ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

5th December 2013

Action

24. DECLARATIONS OF INTEREST

Councillor van de Kerkhove declared an interest in agenda item 5b (minute 28b refers) as a trustee for Dhiverse. Councillor Bailey declared an interest in agenda item 6 (minute 29 refers) as the County Council's representative on the Council of Governors of Cambridgeshire and Peterborough Foundation Trust (CPFT).

25. MINUTES OF LAST MEETING

The minutes of the meeting held on 12th September 2013 were confirmed as a correct record and signed by the Chairman.

26. FORWARD WORK PROGRAMME

a) Committee priorities and work programme 2013/14

The Committee reviewed its priorities and work programme for the remainder of the municipal year. Members noted that the Committee was scheduled to meet twice more, on 4th February and 13th March, before the Council implemented the change to the committee system of governance on 13th May 2014.

The Chairman offered to lead a member-led review on housing and support for people with acquired brain injury; through his work as a local member, he had become aware of problems that could arise in such cases. The Committee supported this proposal, and it was agreed that Councillor Bridget Smith would serve on the review group with Councillor Bourke. **KB, BS**

Members noted the work that had already been undertaken by Councillors Hickford and Scutt to examine the level of support given to families who experience a miscarriage, stillbirth or neonatal death. Councillor Hickford advised that he was unable to continue with this work himself, but would support the formation of a working group. It was decided to ask Councillor Scutt and the Scrutiny and Improvement Officer to continue to look at this important topic. **JB, JS**

Examining the table of priorities and the outline timetable, the Committee

- agreed that each organisation should be asked to submit, for the March meeting, a one-page update on its work to implement the recommendations of the member-led review of delayed discharge and discharge planning
- agreed that the topic of Adult Social Care IT was too substantial for the Committee to embark on at this stage

- agreed that an item on the East of England Ambulance Trust should be added to the agenda for the February or March meeting
- agreed that Councillors Bourke, Frost and van de Ven would meet the Director of Public Health to explore where Overview and Scrutiny could add value to work on tackling health inequalities
- noted that the regional Joint Overview and Scrutiny Committee on liver metastases surgery proposals was making good progress. It was anticipated that an information report could be brought to Committee on 4th February
- commented that insufficient priority had perhaps been given to Mental Health, as there was a mental health aspect to every area of the Committee's work.

b) Cabinet agenda plan

The Committee noted that the Long Term Transport Strategy for Cambridgeshire was on the Cabinet agenda plan for the meeting on 28th January. It was agreed that, while there was insufficient time for the Committee to make any fresh observations on transport issues, Councillors Reynolds and van de Ven would follow up previous comments by the Committee on transport matters.

27. MEMBER LIAISON ARRANGEMENTS

The Committee reviewed its liaison arrangements with lead County Council officers, with NHS organisations used by people in Cambridgeshire, and with Healthwatch Cambridgeshire. The following changes and additions were agreed:

- CPFT – Councillor K Reynolds to join Councillors Bourke, van de Ven and B Smith on the liaison group
- Hinchingbrooke Hospital – Councillor Bourke (not Councillor Bailey) to join Councillors Criswell, Downes and K Reynolds on the liaison group
- Cambridge University Hospitals NHS Foundation Trust (CUHFT, Addenbrooke's) – liaison to be undertaken by Councillor Hickford, the Council's partner organisation governor on the CUHFT Council of Governors
- Papworth Hospital NHS Foundation Trust – Councillor Loynes to join Councillor M Smith, with Councillor Bourke if available
- Queen Elizabeth Hospital King's Lynn NHS Trust – Councillor Bourke to liaise should liaison be required
- Peterborough and Stamford Hospitals NHS Foundation Trust – no named member to be identified at this stage, as Peterborough City Council's Scrutiny Commission for Health Issues was taking the lead on liaison with the Trust.

It was reported that design images had recently been published for the new Papworth Hospital, to be built on the Addenbrooke's site. Members were reminded that the Papworth Joint Overview and Scrutiny Committee had examined the proposal to relocate some years ago; it remained to be seen whether that committee's recommendations would be reflected in the design of the new hospital.

A member asked that members be notified of the dates of liaison meetings with Adult Social Care, to give other members the opportunity to attend with the Chairman and Vice-Chairman

28. COUNTY COUNCIL BUSINESS PLAN 2014/15

a) Adult Social Care, Older People and Mental Health Services

The Committee considered a report setting out the Council's draft Business Plan proposals for Adult Social Care (ASC), Older People (OP) and Mental Health (MH) services. The report also provided an update on performance in 2013/14.

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 (CFA)
- Charlotte Black, Service Director: Older People's Services, CFA
- Claire Bruin, Service Director: Adult Social Care, CFA
- Meredith Teasdale, Service Director: Strategy and Commissioning, CFA.

The Cabinet Member introduced the report. He reminded members that ASC was the largest budget area within the Council, and that its services were demand-led. With the exception of Older People's services, the 2013/14 budget was being delivered. In response to a £7.1m overspend reported by Cambridgeshire Community Services NHS Trust (CCS) in OP care management budgets at October 2013, new budget management arrangements had been put in place, under which the care management teams had taken control of the budgets. Reablement was delivering savings, but it was proving increasingly difficult to deliver savings at a time when increased numbers of people were using the services; service users were living longer and had higher levels of need than in the past.

For the future, the Cabinet Member said that it was necessary to re-think how to use the budget, because the level of savings required meant that the current pattern of services for adults (aged 18 – 64) and older people (aged 65+) was unsustainable. He stressed the importance of early intervention where it would reduce longer-term costs, and of working closely with carers, voluntary sector partners, and local communities. It would be necessary to take risks and to make difficult decisions together with partners, in particular the Health Service. An Adult Social Care bill was being published, and the Government would be looking at social care criteria.

The Cabinet Member told members that it was important that the Integrated Transformation Funding – which was not all new money – be used to deliver services differently. The Health and Wellbeing Board would have an important part to play in this. The way ahead for the delivery of Adult Social Care, Older People's, and Mental Health services would be difficult and challenging.

The Executive Director reinforced the Cabinet Member's message, saying that there was an enormous challenge, in respect of both Council funding as a whole and how the funding related to individual services. Given the level of demand and the resources available, the current approach to service delivery could not be sustained. It was necessary to make a reality of the rhetoric of prevention, to provide a safety net, and to give staff the discretion occasionally to provide services for somebody below the qualifying threshold where it made long-term sense to so. He was aware that the reductions in service provision would have a negative impact on recipients, but the necessary savings could not be made without reducing direct care costs.

The Committee examined the budget proposals for ASC, OP and MH as a whole and in detail, identifying a number of concerns in the course of a wide-ranging discussion. The points noted by members in answer to their questions and comments included that

- the authority would not be changing its eligibility criteria because the Care and Support Bill was due to set national criteria. These might be different from the authority's current criteria, though the Executive Director believed that current criteria were in line with those anticipated; he did not expect that the current number of recipients would be reduced
- the figures for inflation, demography and demand had been arrived at in conjunction with the Council's Research Group; those for demography and demand were as robust as they could be, but the Executive Director was less sure of the sensitivity of the inflation analysis
- the authority had joined with others in the Local Government Association's lobbying of Government for better funding. The Cabinet Member did not disagree with a member's suggestion that a detailed direct letter be sent to Government – this approach had already been tried in relation to the level of funding for education
- in response to the question whether it was realistic to embed and action 37 specific bullet-pointed savings [report paragraph 8.12], the Executive Director said that the Committee would have been more critical had the report lacked such detail. These actions were at the heart of the strategy because it was essential to make savings and manage demand
- the Service Director: Older People's Services had met all staff transferring in from CCS and sought their views on what could be done to make savings; many of the components of the action plan had come from the staff. The bullet-pointed savings needed now to be transferred into a prioritised action programme
- care providers would be receiving an uplift of 1.5%, following one year of a 3% reduction and two years of zero uplift. The Committee's member-led review on home care had concluded that it was necessary to spend more in order to give a decent level of pay and attract staff. The most recent tendering had been done in November 2013; inspection visits were carried out on a regular basis, and any organisation inflating its rates above the market would not be used in future. When providers had been told to make savings in the years of negative and zero uplift, they had delivered the savings
- 'robust' had been used frequently [para. 8.12] to mean that the various actions required needed to achieve value for money. The Service Director: Older People's Services had heard from staff that thinking about the impact of actions on the budget had not been explicit, in that individual staff had not given due weight to value for money when for example conducting assessments. It was necessary to tighten up procedures, and if a cheaper course of action could produce outcomes for the service user as good as those from a more expensive course, then the cheaper course should be preferred.
- CCS budgets had been held centrally, but ASC had devolved budgets (except for block purchase) to team managers, and ensured that team managers were aware of unit costs. The budgets had been devolved on the basis of the current spend, but work was under way to develop a fairer way to allocate funds from April 2014 onwards, to avoid uneven spending in different areas of the county

- clearer guidance was being supplied to the panel established to consider packages above a certain figure, and agreement had been reached with CPFT about the level of scrutiny it would apply to decisions it made when arranging mental health care packages

- in response to a question whether some people were receiving services that they no longer required because their cases were not being reviewed, it was acknowledged that review performance could be better. The Executive Director offered to supply the figure for reviews conducted, which was around 60% to 70% over the past 18 months **AL**

- asked whether there was a business case for employing extra staff to conduct reviews, officers said that this had been done to some extent in Learning Disability in the previous year, and could be considered for OP services. A peripatetic team was being deployed on an invest-to-save basis to go and trouble-shoot on e.g. assessments and delayed reviews

- what was meant by 'a maximum limit for different types of care packages'[para. 8.12d] was that if the cost of supporting somebody in their own home exceeded the benchmark cost of residential care, the question would be asked whether it was reasonable to keep them in their own home. The onus on the authority was to meet the assessed need, but there was no obligation to pay the higher figure

- the risks associated with measures to manage packages for people with learning disabilities, with physical disabilities, and with sensory needs [para. 8.13] included as a major element the need to manage demand from the cohort already receiving services at a time when more people were starting to receive services than were no longer requiring them and budgets were shrinking. Reducing direct payments would have an impact on the activities that they could afford to undertake; this could be subject to judicial review if a family said that the funding allocated was insufficient to meet assessed needs

- in response to a question about investing in voluntary and community sector support to mitigate the effects of reduced funding, such as increased isolation, members were advised that housing associations were looking at infrastructure support to smaller associations, and it might be possible for the Council to work through them

- savings of about 20% were required in the Adult Mental Health Services budget [para. 8.16]. Work on how to achieve this was being undertaken with CPFT; individual care packages were the largest area of spending. The CPFT post of Director of Service Integration was jointly funded by the Council and CPFT as part of efforts to achieve better joining-up of health and social care services.

  The Service Director: Older People's Services offered to supply detail of the percentage figure; the Chairman asked for budget reports in future to have that type of information within the narrative **ChB**

- in response to the point that conventional transport was not always the right form of transport, and questions on how far officers in the Council's Environment, Transport and Economy directorate had been pressed to protect the community transport budget [budget line 6.105], and what was being done about the government grant for community transport that was about to end, members were advised that community transport was used if there was no need for special transport. The Chairman said that community transport would be followed up outside the meeting

- the use of assistive technology to replace waking night staff [line 6.109] had already been started; a six-week monitoring period was used to establish what equipment would be needed and what reduction in staff could be made
- the rationalisation of housing support contracts [line 6.122] covered support at a level below that of social care, and included e.g. regular payment of bills and relationships with neighbours; contracts were being retendered and aligned with core County Council business, and could well be delivered by housing associations
- a joint approach was being developed with the CCG to negotiating residential and nursing home placements and supporting self-funders to secure placements [line 6.202]
- the Executive Director undertook to supply members with the information missing from the budget table which corresponded to the community impact assessment on services for single homeless people in the review of voluntary and community organisations [line 6.205]. **AL**

Members pointed out that they had a responsibility to share information with their residents and asked how the urgency of the budget situation was being communicated to the general public. At a recent parish conference, a member had said that it would be helpful to know the unit costs of activities that parish councils might fund. The Executive Director assured members that Adult and Older People's services did link up with the Council's communications team, and also had their own communications strategy for service users.

In reply to the comment that it was difficult to get an overall sense of where the big risks were and how they would be managed, the Executive Director said that the largest and most controversial savings would be run as projects, using project management techniques including risk monitoring.

At the Committee's request, officers provided an update on actions to address the continuing problem of delayed discharge from hospital, which had been the subject of a recent member-led review. Measures at Addenbrooke's included a brokerage scheme for care provision, increased domiciliary care capacity, additional capacity for reablement, and adoption of 'discharge to assess', under which patients were discharged and then assessed at home, where their needs could be judged better than in hospital. It had been agreed with Addenbrooke's that, rather than paying delay fees, the authority would put funding into the provision of alternative care. Similar discussions were being held with other local hospitals. The Chairman asked that a further report be brought to a future meeting of the Committee if necessary, in accordance with the Committee's work programme agreed earlier.

The Chairman summarised the Committee's conclusions, including that

- the plan was theoretically coherent, and already achieving results, though the demand-led nature of the service and the history of overspends in previous years gave cause for concern; the Committee had little confidence that the plan would be met
- there were enormous risks in the proposed reductions in funding, as acknowledged by the Executive Director
- although the overspend was a relatively low percentage of the overall budget, and less than in 2012/13, the overspend in OP services continued a trend

- although performance was good in some areas, notably reablement, there was still significant room for improvement in Adult and Older People's service; the Adult element of CFA still had work to do to match the Children's element
- much of the transformation and preventative work could have been started some time ago (this was not intended as a criticism of those present); it was now necessary to race to catch up with the demographic curve
- the fundamental review of social work was particularly impressive; members were encouraged that the findings had emerged from discussions with former CCS staff
- previous Business Plans had been underpinned by large "unidentified savings" and reference to "thematic reviews", neither of which had offered much reassurance, but a strategic plan for meeting the challenges facing the service was now taking shape
- the transfer of staff from CCS gave the authority more control over service delivery
- the integrated transformation fund should give the authority more resource to enable transformative change; it was important that it be used for transformation wherever possible, even when plugging gaps in service budgets
- the CCG's Older People's Programme represented both an opportunity and a significant challenge for the Council, and contained a risk of increased demand for the authority's services..

The Chairman listed additional points which had been identified by members in the course of discussion, including

- the Business Plan was perhaps taking an over-optimistic view of inflation, and could perhaps benefit from a more prudent approach, as inflation was outside the Council's control
- there was perhaps scope for making savings by investing more resource into addressing the backlog of assessments
- the relatively low level of reserves was potentially problematic, given the scale of challenge involved in delivering the Business Plan
- it would have been helpful had more information been included about the savings to be made from proposed changes to contracts with voluntary and community organisations for Homeless People Support in Cambridge City
- in relation to the CCG's Older People's Programme, it was important that the Council engage early with potential service providers, in order to ensure that any risk to the Council was minimised and that the benefits of better integration were realised quickly
- the management team was trying to achieve a great deal very quickly and was perhaps rather a small team to achieve such a large change programme; there was the question of prioritising areas where results could be delivered quickly

The Executive Director pointed out that the pressures on the Adult and the Children's services were different, so they were not directly comparable; one member commented that the demographics of aging meant that the speed of change was greater in the Adult world. The Cabinet Member reminded members that the budget would not be finalised until February, and invited any suggestions for how to achieve further savings.

b) Public Health

The Committee considered a report updating it on the delivery of the public health business plan for 2013/14 and detailing proposals for the business plan for 2014/15. The report was presented by Councillor Tony Orgee, Cabinet Member for Health and Wellbeing, and Dr Liz Robin, Director of Public Health.

The Cabinet Member explained that, at the Chairman's request, the report included considerable background information because the Council had only recently, from April 2013, been given responsibility for public health. He drew attention to the public health ring-fenced grant allocation for 2014/15 and the use which would be made of it, and stressed the importance of providing mental health training for front line staff across a wide range of agencies in order to give them the skills and confidence needed to support and refer service users with mental health needs.

The Director of Public Health explained that public health represented good value for money for the public sector, because it would deliver long-term savings through preventative work to influence lifestyle factors which, if not addressed, would give rise to greater costs to society. In the process of transferring public health to the Council, it had been necessary to extract parts of services from existing Primary Care Trust (PCT) contracts. The Government had ring-fenced the public health grant allocation.

Members queried whether, perhaps because of this ring-fencing, the public health budget had not been subject to the same efficiency pressures as the authority's other budgets. The Chairman commented that some councils seemed to have widened the boundaries of what could be regarded as public health work; the Cabinet Member said that there was a requirement to account to Government for the use that had been made of the ring-fenced funding.

The Director went on to say that the Cambridgeshire public health service was underfunded as a consequence of the low level of funding received by the PCT in previous years, and was not doing all that it should to provide preventative services. The service had however received some growth funding in 2013/14 and further growth funding for 2014/15; the aim was to secure adequate public health services across the whole county.

In answer to members' questions, the Director advised the Committee that

- because childhood vision screening services were offered out of school for children aged under three years, the assumption had been made that these should not be included in the return made to the Department of Health (DoH), but they did in fact form part of the school entry programme, so should have been included. In recognition that such mistakes had occurred, all councils had received an uplift of at least 8%
- it would be possible to go back to the DoH to seek correction of the vision screening mistake, as another council in the region was doing, but this would not necessarily have the desired result
- the lack of clarity in relation to funding responsibilities for HIV services had arisen when mixed messages had been received from NHS England. It had now been established that HIV services should be funded by NHS England rather than by the local authority, and sexual health services were currently out to tender in a joint exercise between the local authority and NHS England.

Asked about the scope for using public health commissioning efficiencies to offset other cuts, such as those to children's centres, the Executive Director: Children, Families and Adults said that the public health budget was very strictly ring-fenced. However, it would be possible – and was necessary – to ensure that maximum benefit was obtained from the funding available, and that adult social care services and public health services did not duplicate provision, or lack of provision. More work was needed to get the best impact from public health being included in the local authority's services. The Chairman said that the Committee would welcome work of this kind; the present report was a good report, but not a programme for transformation.

The Director of Public Health said that she would be happy to take this approach, though it was difficult to be transformational given the current levels of uncertainty. The financial position would only be known at year end, but she would welcome the opportunity to look across budgets at getting the best out of public health. At present, public health carried out its own commissioning (rather than going through the Service Director: Strategy and Commissioning), but could and should learn from the work of the Council's other directorates.

The Chairman urged caution in signing long-term contracts relating to service areas that were being reviewed. The Director said that it would however be necessary to sign the sexual health contract; this was a large, transformative contract that would be bringing different areas of work together.

29. COMMISSIONING OF OLDER PEOPLE'S SERVICES

a) Commissioning of Older People's Services: Older People's Programme Update

The Committee received a report summarising the approach being taken by the Older People's Programme of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and outlining progress to date. Attending from the CCG to present the report and respond to members' questions and comments were

- Jessica Bawden, Director of Corporate Affairs
- Dr Arnold Fertig, Clinical Lead, Older People
- Matthew Smith, Assistant Director Improving Outcomes

A member of the public, Miss Jean Simpson, asked a question under the Council's scheme for public speaking at Overview and Scrutiny Committees. Her question raised concerns about whether the CCG had followed due process with regard to its proposals, in particular with regard to the level of public involvement in their development, and given that the CCG was a new and untried organisation and the contract currently the largest out to tender in England. She asked whether, in the Committee's view, patients and public had been sufficiently involved in the decision to put the service out to competitive tender, the adoption of the 'lead provider' model, and the decision to use an 'outcome achievement' model (with criteria developed with the successful bidder) to monitor the success of the contract. She pointed out that the CCG was planning to give patients and public an opportunity to feed into the process only after the successful bidder had been chosen, which meant that much of the service design and monitoring would already have been decided, and asked why the public was not being allowed to discuss the shape of the future service before it had been decided.

In response to a question of clarification, the speaker said that it was not for her to determine the mechanics of a process to allow public input; the CCG had a duty to make arrangements for public consultation.

Presenting the report, the Clinical Lead explained that, as a GP, he was keen to improve services for frail elderly people for a number of reasons, including that

- the increasing fragmentation of services made it difficult to provide for people with complex needs
- the needs of those aged over 85 were seven times greater than the average
- the lack of join-up between health and care led to a reactive rather than a proactive service
- the majority of people wanted to stay in their own homes
- some of the patients whose discharge from hospital had been delayed need not have been admitted in the first place, but no alternative had been available (e.g. a GP on a Friday afternoon had been unable to put care services in place to enable an older person to stay at home).

Because hospitals were paid to admit patients, they had no incentive not to admit them. It was however necessary to move resources out of hospitals and in to the community.

The Assistant Director drew attention to the CCG's work to create the conditions for transformation. The draft Outcomes Framework was based on seven domains and included a total of 33 outcomes with indicators. The CCG was inviting bidders to submit outline solutions, which would be refined in the course of dialogue with the bidders. The purpose of the dialogue process was to ensure that each bidder understood the nature of the proposals.

Members raised a number of questions and concerns about the proposals, including

- the reason for and the conduct of the dialogue process

  The Committee was advised that the two-way dialogue process, lasting ten weeks to 6th January 2014, was intended to help bidders to come up with the best solutions and to inform the final design of the contract. The proposals were not set in stone and could be modified in the light of bidders' responses; the dialogue process was being conducted without favouring any one organisation.

  All the outcomes that were wanted had been set out in detail, including where dialogue was sought; all bidders would be responding to the same specification, though they might have different solutions to how to achieve the outcomes. The CCG was seeking practical, not over-onerous, measures for outcomes, and wanted to hear bidders' views.

  The process was commercially sensitive, with different bidders asking different questions in the course of their dialogue. The initial questions posed by the CCG had been the same, and all bidders were given the CCG's answers to each bidder's questions. The next round of the bidding process would start with a fresh set of CCG questions, with all bidders being asked the same questions.

  It was not possible, for reasons of commercial confidentiality, to tell the Committee why four out of ten bidders had dropped out; the decision whether or not to proceed had been made by the bidders. The CCG was working to statutory guidance on procurement, which included the question of commercial sensitivity. Bidders took a decision about whether to participate, and it was not unexpected that some dropped out as the dialogue developed.

Members noted that the CCG had taken legal advice on the procurement process and that other CCGs and Primary Care Trusts had conducted competitive dialogues.

- the conduct and timing of current public consultation

  The Committee was advised that since January 2013, the CCG had already gone to around 90 organisations about the principles of the Older People's Programme, and 108 general practices were having dialogue with patient groups. It had looked at the patient experience outcome with patient groups and had talked to Healthwatch, as part of work to identify issues that patients wished to see addressed. The 90 organisations had not been consulted on the same questions as those in the dialogue process with bidders, because of the commercially sensitive nature of the iterative dialogue process.

- the timetable for the mobilisation of the contract

  Members noted that on current plans, the successful bidder would be awarded the contract in May 2014 and the target date for the start of the new service was 1st July 2014, though one of the questions to bidders was round the mobilisation timetable, and it might become necessary to adjust the start date. They noted that the CCG continued to work closely with current service providers, and that current arrangements for service delivery would continue if the 1st July start date could not be met.

  Members expressed concern about the speed of transition implied by the timetable for implementing the new contract. They queried whether it would be achievable, especially given the need for public consultation on any service changes that were proposed. Based on comparisons with the time taken to implement other significant changes in the local health and social care environment, such as the transfer of CCS staff to the County Council and the transfer of Hinchingbrooke Hospital's management function to Circle, members suggested that the current mobilisation timetable was unrealistic, even impossible, to achieve. Members were advised that the nature of the contract was such that the successful bidder would not necessarily implement all the planned changes at once, but would take over the service and implement the changes gradually.

  The committee resolved to express its concerns to the CCG about the shortness of the mobilisation period, which was felt to be unrealistic and potentially disruptive to service delivery, if the transition were rushed.

- the adequacy of future public consultation and the implementation timetable

  The Committee was advised that the CCG would proceed to public consultation on the specific proposals for service change once these were clear. All bidders were aware that the successful bidder's proposals would be put out to public consultation, and might be subject to change as a result of that consultation. The preferred bidder was due to be identified in May 2014, after which the 12-week period of public consultation would start.

  Asked what scope there would be for the public to influence the service design at formal consultation stage, the Director of Corporate Affairs said that because this was not a usual service specification, there was no standard model for the consultation. She offered to bring the draft public consultation document to the Overview and Scrutiny Committee before the consultation started. **JsB**

Members asked whether the public would be able to know about all the ideas and innovations proposed in the course of the dialogue process as part of the consultation. CCG officers advised that as much information as possible would be published at this stage and further information published at the end of the whole process, but some would still be excluded as commercially sensitive.

The Committee recommended that the timetable be adjusted to allow time for the consultation findings and the Overview and Scrutiny Committee's findings to be fully taken into account.

The Director and Assistant Director acknowledged the Committee's concerns about the timetable for consultation and mobilisation, and undertook to reflect upon the points raised.

- elements for inclusion in the final contract

  Asked about the importance of information-sharing, the Clinical Lead said that, if it was a question about sharing clinical information, the key to the successful bid would be how the contractor would ensure that summary key clinical information was available at any time of any day or night. He went on to say that it was critical to the successful bid that all parties included in a contract – not just the lead in an alliance – be at the table sharing and giving information.

  The Chairman proposed and the Committee agreed that it would like to see the contractor obliged to demonstrate a strong commitment to share information with sub-contractors, the CCG and Public Health. This should be firmly incorporated into the contract, and would help to ensure that as much could be learned from the new service as possible.

The Chairman said that it was clear that, from a technical point of view, due process had been followed. However, due process was the minimum required, and there was nothing to stop the CCG going beyond this to involve the public in consultation on the higher-level aims of the programme at an earlier stage. In reply to CCG officers' comments that the CCG had undertaken consultation beyond the minimum statutory requirement, he acknowledged that the CCG had indeed done more than the minimum, and thanked the CCG for allowing the Committee's working group to be involved in the detail of the process; other local authorities round the country were watching the process and outcome with interest. However, it remained the case that more could have been done to consult the public on the high-level aims of the programme.

The Committee resolved to recommend to the CCG and the Health and Wellbeing Board that in future there should be public consultation from the outset on the high-level aims of any major commissioning programme.

The Director of Corporate Affairs noted the request for higher-level consultation as a point to bear in mind for the future, but suggested that it might be difficult to frame it in such a way that the consultation did not simply seek views on the merits of platitudinous aims with which it was impossible to disagree.

Summary of the Committee's recommendations

The Committee identified four particular concerns as described above. Its recommendations are repeated below for clarity:

- The committee resolved to express its concerns to the CCG about the shortness of the mobilisation period, which was felt to be unrealistic and potentially disruptive to service delivery, if the transition were rushed.
- The Committee recommended that the timetable be adjusted to allow time for the consultation findings and the Overview and Scrutiny Committee's findings to be fully taken into account.
- The Chairman proposed and the Committee agreed that it would like to see the contractor obliged to demonstrate a strong commitment to share information with sub-contractors, the CCG and Public Health.
- The Committee resolved to recommend to the CCG and the Health and Wellbeing Board that in future there should be public consultation from the outset on the high-level aims of any major commissioning programme.

b) Future Commissioning of Older People's Services: Working Group Terms of Reference, Membership and Activities

The Committee considered a report on the proposed membership and terms of reference for the working group to examine and comment on plans for the future commissioning of Older People's Services, which it had decided to establish at its previous meeting. The Vice-Chairman expressed the Committee's thanks to the Clinical Commissioning Group for finding ways in which to enable the Committee's involvement in the commissioning process and allowing it access to commercially confidential information.

Members noted that the group had already met with the CCG to discuss the procurement process and how Overview and Scrutiny could contribute to the quest for the best outcomes for service users. All members of the working group, including observers from other local authorities, would be bound by the same need to respect commercial confidentiality.

The Committee agreed to the proposed terms of reference (attached to the minutes as Appendix 1) for the working group, and agreed that its members would be County Councillors Bourke, Reeve, K Reynolds, Scutt and van de Kerkhove, and Cambridge City Councillor Brierley, with Councillor Sylvester of Peterborough City Council and Councillor Hughes of Northamptonshire Borough Council attending as observers and the scrutiny officer at Hertfordshire County Council being kept informed of the group's work.

30. SHELTERED HOUSING AT LANGLEY COURT AND LANGLEY CLOSE, ST IVES

The Committee received a report updating it on the redevelopment by the Luminus Group of the Langley Court and Langley Close sheltered housing scheme in St Ives. At its meeting in September, the Committee had 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 to redevelop; the Chairman and Vice-Chairman's report of their findings and recommendations was also presented to the Committee for endorsement.

In attendance were Councillor Paul Bullen, one of the two local members for St Ives, Councillor Fred Yeulett, Cabinet Member for Adult Services, and Claire Bruin, the Service Director: Adult Social Care.

Speaking at the Chairman's invitation, Councillor Bullen told members that he had nothing to add to what he had said at County Council on 15th October 2013, and asked the Committee not to endorse the report.

The Committee resolved by a majority to endorse the members' report, Councillor Ashcroft dissenting and Councillor van de Kerkhove abstaining.

The Service Director updated the Committee on recent developments

- the Cabinet of Huntingdonshire District Council had now approved the provision of a loan to Luminus to fund the new extra care home
- the plans for the development were due to be shared with St Ives Town Council on 11th December and District Council colleagues were investigating whether they could also be shared with the local County members
- it was expected that the planning application would be submitted to the District Council in mid-December
- asked to clarify whether the home removal package being offered to residents transferring to other Luminus accommodation (which included redecoration of the new property and help with moving and settling in) would also be offered to those moving elsewhere, Nigel Finney, Luminus's Executive Director (Operations) had confirmed that the same services would be provided, subject to the other landlord's agreement.

In answer to members' questions, the Service Director said that only those residents who received a social care package were in direct contact with social care staff, but the majority of residents did not have such a package. Asked whether, in his experience, all residents were receiving the level of support described by Luminus, Councillor Bullen said that they were not. He agreed to supply examples of those not receiving support to the Service Director for her to convey to the interagency Local Implementation Group, which included officers from Luminus, the County Council and the District Council.

Members' comments included that the whole experience was an unhappy and unsettling one for residents, that those who did not qualify for social care needed an independent advocate, and that Luminus must be made aware that their actions would continue to be the subject of scrutiny. Ways of identifying those residents who had spent money on making improvements to their accommodation from November 2012 were explored; the Service Director said that only Luminus, not the Implementation Group, would hold that information. The Chairman and Councillor Bullen agreed that they would look into the question of communicating with residents further.

Councillor Bullen thanked the Committee for the expediency with which it had dealt with looking into the redevelopment of Langley Court and Langley Close.

31. CALLED IN DECISIONS

There were no called in decisions.

32. DATE OF NEXT MEETING

The Committee noted that its next meeting was due to be held at 2.30pm on Tuesday 4th February 2014.

Members of the Committee in attendance:
County Councillors K Bourke (Chairman), P Ashcroft, A Bailey (Vice-Chairman), P Downes, S Frost, R Hickford, M Loynes, K Reynolds, M Smith, M Tew, S van de Kerkhove and S van de Ven; District Councillors J Pethard (Huntingdonshire)and B Smith (South Cambridgeshire)

Apologies: County Councillor J Scutt; District Councillors M Archer, Z Moghadas and W Sutton

Also in attendance: County Councillors P Bullen, T Orgee and F Yeulett

Time: 1.05pm – 5.10pm
Place: Shire Hall, Cambridge

Chairman