ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

12th September 2013

Action

14. DECLARATIONS OF INTEREST

None

15. MINUTES OF LAST MEETING

The minutes of the meeting held on 18th July 2013 were confirmed as a correct record and signed by the Chairman, subject to the correction of Councillor Sutton's declaration of interest to read only that his wife worked for the Mental Health Trust.

16. CO-OPTION OF DISTRICT AND CITY COUNCIL MEMBERS

The Committee co-opted Councillor Bridget Smith as the South Cambridgeshire District Council member, and Councillor Andrew Fraser as substitute. The Committee also co-opted Fenland District Councillor Mark Archer, to fill the vacancy caused by the resignation of Councillor Mike Cornwell.

17. DELAYED DISCHARGE REVIEW – RESPONSES FROM NHS BODIES

The Committee continued to consider the report received at its previous meeting, on the responses to the review of delayed discharge and discharge planning undertaken by members of the Committee in 2012/13.

Responses from three NHS bodies had been considered at the previous meeting; officers from the remaining three NHS bodies replying to questions were

- from Hinchingbrooke Health Care NHS Trust (Hinchingbrooke Hospital)
    - Cara Charles-Barks, Chief Operating Officer
- from Peterborough and Stamford Hospitals NHS Foundation Trust (Peterborough Hospital)
    - Rebekah Mercer, General Manager – Emergency and Medicine
- from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)
    - Lisa Hunt, Chief Operating Officer
    - Keith Spencer, Director of People and Business Development.

Others in attendance for the item were

- from Cambridgeshire County Council (CCC)
    - Councillor Fred Yeulett, Cabinet Member for Adult Services
    - Adrian Loades, Executive Director: Children, Families and Adults
- from Cambridgeshire Community Services NHS Trust (CCS)
    - Alison Edwards, Intermediate Care Manager
    - Alison Smith, Unit Manager

- from Cambridgeshire and Peterborough Clinical Commissioning Group (CCG)
    - Kyle Cliff, Assistant Director Commissioning for Peterborough.

Introducing Hinchingbrooke's response, the Chief Operating Officer said that discharge planning required a team approach, with all the agencies working together. She explained that every step of a patient's journey home was set out on the chart "What would our Perfect Day look like?" to ensure that all staff knew their role in getting a patient home without unnecessary delay. The hospital had actively involved community service colleagues in developing the programme and had a working party with community representatives.

In answer to their questions on discharges from Hinchingbrooke, members were advised by the Chief Operating Officer and by the CCS officers that

- CCS had data available on delayed discharges over the past 12 – 18 months; it must be recognised that there had been an increase in the population of older people, and that more people were visiting Accident and Emergency departments (A&E)
- challenges in reducing delays included issues of capacity in reablement and domiciliary care services, and in residential and nursing care places if such accommodation was the most appropriate for the patient
- the level of delays was lower than it had been 18 months ago, and some were not counted as requiring reimbursement; the Community Transfer Unit had been established less than 18 months ago
- the hospital held daily meetings with CCS; once the paperwork had been done, some patients had to wait for their care package to be implemented
- no patient was discharged from Hinchingbrooke without a care package being in place, though it did sometimes occur that the care package proved inadequate, if for example the patient's condition deteriorated so that more visits were required. The hospital took this occurrence very seriously
- sometimes a family member expected to be able to manage the care needs but found that they could not cope in practice; reablement could prove very effective in such circumstances because the level of support could be increased, though there was a shortfall in capacity, with demand for reablement exceeding supply
- CCS was working from Hinchingbrooke; the co-location of health and social care services facilitated face-to-face communication. The two organisations were also working on their IT systems with the aim of achieving access to joint records; their staff did treat one another with respect
- the phrase "Stop the line and Swarm" in the final column of the Perfect Day chart referred to a methodology adopted from industry (Toyota); if anybody at all noticed something wrong, within an hour, senior people would be meeting to discuss the issue, and within twelve hours a response would be found
- the second aim of the Emergency Transformation Programme, to have all Healthcare Resource Group (HRG) specialities performing in the top 10% nationally, was a reflection of one of the hospital's major aims; the Chief Operating Officer acknowledged the importance of a member's point that what the patient wanted was to receive a good service.

The Cabinet Member reported that Adult Social Care had been working closely with the hospitals and holding regular conferences with them. The member-led review report had had an impact on assessment, reablement and investment. He acknowledged that there was a problem of reablement capacity in the south of the county, and said that Addenbrooke's Hospital had been giving some consideration to sending people home before their needs had been fully assessed. The Executive Director added that it could be argued that people's long-term needs could best be assessed when they were in their own homes. It was however necessary to ensure that they were safe at the time of initial discharge.

Peterborough Hospital's General Manager – Emergency and Medicine updated the Committee on the Trust's actions in response to the review findings. An internal programme of work had been established around discharge, the major element of which concerned how the hospital interacted with the other organisations involved in transfers of care, which included five local authorities. A strategic group was considering how to reduce delay, including by sharing paperwork and protocols. A CCS staff member was working with the hospital to co-ordinate the staff from different organisations based in the Trust. There were still significant numbers of delayed discharges, though there had been some reduction.

Responding to members' questions, the General Manager added that

- there were no issues specific to the population of Peterborough, which was a mixture of city and rural areas, and no one specific organisation giving rise to difficulties, though some were geographically remote, e.g. Rutland, and not all were based in the hospital
- Monitor was recommending the establishment of a steering group to facilitate joined-up working across the local health economy
- relationships between health and social care staff were improving, and work was being done to expand access to IT systems
- Lincolnshire had 30-day interim beds available for patients being discharged from acute care; it was necessary to have arrangements in place to counteract the not uncommon view that patients were better off in hospital.

The Executive Director said that he was well aware of the difficulties of working across five local authorities, and acknowledged that Adult Social Care needed to ensure that it gave focus to the hospitals in Peterborough and King's Lynn as well as to those in Cambridgeshire. The Cabinet Member added that it was important to be willing to learn from other authorities in order to improve ways of working, but the resourcing of Adult Social Care was also a national issue. CCS's Unit Manager advised that recently-started work on sharing experience and learning in the Peterborough patch had already started to have an impact on delayed discharge.

CPFT's Director of People and Business Development updated the Committee on the Trust's response to the review's recommendations:

- the Advice and Referral Centre (ARC) for referrers had been implemented in Peterborough, Huntingdonshire and Fenland and was to be extended to the rest of Cambridgeshire in October 2013
- the ongoing implementation of the RAID liaison model was increasing psychiatric input into general hospitals. Prior to RAID, there had been 1.4 psychiatric liaison staff working in Addenbrooke's, compared to 5.5 now; at Hinchingbrooke, the figure had risen from none to four whole-time equivalent staff
- currently 7% of CPFT beds were in delayed discharge, against a target of 7.5%.

In answer to members' questions, the Director said that

- the biggest challenge to CPFT would be the rise in demand caused by the anticipated 50% increase in dementia over the next ten years. CPFT was not the highest-funded mental health trust in the country, and a cut in funding would make it difficult to sustain service levels
- some parts of the CPFT area were very rural; where it was difficult for patients to access services, services were customised so that people did not have to travel long distances to reach them
- to help in answering the question of what evidence there was that having the ARC as a single point of contact was making a contribution to reducing delayed discharges, he could supply the results of a user survey on users' experience before and after the introduction of the ARC. **KS**

The CCG's representative was asked to comment from the perspective of an organisation that had an overview across the county. Members were advised that

- urgent care boards were now in place across the county
- a productivity and service improvement programme was in place; it was possible to demonstrate through urgent care plans what had changed
- as part of its liaison work with individual practices, the CCG picked up and encouraged the spread of best practice; a business case could be made for employing care co-ordinators in GP practices, based on the Hinchingbrooke care dashboard experience
- the NHS had historically struggled with achieving joined-up IT systems, but examples of improvements included SystmOne, a clinical computer system that allowed staff in secondary care settings to view patients' primary care records.

The Chairman thanked the officers for their helpful responses. He reminded them that members had regular liaison meetings with a number of health service bodies, and asked the officers to let him know if they wished to be involved in them.

18. BUSINESS PLANNING FOR ADULT SOCIAL CARE: PROGRESS UPDATE FOR 2013/14 AND APPROACH FOR 2014/15

The Committee received a report updating it on

- the overall Business Planning process, including recent local government finance announcements and the projected impact on the Council's 2014-19 Business Plan
- progress in meeting the savings requirements within the 2013/14 Business Plan for Adult Social Care, with particular reference to service quality
- the overarching approach to Business Planning in 2014/15 for Adult Social Care and Older People's Services.

In attendance to present the report and respond to members' questions and comments were

- Councillor Fred Yeulett, Cabinet Member for Adult Services
- Adrian Loades, Executive Director: Children, Families and Adults
- Chris Malyon, Head of Finance and Section 151 Officer.

Members noted that the section of the report on the Council's approach to business planning had been drafted by the Head of Finance and had been presented to the Council's other Overview and Scrutiny Committees. The Head of Finance drew members' attention to the tables illustrating the current modelling of changes from the balanced revenue budget published in the current (2013-14) Business Plan. The figures for the new five-year Business Plan (2014-19) represented the Council's first estimate of existing demographic pressures against grant provision, and should be treated with caution.

Members accepted the figures, and agreed that the Council was facing a very challenging financial environment; however they also questioned aspects of the figures' presentation. In particular, they noted that if the expected additional income and expenditure were to materialise as forecast – especially the extra funding for integrated care – the net effect would be a significant reduction of pressures on the Council. Members asked for the table to be rewritten to make this clear.

In response, the Head of Finance agreed this was correct, and said that he would provide the committee with the numbers as requested. However, the Head of Finance urged caution regarding talk of "surpluses", pointing out that the current Budget Plan already included £30m of savings over the next four years, and said that in order to provide a complete, balanced picture, the updated tables should also be more explicit about this. Finally, the Head of Finance noted that there were large areas of assumption around future extra income streams, particularly the transfer of NHS funds for integrated working. **CM**

The Executive Director introduced the remainder of the report, drawing attention to various aspects, including that

- more detailed information on the business planning process for 2013-14 would be presented to the Committee at its December meeting
- in the current year, the overspend in Older People's (OP) Services would be partially offset by underspends elsewhere in the directorate
- the OP overspend included community care charges that should have been included in the previous year's budget; from October 2013, the Council would be taking over the provision of older people's social care services, and would be ensuring that officers commissioning services had budget responsibility
- monthly information on delayed transfers of care from hospital was collected and could be made available to the Committee. Significant capacity issues were not confined to the winter months but had been observed well into the summer,
- the increase in the number of compliments received could in part be attributed to improved recording and reporting of compliments
- 79% of the OP spend was on care packages, and it would be almost impossible to make budget savings of 29% without having an impact on the care packages; Cambridgeshire was not alone in this, but no other authority had been able to find an answer to this challenge either
- it was difficult to provide preventative services when the pressure on statutory services was so great, but if there were no prevention, the pressure on statutory services would increase.

Examining the report, members

- enquired whether reablement was meeting its target. The Cabinet Member said that he had asked other Lead Members in the region what results they were getting from reablement, and the message was that it was delivering savings. The Executive Director added that reablement was on target in terms both of the volume of people going through and the percentage success rate; the possibility of extending reablement to existing service users was now being explored
- asked whether the previous year's budget savings targets and unidentified savings had been met. The Executive Director advised that all the savings required in the current financial year had been identified and that the notional savings targets over the four years 2014/15 to 2017/18 quoted in the report represented the overall savings requirement
- observed that the budget for 2012/13 had included a number of "unidentified savings" and asked how confident the Cabinet Member and Executive Director were that they had identified how savings had been made. The Cabinet Member said that he was very confident; prevention, early intervention and education (e.g. around obesity prevention and smoking), and work with GPs and the Health and Wellbeing Board all made a contribution. The Executive Director said that if all possible savings were identified and delivered, then the budget would balance in 2014/15, but the budget had to balance in every year after that. In the long term, prevention alone would be insufficient and it would become virtually impossible to avoid a reduction in the provision of care
- commented that the number of complaints recorded was remarkably small in relation to the number of service users, and enquired about the reasons for complaints and how the numbers compared with those received by other local authorities. The Executive Director said that the collection mechanism was quite strong and that further information on the complaints could be provided. Senior managers were made aware of any learning points from a complaint; it was sometimes the case that the service user's expectations had not been met. Adult Social Care did not currently collect comparative data on complaints; one difficulty in doing so would be that definitions could vary across authorities
- asked whether plans were being made for the forthcoming statutory obligation to provide carers' assessments. The Executive Director said that they were, though the question remained of how many carers would claim their entitlement to an assessment. Meanwhile, any assessments not being done would be followed up; figures on assessments could be brought back to the Committee
- noted that measures to address the shortage of people to provide care in the south of the county included working with homecare agencies, the use of Workforce Development Fund funding to contribute to the costs of training social care workers, the possibility of increasing the use of assistive technology, and rationalising care workers' routes in order to cut travel time between calls. Some homecare providers were looking to recruit staff from abroad, though there were issues of immigration status about which providers were lobbying
- enquired about the financial impact of the CCG's Older People's programme. The Executive Director said that it was likely to be relatively budget-neutral, and there could be benefits arising from the shift from acute to community-based care. It would be necessary to work closely with care providers; the Local Authority was a member of the CCG's Older People Programme Board

- stressed the importance of preventative work and asked what progress there had been on community initiatives in the short time since services had been devolved to local communities. Members were advised that the Community Navigators programme was showing promising results; there were also other community support groups, though it was not for the Local Authority to tell communities what they should be doing
- asked whether one of the factors in the new care model was mutual care, and whether regard was being paid to how people moved through communities as they aged – at work people benefitted from having a network of colleagues, but there was a risk of isolation on retirement, and perhaps a need for something like a senior Facebook. The Executive Director agreed that isolation was a major issue; at the age of 75, a person was more likely to die of isolation than of cancer. Support was needed for people in terms of the changing communities of which they were part, though the County Council could not do this without the input of District and Parish Councils and community groups
- noted that the "Mindings" project, which made use of tablet computers and Skype to hook people up with each other, was being trialled in several authorities in the Eastern Region; Cambridgeshire was in the third tranche of pilot authorities. One member commented that his parish council had experienced difficulty in identifying people who met all the criteria for inclusion in the pilots – the criteria included seeing family and friends less frequently than once a fortnight. The Executive Director said that the criteria could be re-examined.

The Chairman thanked the Cabinet Member and officers for the good work they were doing in a challenging environment.

19. FORWARD WORK PROGRAMME

a) Committee priorities and work programme 2013/14

Speaking at the Chairman's invitation, Councillor Paul Bullen, one of the Local Members for St Ives, drew the Committee's attention to the Luminus Group's plans for its sheltered housing in St Ives. As he understood it, Luminus had obtained funding to build extra care accommodation, and planned to do so by demolishing the existing accommodation in Langley Close and Langley Court. The residents currently in that sheltered housing would be offered alternative accommodation elsewhere in the area, but many of them were over 80 or 90 years of age and the strong community they had formed would be destroyed. Residents had first been told of the plans in July, and had now been informed that they would have to move out by the end of November 2013.

Councillor Bullen expressed concern that events were moving too quickly and that there had been a lack of adequate liaison. He asked the Committee to look into the matter with some urgency. Asked whether he could add anything, the Executive Director said that it would be necessary to speak to Luminus to find out what was happening. Other members expressed concern at the situation.

The Committee agreed to delegate to the Chairman and Vice-Chairman the task of working out, in conjunction with Local Members, how to proceed in response to the Luminus decision about the sheltered housing in Langley Close and Langley Court.

Turning to the written report on the Committee's priorities and work programme, members commented on the importance of examining plans for the future commissioning of Older People's Services by the Clinical Commissioning Group. It was also suggested that liaison with the Ambulance Trust should be a priority, and agreed that a working group be formed to review the updated carers' strategy.

The Committee agreed

- to establish a working group to examine and comment on plans for the future commissioning of Older People's Services, and to delegate the Scrutiny and Improvement Officer, in consultation with the Chairman and Vice-Chairman, to canvass for membership, which would be ratified at the December meeting
- in principle to form a working group to review the updated carers' strategy, its members to include Councillors Bourke, Bailey, Read and B Smith, and if possible Councillor Rylance from the Health and Wellbeing Board, as well as representatives from various carers' organisations
- that the Scrutiny and Improvement Officer and Councillor Frost would follow up on the question of the Ambulance Trust's performance and plans.

b) Cabinet agenda plan

The Committee noted the Cabinet agenda plan.

20. MEMBERSHIP OF REGIONAL JOINT OVERVIEW AND SCRUTINY COMMITTEE (OSC) ON LIVER METASTASES SURGERY PROPOSALS

Having been unable to finalise the matter at its last meeting, the Committee returned to the question of the membership of the regional Joint Overview and Scrutiny Committee to examine proposals for specialist surgery for liver metastases in the Norfolk, Suffolk, Cambridgeshire, Peterborough and North Bedfordshire area.

The Committee agreed to nominate Councillors Ashcroft, Dent and Jenkins as members of the Joint Overview and Scrutiny Committee.

21. MEMBER LIAISON ARRANGEMENTS

The Committee again considered a report on arrangements for members of the Committee to liaise with lead County Council officers, with NHS organisations used by people in Cambridgeshire, and with Healthwatch Cambridgeshire. The Committee was invited to nominate liaison councillors for Adult Social Care, Public Health, Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), other NHS organisations, and Healthwatch Cambridgeshire.

The Committee agreed the following nominations:

- to liaise with the CCG, Councillors Hickford, Scutt and B Smith in addition to the Chairman and Vice-Chairman
- to form a liaison group jointly with Peterborough City Council's Scrutiny Commission for Health Issues for liaison with CPFT, the Chairman and Vice-Chairman, Councillors B Smith and van de Ven; other members to be identified

- to monitor plans and performance at Hinchingbrooke Hospital in co-operation with Huntingdonshire District Council Overview and Scrutiny members, the Chairman or Vice-Chairman and Councillors Criswell, Downes and K Reynolds
- to liaise with Papworth Hospital NHS Foundation Trust, Councillor M Smith

Because several members had already left the meeting, the Committee agreed to place member liaison arrangements high on the agenda for its next meeting.

22. CALLED IN DECISIONS

There were no called in decisions.

23. DATE OF NEXT MEETING

The Committee noted that its next meeting was due to be held at 2.30pm on Thursday 5th December 2013.

Members of the Committee in attendance: County Councillors K Bourke (Chairman), P Ashcroft, P Downes, S Frost, R Hickford, G Kenney (substituting for Cllr Bailey), M Loynes, K Reynolds, M Smith, M Tew, S van de Kerkhove and S van de Ven; District Councillors S Brierley (Cambridge City), W Sutton (substituting for Cllr Archer) (Fenland) and J Pethard (Huntingdonshire)

Apologies: County Councillors A Bailey and J Scutt; District Councillor M Archer

Also in attendance: County Councillor F Yeulett

Time: 2.35pm – 5.10pm
Place: Shire Hall, Cambridge

Chairman