

MINUTES of the meeting of Adult Social Care and Strategic Housing Scrutiny Committee held at The Council Chamber, Brockington, 35 Hafod Road, Hereford on Friday 24 September 2010 at 9.30 am

Present: Councillor PA Andrews (Chairman)
Councillor AE Gray (Vice Chairman)

Councillors: BA Durkin, MJ Fishley, KS Guthrie, MD Lloyd-Hayes,
JE Pemberton, GA Powell and RV Stockton

In attendance: Councillors LO Barnett, WLS Bowen, PJ Edwards and Mr R Kelly (Voluntary Sector Representative)

24. APOLOGIES FOR ABSENCE

Apologies were received from Councillors M E Cooper and H Davies.

25. NAMED SUBSTITUTES

There were no named substitutes.

26. DECLARATIONS OF INTEREST

Councillor AE Gray declared a personal interest as a provider of provisions for people with learning disabilities.

27. MINUTES

RESOLVED: That the Minutes of the meeting held on 26 July 2010 be confirmed as a correct record and signed by the Chairman.

28. SUGGESTIONS FROM MEMBERS OF THE PUBLIC ON ISSUES FOR FUTURE SCRUTINY

There were no suggestions from members of the public.

29. REVENUE BUDGET MONITORING REPORT 2010/11

The Committee received a report on the financial position for Adult Social Care and Strategic Housing revenue budgets for the period to 31st July 2010.

The Principal Accountant reported that the outturn position for Adult Social Care had benefited from the injection of £2.2m of contingencies and reserves from the central budget. This additional funding was shown as a reduction in spend. Within the budget, it represented a recurrent addition of £1.7m. The budget had not yet been fully allocated as the compliance process associated with the virements had yet to be finalised.

There remained a budget deficit of £2.2m which needed to be recovered by 31st March 2011. The outturn position already included a number of measures within the recovery plan and further work was required in order to achieve a balanced budget.

She went on to say that there were additional pressures within Home Care and Respite Care. As a result, the Charging Group had met and was looking at ways of maximising the amount of money to be charged for services in order to be able to be in a position to recover all costs. A paper outlining the proposals would be brought to the Committee at its next meeting.

The Principal Accountant went on to say that there had been a more effective use of contract voids with a reduction from the position reported in July. As a result, savings of £13k had been made over the two month period to September. Work was also being undertaken on out of County placements, and the Council had been successful in its appeal to the Home Secretary regarding a placement in North East Somerset for which that Authority had not accepted its responsibilities. It had assumed that the Council would be able to backdate and recover three years of costs for a client with physical disabilities who now resided in North East Somerset. It was ruled, however, that the claim could be backdated for five years, providing the Council with an additional £63k.

In reply to a question, the Acting Director of Adult Social Care said that local authorities were subject to 'Ordinary residence' regulations whereby if a service user placed in residential care in another (host) authority chose to become a resident (living in their own accommodation) in that other host authority the host authority were liable for their care package. This had not been honoured by North East Somerset, and the Council had been forced to go through the Local Government Ombudsman to the Secretary of State in order to sort recompense. The Council did not aggressively pursue 'ordinary residence' in its own region as there were more people placed in the County from authorities in the West Midlands who had opted to move from Homes into the community, than people from Herefordshire placed into other local authorities..

The Principal Accountant went on to say that, when staff had been transferred to Shaw Healthcare, the Council were responsible for additional payments for job evaluations. The payment would change as a result of staff turnover, and the Council only had a responsibility for those who continue on their existing terms and conditions. It was anticipated that the commitment for the year would be reduced once this process had been completed. The Accountancy team were working with Shaw Healthcare but were still awaiting essential payroll information.

She went on to say that further models of recovery within the service were being worked on. These included the tightening up of procedures, changes in service delivery and disinvestment options.

In the ensuing discussion, the following points were made:

- That the disinvestment in Meals on Wheels mentioned in the report was in regard to a particular project, and the service would continue to be delivered in this area, but in a different way.
- That whilst any additional care packages would reduce the value of savings made in the budget, it was important that this should be mitigated against by investment into reablement services by the Joint Commissioning Team.
- That detailed modelling had been undertaken in order to understand how the costs built up in the Learning Disabilities care market. There had been an increase in those taking up personalised budgets, and an overall decrease in those in residential care. The vast majority of those with moderate needs had found alternative accommodation. There was an increased number of people with complex needs coming into the system, and these packages could cost up to £3k a week. There was an increase in the general level of need, as there were more

people reaching adulthood with profound disabilities. It also had to be borne in mind that as those with disabilities aged, their needs became more complex.

- The Acting Director said that the entire Social Care Service had been analysed for any further possible savings. Areas that had been looked at included eligibility criteria, reablement care, and contract review to ensure that the correct care was being provided to the service user. Even with these initiatives, it was unclear as to how the overspend could be reduced.
- That the day care voids in the Shaw Healthcare contract currently stood at around 40-50%. There was no mechanism within it which allowed for termination of the thirty year contract except by poor performance on the part of Shaw Healthcare. There was also no onus on Shaw Healthcare to close the gaps on the voids. The initial contract had been set up as a property rather than a service contract. Negotiations were in hand in order to change the nature of the service to one that would be used by service users who increasingly would have personalised budgets
- The Cabinet Member (Adult Social Care, Health and Wellbeing), added that she had spent the last four years trying to resolve this issue, and the matter was being handled by the Legal Department.
- The Cabinet Member went on to say that whilst the integration of services between Health and Social Care was progressing, it was clear that IT linked to this area would not be inexpensive, and that the outlay would continue to be significant. It would be necessary to go over all decisions pertaining to IT in order to ensure that it functioned correctly at the different locales across the County.
- In reply to a question, the Acting Director said that the Council was planning for a cut in budgets of 25% for the coming year, and a reduction to Social Care of £6m over the next four years. All possible avenues had been considered, and the only solution available for dealing with this was likely to be service cuts and staff redundancies

RESOLVED

That:

- a) The Committee noted the efforts that were being made by the Service to stay within budget, but it was considered that the basic budget for this demand led service remained inadequate and it was unlikely that the deficit would be reduced significantly by the end of the financial year; and;**
- b) The Committee noted with dismay and disappointment the length of time that discussions with Shaw Healthcare had taken; and;**
- c) areas of concern continue to be monitored.**

30. SCRUTINY REVIEW OF HOME CARE IN HEREFORDSHIRE

The Committee noted the findings arising from the Scrutiny Review of Home Care in Herefordshire.

The Vice Chairman thanked the Service Redesign Officer for providing her expertise, which had made the undertaking of the Review much easier. Care providers and carers had been interviewed, and both groups had been open in their concerns. In the ensuing discussion, the following points were raised:

- As a result of changes to the Supporting People funding, it was unlikely that services would be provided for people with low level needs in the future, and alternative ways of providing basic home care services such as shopping were being considered. Discussions were in hand with alternative providers, in conjunction with supermarkets.
- That there was a Providers Forum that allowed Care providers to provide feedback to the Council. There was a good relationship with providers.
- That the savings from the Electronic Monitoring System were based on those reported by other Councils, and were on the conservative side.
- That the new Integrated Intermediate Care Team would be staffed by PCT therapists and those currently employed on the social care reablement team (STARRS). Where this service was called upon by other health care professionals such as GP's, costs would be covered by Section 75 Agreements.

RESOLVED:

That:

- a) the report of the Home Carer Scrutiny Review Group, in particular its recommendations, should be approved and be submitted to Cabinet.**
- b) subject to the Review being approved, the Executive's response to the Review including an action plan be reported to the first available meeting of the Committee after the Executive had approved its response; and**
- c) a further report on progress in response to the Review be made after six months with consideration then being given to the need for any further reports to be made.**

31. PROCUREMENT OF MENTAL HEALTH SERVICES - UPDATE

The Committee received a report on the progress of the Mental Health Procurement Project.

The Acting Director of Adult Social Care reported that the Interim Director of Joint Commissioning would undertake the leadership of this project. There was a competitive dialogue process in hand which was very labour intensive. It did mean, however, that the Council would secure a compatible partner as a result. The process had produced a productive exchange of ideas as the bidders had been encouraged to develop detailed solutions to issues.

There was no intention to TUPE the existing mental health service staff into the employ of the new bidder. They would be seconded, however, and their positions reviewed after a year. There were two bidders left in the process as two of the other ones had dropped out in the previous six months.

The Council and PCT were currently in the final round of dialogue with the bidders, and it was expected that there would be a decision at the PCT Board meeting in December. Staff would require 90 days notice of the changes, but she was optimistic that the new service would be in place for the deadline of 1 April 2011. There were contingency plans in place should they be required.

RESOLVED: That the Committee note the progress and risks associated with the Mental Health Procurement Project.

32. ADULT SOCIAL CARE PERFORMANCE MONITORING 2010/11

The Committee received a report on the progress toward the achievement of national performance indicator targets and other local performance indicators for Adult Social Care within the Joint Commissioning Directorate.

The Acting Director of Adult Social Care reported that the Council was not performing well on NI 130 (Social Care clients receiving Self Directed Support), which was largely as a result of the lack of a finance system compatible with the Frameworki IT system. The Service might consider offering banded budgets, rather than detailed allocations as a contingency measure until the IT support was available. In reply to a question, she concurred that the Council was also dependant on the Service User group: some were keen to take up personalised budgets, whilst other, usually older users, were less interested in employing people. Advice from the Care Quality Commission was that the Council should offer an advocacy and brokerage system for older users. This would result in a significant increase in cost.

The Acting Director went on to say that there had been a slight dip in performance of NI 132 (timeliness of social care assessments) in the last month. This was as a result of the success of the Safeguarding Team in raising awareness and generating cases, but could not be counted as part of this indicator.

In the ensuing discussion the Acting Director said that it was her understanding that the finance module associated with Frameworki would be installed on 4 October, and that once this was in place, it would be possible to start populating the model in order to make it work. Commitment accounting was an important provision for the Service, and it would not be possible to bring an EMS system into operation without it.

RESOLVED

That

- (a) progress in managing performance towards achieving targets be noted; and;**
- (b) areas of concern continue to be monitored.**

33. HOMES AND COMMUNITIES PERFORMANCE OUT- TURN TO JUNE 2010

The Committee received a report on the progress toward the achievement of national performance indicator targets and other local performance indicators for Homes and Communities within the Sustainable Communities Directorate, and to consider subsequent plans to improve performance in 2010/11.

RESOLVED

That:

- a) the report be noted; and;**
- b) areas of concern should continue to be monitored.**

34. COMMITTEE WORK PROGRAMME

The Committee noted its Work Programme.

RESOLVED: That the work programme be approved and reported to the Overview and Scrutiny Committee.