiencies to be achieved, the necessary infrastructure needs to be in place supported by appropriate attitudes from all partners;
- advises that policy and financial decisions must come together into a single place and therefore strongly recommends that the government should prescribe in the forthcoming legislation that joint commissioning and pooled budgets must apply in appropriate circumstances (eg learning disabilities, mental health and supporting people with long term conditions). This would enable public resources to be used to best effect based on the needs of the local population. Therefore it is paramount that joint working is underpinned by statutory powers.

## **82/10 DIRECTOR'S UPDATE**

(Agenda No. 9)

The Committee noted the update from the Director for Social & Community Services as listed below:

## National level

- *The NHS White Paper* (Refer previous agenda item);
- *The government's spending review* – submissions for efficiency savings had been made by each department (these were not public) and directorate. The Director for Social & Community Services had been working on the adult social care submission which would be approved by the Local Government Association Executive on 16 September;
- *Funding of long term adult social care* – the government had now come forward with proposals to look at funding – the Commission had a quite broad terms of reference and was due to report next summer. There would then be a White Paper on adult social care in 2011;
- *Support for younger adults with disabilities* – decisions had been made in March to cut back on the Independent Living Fund which awards payments directly to people with disabilities to support the cost of their personal care and/or domestic assistance. The government had also increased the amount that local authorities must contribute to support packages to £340 per week which was causing pressures for adult social care. The Director for Social & Community Services stated that he had just received a letter from the Department for Health which stated that the funding might be transferred to social services. New applicants would not be entitled to any funding. Discussions with the Association of Directors of Adult Social Services (ADASS) had not yet taken place. Adult Social Care was quite heavily dependent on such benefits and Supporting People funding, as well as other funding.

## Local Level

- *Internal Home Support Service* – the future of this was a challenging issue. Discussions with staff would need to take place. There was a very good internal work force but people with personal budgets could choose where to go to for care. The Resource Allocation Policy assumed an hourly rate of £15 per hour for home care. This was in line with the average rate. Some local authorities in the South East paid £12 per hour. The cost of employing a home support worker was currently £11 per hour. The Directorate were going to market to get providers would provide services for £15 per hour.
- *Carers' Strategy* – the Directorate had been heavily involved with a number of different forums regarding carers' issues and the Director had recently spoken to a large group of carers about their issues. It was important to emphasise that the changes in service provision for carers was not being driven by the need to make efficiency savings but about enabling people to look after themselves and to reach a much larger number of carers. Although some people did heavily use the carers' centres, they were only being used by approximately 15% of carers in Oxfordshire and money was being spent on buildings and infrastructure which could be better invested elsewhere. The key point was the need to reach more people and better advertise existing services

to them. The new Carers' Strategy was based on feedback received from carers. The new Customer Service Centre would assist with identifying and advising carers. Everyone who telephoned the Centre with any query would be asked if they had a caring responsibility and if they needed any assistance. Some of this marketing of information would be carried out through the new Information and Advice (and Advocacy) Strategy.

A few members of the Committee then expressed the following concerns regarding the new approach:

- a number of carers would not have any other connection to adult social care and might not telephone the call centre with any queries relating to council services;
- people needing help might be put off from seeking help because they did not want adult social care involvement;
- carers often needed more than just information. The lack of certainty regarding future funding for services caused considerable anxiety for carers and carers faced complex issues. Many carers needed to sit and talk face to face with another person, especially at points of crisis;
- a lot of carers would need more help than the carers' centres or a help line could provide;
- working with GPs was very important because they treated the patients for physical and mental symptoms but often did not see beyond this. GPs needed to be trained in asking the right questions and signposting, not just giving someone an information sheet;
- Surely the call centre and outreach approach had implications for people without good English or for whom English was not their first language?;
- One stop shops were often not being used and should be subsidised by the county council. The one in Wantage had closed.

The Director for Social & Community Services stated that these were all important points and responded as follows:

- Carers often did not identify themselves as carers and identifying how to reach them was key, hence the suggested approach for the Customer Contact Centre. A lot of older people came into contact with adult social care via the Access Team and officers needed to think about how to publicise the importance of people coming forward. Many carers did not like the term 'Access Team' and the term 'Social Services' carried a stigma for many people. People often did not know anything about adult social care until they had a problem. There was a need for more signposting to information on the county council's website, for example, how to adapt your house to changing needs;
- Outreach workers would be tasked with going out into communities and identifying carers needing assistance;

- The single person translation service was based in the Access Team and thus is now part of the Customer Contact Centre. There were also community development workers who spoke the language(s) of and worked with particular ethnic communities;
- There was no reason why the existing Carers' Centres could not continue to operate but they did need to use a different model.

A few members of the Committee then put forward a number of suggestions to increase identification of carers. These included:

- using the Media for publicity;
- using local parish councils to gather intelligence. For example, the parish clerks could be asked to raise awareness of the need to identify carers who needed help and parish magazines were also useful sources of publicity;
- People that ran luncheon clubs and the like could also be a valuable source of information;
- Councillors could also be useful conduits of advice and information.

The Cabinet Member for Adult Services then responded as follows:

- with regard to the Customer Contact Centre, people often did not identify themselves as a carer. For example, they might ring up wanting to report a pot hole as their husband had gone over it on their mobility scooter. A discreet approach could then be taken, ie "You sound like a carer, do you need any help?";
- publicity was important but officers needed to wait until outreach was in place across the county before spreading the word in local parish magazines as local carers services needed to be put in place first;
- funding was being withdrawn from the Carers' Centres on the grounds that it could be better spent elsewhere. They were no longer fit for purpose in the current model and money was being reallocated to different ways of delivering services. The Chief Executive of Carers' UK had endorsed this service change on the grounds that a new model of delivery was more suitable to current demand.

The Director for Social & Community Services advised the Committee that should they have any queries regarding casework if they emailed him directly or his PA they would receive a comprehensive response.

- *Day Opportunities* – this was about trying to protect and improve provision.
- *Older People's Pooled Budget* – there had been pressures on this for some time. It would be important to reduce very significantly the spending on residential care for older people. The Directorate was being careful about when it started care packages, which was therefore impacting on delayed transfers of care, as people were staying in hospital for longer. However, the key point was to keep people well for longer to avoid admission to hospital, as

going into hospital often led to further deterioration in physical and mental wellbeing, for example, loss of confidence and mobility. Discussions were underway with the Oxford Radcliffe Hospitals NHS Trust (ORH) and NHS Oxfordshire.

The Whole System pilot was taking forward ideas from Professor Ian Philp – the previous government’s older person’s tsar (author of ‘Better Health in Old Age’), now Professor of Health Care for Older People at Sheffield University and a part-time medical director at Warwickshire PCT. His speech at a seminar had highlighted the importance of trying to prevent older people going to the acute sector as quickly, trying to reduce their length of stay in hospital and discharge them quickly and avoid the need for them to require more provision once discharged. The PCT, Adult Social Care and Community Health Oxfordshire were working with consultants in the ORH to implement this approach.

Following the update, it was **AGREED** that an oral update on the current position of the Council’s internal home support service would be provided under the Director’s update at the Committee’s next meeting.

## **83/10 SERVICE AND RESOURCE PLANNING PRESENTATION** (Agenda No. 10)

The Director for Social & Community Services gave a presentation to the Committee which provided a high level overview of the services provided by the Directorate and the challenges which would need to be addressed to meet the savings target. A copy of the presentation is appended to these Minutes and to the signed Minutes.

With regard to the finer detail on the slides, the Committee noted that ‘Income’ was the money paid by non-eligible service users and that the gross spend on Supporting People was not from the Directorate’s budget as the Director was not the decision maker (it is wholly grant funded and overseen by the Commissioning Body). However, a significant amount of Supporting People money funded services in Adult Social Care, for example, a £5m contribution to Learning Disability Services. There was limited scope to increase the Directorate’s income although there would be increased charges for home support and day services. The major demographic pressures were coming from older people and the increasing number of young people with a profound disability reaching adulthood and living for longer.

The key point was that the county council needs to find £200m from its non-school budgets (£500m) which is 40% of the budget. All services need to look at how they can contribute to this. However, it would be important to protect those areas of spending which will cost the County Council more money in the longer term if they are reduced in the short term (eg support for carers). The government spending review would report on 20 October and more information would be released late November/early December.

The Committee noted that there was a statutory requirement to meet eligible care needs but that the Directorate has discretion regarding how to meet those needs. The Directorate faced significant challenges in making further efficiency savings but

would be focusing on prevention and early intervention to limit the need for social care and therefore save money, ensuring that there were still sufficient resources to deal with safeguarding and other crises and using the remaining resources on those with the greatest needs.

A member of the Committee expressed her concern regarding the drop in the amount of money the Directorate was contributing towards residential care home fees (reduced by £25 a week), and the possible impact on safety, adding that constituents had already told her that they would either have to pay the top up fee or take their relative(s) out of the home.

The Director responded that the Contracts Team carefully monitored safety and if a home received a poor rating from the Care Quality Commission the Directorate treated it as a safeguarding issue. However, there did not appear to be a correlation between the amount of money charged by a home and the quality of a home. Reducing fees for residential care for older people was a difficult issue as there were limits as to how far prices could be squeezed. Keeping people in their own homes or moving into a different house, using telecare and alert services was often a good approach as many people would not need to go into residential homes with the right equipment and adaptations. The ageing successfully strategy emphasised the need for people to prepare in good time for their old age.

At the request of the Committee, the Director for Social & Community Services undertook to provide the following information to all members of the Committee:

- the number of people receiving assistance under the council's Adult Placement Service ("Shared Living") (Oxfordshire is viewed as one of the best examples in the country); and
- any empirical evidence (if available) on whether the number of adults with mental health problems has increased over the past few years (dementia is increasing but it not classed as a mental illness).

## **84/10 FUTURE ITEMS FOR POSSIBLE SCRUTINY CONSIDERATION**

(Agenda No. 11)

The Committee noted the following items logged for future meetings are listed below:

### **26 October 2010**

- Delayed Transfers of Care – Q&A
- Report on Transforming Adult Social Care including Task Group update
- LINK research report into personalised budgets
- LINK update



**7 December 2010**

- Services for Adults on the Autistic Spectrum – *ongoing* – including draft report to be used as the basis for the Outline Commissioning Strategy.
- Dementia Strategy – progress update
- Report on Transforming Adult Social Care including Task Group update
- LINK update

Councillor L. Sanders undertook to provide a ½ page summary on case law surrounding the application of NHS Continuing Health Care to all members of the Committee.

Councillor Wilmshurst drew the Committee’s attention to uncollected income for fairer charging which was being addressed, and also monitored by a working group under the Audit Committee.

**85/10 FORWARD PLAN**  
(Agenda No. 12)

No items were identified for consideration.

**86/10 CLOSE OF MEETING**  
(Agenda No. 13)

..... in the Chair

Date of signing .....