

Cabinet Member for Care Services for Adults: Hugh Carey Partnership Select Committee – 9 February 2001

Partnership Arrangements

- The Council had a good working relationship with the Health Authority. An example of this was the setting up of the new Mental Health Trust from 1 April 2001. Further work was being undertaken on joint commissioning with health and this would ensure that the County Council was at the centre of the decision making process. Regular meetings were being set up with the Health Authority, including meetings between the Chief Executive of the Health Authority and the Cabinet Member to ensure joint aims were being achieved.
- It was noted that there had been 34 meetings between Health and Social Services regarding winter pressures. This had meant a large strain on resources and it was intended that the process would be streamlined next year. It was hoped that the Government would allocate one pot of money at the beginning of the financial year to aid better planning.
- The Committee noted that pressures existed throughout the year, not just during winter. The holiday period was particularly difficult because of staff shortages.

Monitoring Arrangements

- Hugh Carey reported that monitoring was undertaken through a regular meeting with the Assistant Directors, himself and the General Manager. He informed Members that his Policy Advisory Group was currently looking at Joint Investment Plans and were reviewing spending pressures. He felt that it was important that the relevant Select Committee also undertook monitoring.

Residential Care Homes

- The Chairman referred to the meeting with the Buckinghamshire Association of Care Homes (BACH) and their concerns about not being included in planning for the winter period. Hugh Carey reported that a high level meeting had been set up with BACH including himself, the General Manager and the Assistant Director to resolve this issue and to build on the partnership. It was noted however, that as BACH was a professional organisation representing the interests of residential and nursing homes, there would obviously be some pressure in negotiating prices for the purchase of beds. It was important to discuss with BACH, the spending pressures that Social Services were facing particularly in relation to the low Standard Spending Assessment. In addition it had to be borne in mind that unit costs for nursing home and residential care in Bucks were high even when compared with other high cost areas such as Kent and Surrey.
- Concern was expressed about the fact that it was becoming considerably difficult for homes to make a profit. On the other hand the Social Services budget was under considerable pressure. However, it was important to develop the partnership with BACH to identify new programmes and policies for intermediate care and rehabilitation. There was also concern about the fact that the demand for beds was

rising because of the increasing number of older people but the number of beds available were decreasing.

- It was noted that the fact that South Bucks NHS Trust block purchased beds throughout the winter period and paid a higher price for the beds caused problems for the Social Services Department for the rest of the year.
- Hugh Carey reported that the Social Services Department was trying to obtain up-to-date information on future statistics in relation to home care and was employing the assistance of Lang and Buisson, a consultancy organisation to plot future trends. The research would look into:-
 - defining the needs of the Council for residential placements;
 - obtaining a view of how the market would operate in the future;
 - obtaining information on to what extent the Council would need to intervene in the market.

A commissioning strategy would then be developed in consultation with BACH, Fremantle and other relevant partners.

The Client's Needs

- Hugh Carey reported that Social Services offered the client as much choice as possible. This became increasingly difficult if the service they required needed to be more specialised, for example, if the client suffered from dementia. The assessment process was also discussed with the carer and the client of the family.

Cost of care

- Members were informed of the difficulties of discharging some clients from hospital because they were reluctant to pay for the cost of home care. Home care charges were high in Buckinghamshire because of the low Standard Spending Assessment allocated by Government. However, few clients were charged the full cost for the service. Charges were assessed using eligibility criteria. Hugh Carey reported that a Government Paper had just been circulated on the Policy for Charging and this would be reported back to the Committee once the implications of the paper had been analysed by the General Manager.
- It was important for each budget manager to manage their cash limit. However, where a budget was overspent, additional funds would be required from another budget within the Department.
- Members noted that home care services had been accredited with ISO 2002 and were inspected annually. They had also produced an efficiency manual which governed home care. The General Manager reported that new management structures were being put in place to build in the capacity to review the efficiency of home care services and to monitor whether they were in the interests of the client. Members were informed that 50% of home care was provided by Social Services and 50% was provided by the independent sector.

- Hugh Carey reported that the winter pressure funding had a large financial impact on the Council as clients were pushed through the system at a quicker pace and no funding had been allocated for the second year.
- Members noted the complexity of the assessment process and the number of people involved in making the assessment. Following assessment it could also be difficult to understand whether health or social services should be responsible for funding the placement. This relied on good working relationships between the two organisations. It was acknowledged that funding was a gray area between health and social services and was the subject of continued debate. For example, winter pressures funding would go to the NHS but residential and nursing care spending was a County Council responsibility. There were other anomalies, for example, a client could obtain a 'social services bath' for free whereas a 'health bath' had to be paid for.
- The General Manager was asked to find out some further information on the residential support grant, in particular whether this was taken into account within the Standard Spending Assessment.

Recruitment pressures

- Members expressed concern about the recruitment pressures with home care staff. The Cabinet had recommended to Council that some funding for next year should be allocated to imaginative recruitment schemes. Hugh Carey reported that home carers were recruited at employment fairs in the County, although concern was expressed that the Council had not been represented at the Aylesbury job fair. So, more needed to be done corporately as well as within the portfolio area. The Vice-Chairman reported that it was important to advertise in villages to target potential employees who did not have transport in the village and required work.

Further work

- Health and Social Services were currently working jointly on the implications of the NHS Plan and Joint Investment Plans which were currently using a large amount of management resources but were a fundamental part of partnership working.
- The NHS Plan was being discussed at the Cabinet Meeting on 5 March 2001 and the implications this would have for the Council. Hugh Carey was taking the lead on the partnership with the health service.