



Buckinghamshire County Council

Minutes *OVERVIEW & SCRUTINY COMMITTEE FOR ADULT SERVICES*

AGENDA ITEM: 3

MINUTES OF THE MEETING OF THE OVERVIEW & SCRUTINY COMMITTEE FOR ADULT SERVICES HELD ON WEDNESDAY 13 JULY 2005, COMMENCING AT 9.47 AM AND CONCLUDING AT 12.33 PM IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY

MEMBERS PRESENT

Mr B G Allen (Chairman), Mrs E Lay, Mrs B H Jennings, Mr S Kennell, Mrs F D Roberts MBE, Mr P Roberts, Mr C F Robinson OBE, Mrs D Summers, Mr F Sweatman and Mr H G W Wilson

OFFICERS PRESENT

Mrs C Capjon	Policy Officer
Mrs K Sutherland	Democratic Services Officer

IN ATTENDANCE

Mr T Boyd	Acting Strategic Director, Adult Social Care
Mr P Loose	Head of Adult Disability Services and Mental Health
Mr B Sherwood	Head of Commissioning, Policy and Performance
Mr K Stevens	Acting Head of Older People's Services

APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies were received from Mr B Lidgate, Mr D Rowlands and Julia Wassell.

DECLARATIONS OF INTEREST

Mr B G Allen declared that his son was a resident of a Buckinghamshire County Council home and Mrs F D Roberts MBE declared that she was President of Mencap.

1 MINUTES

The minutes of the meeting of the Overview and Scrutiny Committee for Adult Services held on 8 June 2005, copies of which had been circulated previously, were confirmed.

2 OSC RESPONSE TO ADULT SOCIAL CARE GREEN PAPER – INDEPENDENCE, WELL-BEING AND CHOICE

The Chairman welcomed Trevor Boyd, Acting Strategic Director for Adult Social Care to the meeting. Further to Trevor Boyd's presentation on the Adult Social Care Green Paper at the June meeting of the Committee, it was agreed that members would consider certain aspects of the proposals at the July meeting to assist the Acting Strategic Director in compiling the Buckinghamshire County Council (BCC) response, which had to be submitted by 28 July 2005.

The Committee used the Government's consultation questionnaire as the basis for discussion and during the discussion the following points were made:

Outcomes

- The Green Paper states that services should help people:
 - To have better health
 - To have happier and more enjoyable lives
 - To be able to contribute to society and use their skills
 - To be able to have more choice and control over their lives
 - To be treated fairly and well and feel safe within their communities
 - To have enough money to live on and to be able to afford to take part in their communities
 - To have the help they need to look after themselves and their homes and feel good about themselves

Members commended these proposed outcomes.

People should have more control over their lives and more choice.

- Whilst members supported this principle, concerns were expressed about an individual's ability, in some circumstances, to make a reasoned judgement with regards to their level of care and managing risk. A member suggested that client's preferences for care could be taken into account but not guaranteed, enabling social services to retain the final decision making power.
- The question of whether BCC would be liable if a client was given a direct payment to purchase care directly from a care provider and subsequently experienced problems, was raised. Direct Payments essentially led to a direct contract between client and care provider.
- A member asked if BCC could be held responsible for vulnerable adults who might be too proud to approach BCC for help. In response, the Acting Strategic Director explained that BCC could only be held liable if the person concerned was known to social services. If an individual was assessed as having needs but declined to accept services from BCC and the care manager concerned felt that this would put the individual at risk, then it must be put on record that the individual had decided to go against the professional advice. Both the client and the care manager should sign the care plan to this effect.
- A member gave an example of an individual with senile dementia and asked how care would be managed in these circumstances. The Acting Strategic Director explained that in these circumstances the judgement regarding level of risk would have to be taken by social services in conjunction with the GP and carers or family members.

- A member stressed that if people were going to be given more choice and control they would need to be able to access information easily to ensure they made a well-informed decision. It was noted that a standard pack of information was supplied to clients when care managers made their first visit. Information regarding services was also being made more widely available on the internet.
- Members were also keen to ensure that once care was in place, reviews would be undertaken to ensure the continuing suitability of these arrangements and to monitor the ability of the client to make a reasoned judgement on the level of risk they wished to take. In response, members were informed that a 3 month review of new care arrangements was then followed by an annual review as a statutory requirement. If an individual had more complex or fluctuating needs they would be reviewed more frequently and care managers would keep such cases active to enable close monitoring.

Preventative Agenda and Funding Implications

- The Green Paper put a greater emphasis on the preventative agenda as a way of helping people to remain independent for a longer period of time. The Acting Strategic Director welcomed this as an aspiration but expressed concerns with regard to maintaining existing standards of care, whilst also introducing preventative services with no additional funding support.
- Members agreed that preventative services could in the long term reduce the need for social services, but felt that an initial set up grant or additional funding would be necessary to support the additional service provision. A member commented that if the Government were looking to the voluntary sector to support the preventative agenda they would find that they were already stretched.
- Members questioned whether Health should be funding preventative services. It was reported that social services had been working with Health on prevention and public health services and had been able to influence aspects of Health commissioning.

Information Sharing

- Information sharing between agencies had been a high profile topic since the Climbie case. In connection with Adult Social Care, a member expressed concern about personal information being disseminated too widely, which presented an opportunity for criminality.
- The Committee were informed that work was currently being undertaken on information sharing between social services and the Primary Care and Acute Trusts. Health partners were committed to operating a highly secure system. Sharing information had already had a positive impact on reducing crime against the elderly and initiatives such as key safes to allow access for carers and nurses and a ringmaster system to combat distraction burglary in rural areas, were also supported by social services.

It was agreed that the Committee's response would be summarised and provided to the Acting Strategic Director to inform the overall BCC consultation response.

**Policy
Officer/
Acting
Strategic
Director
for ASC**

3 OLDER PEOPLE'S INSPECTION REPORTS

The Chairman welcomed Kerry Stevens, Acting Head of Older People's Services, who delivered a presentation to the Committee on the result of the Older People's Inspection, which was carried out in January and February 2005 by the Commission for Social Care inspection, together with the Healthcare Commission and the Audit Commission. During the presentation and subsequent discussion the following points were made:

- BCC Older People's Services, District Council and Health partners had been inspected as part of a whole economy joint inspection regime. Clients and carers had also been interviewed.
- In 2002, the joint review had concluded that BCC services had met the needs of some people well. In 2005 this had improved to meeting the needs of most people well, with promising prospects for improvement, which was a good achievement.
- The inspection highlighted that joint planning and commissioning of services in Buckinghamshire had progressed very slowly. It was noted that BCC were committed to partnership working and that a framework for partnership working was in place. The Older People's Partnership Board had recently been established to enable senior managers from the PCTs and BCC to meet regularly and plan services together more closely.
- The inspection highlighted the need to engage more fully with older people from black and ethnic minority (BME) communities, particularly with regard to planning services. It was noted that older people from BME communities tended to take up direct payments and organise their own care rather than using traditional social care services. This could indicate that the traditional services did not meet their needs.
- Additional funding had been agreed to increase consultation with the BME community including the appointment of a Social Inclusion Officer, whose role would be to work with the Race Equality Councils and other groups with a view to improving access to services for the BME community. A member offered to share a list of local organisations that would help staff to gain an insight into different communities.
- The Acting Strategic Director emphasised that most inspection regimes commented on a lack of engagement with the BME community. Although Adult Social Care had developed a diversity action plan and were keen to make improvements, it was an area that BCC as a whole had to address.
- A member commented that BME communities could not be compelled to engage simply to meet Comprehensive Performance Assessment (CPA) standards. Some communities might be satisfied with looking after their elderly people without help from social services. The Acting Strategic Director explained that whilst this might be the case, BCC could learn from other authorities who had better engagement with BME communities. It might be that services currently offered did not meet their requirements in terms of language, prayer, diet and social needs, therefore they chose not to access the services.
- How best to serve clients in rural areas was another area for staff to focus on. Although BCC was helping more clients to remain independent at home, there was a need to ensure consistent services across the county.

- Performance Indicators had on the whole improved and it was noted that BCC offered good quality information services for clients.
- The inspection highlighted that the use of interpreters was not systematic and this was an area that the Acting Head of Service hoped to rectify quickly.
- In terms of prospects for improvement the structure of 3 local based teams was seen as being fit for purpose, investment in SWIFT was seen as a positive and support from members was also noted. It was also recognised that there was good communication between staff and senior managers.
- The Acting Head of Service was pleased with the improvements made by BCC, although the whole economy report was less positive. BCC were seen as having a lead role to play in moving the whole economy in Buckinghamshire forward in the area of Older People's services.
- A member asked if joint commissioning plans with Health would encompass all three Primary Care Trusts (PCTs) in Buckinghamshire, as he was aware that some PCTs were more proactive than others with regards to joint working. The Acting Head of Service explained that whilst BCC would like to make joint plans with all the PCTs, the PCTs were under great financial pressure and Government plans to review the overall Health structure made it difficult to plan for the future.

The Chairman thanked Kerry Stevens for his presentation and it was agreed that the Committee would receive a further update on the progress of the post inspection action plans in six months time.

**Acting
Head of
Older
People's
Services**

4 ADULT SOCIAL CARE – SERVICES, PRIORITIES AND CHALLENGES

The Acting Strategic Director of Adult Social Care and the Acting Head of Older People's Services were joined by the Head of Adult Disability Services and Mental Health and the Head of Commissioning, Policy and Performance to deliver a joint presentation on the priorities and challenges for the services within Adult Social Care.

The Acting Strategic Director gave a strategic overview. As the Committee were aware the Green Paper on Adult Social Care would have far-reaching implications for future service provision and there would continue to be additional Government initiatives, with agendas often cutting across both Health and Social Services. New initiatives often only attracted initial grant funding which made it more difficult to plan for the longer term. The services within Adult Social Care had improved with regards to planning and budgetary forecasting, which was linked to the advances made in management information.

Local Area Agreements, due to be in place by September 2005, would be a radical step forward in partnership working. There would be further integration with Health, which included the possibility of pooled budgets and BCC hoped to be involved in the development of NHS Local Delivery Plans.

Adult Disability Services and Mental Health

Peter Loose gave an insight into the working of his service using posters which had been produced to highlight the outcomes of the Adult Disability Services and Mental Health Service Plan. The overarching theme of these outcomes was to encourage independence and give clients control of their lives. There was an emphasis on trying to plan for future needs for example, through Person Centred Planning and Transitions. Promoting increased access to transport and leisure opportunities and particularly encouraging work opportunities was also a priority.

In connection with Mental Health services, BCC were trying to integrate better with Bucks Mental Health Trust. Work was ongoing with regards to shared performance indicators and a closer financial relationship.

Older People's Services

Kerry Stevens explained that his service area needed to be more responsive to the needs of older people and prepare for demographic changes. Currently there were 500 staff in Older People's Services, 400 of which were based in the Home Care service. These staff were at the frontline, working with the PCTs and Acute Trusts on a daily basis. Whilst Older People's Services catered for the over 65s, it was important to recognise that the needs of clients in their late 60s would be very different from clients in their 80s. The over 85s were currently the fastest growing part of the population and demographics showed that there would be a continued growth of older people until 2030.

A member asked how BCC could plan for the long term future and address the issue of demographic change. The Acting Head of Service responded that cultural change was needed – many staff were used to 'doing to, rather than doing for' and it was important to recognise that clients had high expectations of services and wanted to be consulted with regards to their care. Also property issues had to be considered – traditional residential homes for older people were unlikely to meet the future needs of clients. The recent Project Care had been undertaken with this future need in mind.

11.55am Mr T Boyd left the meeting

Commissioning, Policy and Performance

Bob Sherwood outlined the role that his service played in supporting the work undertaken by staff in Adult Disability Services and Mental Health and Older People's Services. Firstly, Bob Sherwood was the Accountable Officer for Supporting People in Buckinghamshire. This was a programme which helped people to live independently by offering a range of services, often housing related. The Supporting People grant was currently ringfenced by Government and had been shrinking year on year. Following the Supporting People Inspection in early 2005, work was progressing on an action plan to address issues highlighted by the Audit Commission and it was planned that the Supporting People team would ultimately fit more within the mainstream service areas.

Policy and Performance was an area that had been strengthened over the last 12 months, in terms of increased resources and the development of services. BCC had a very good Management Information (MI) team and MI was needed to inform decisions at an operational level. The MI team had been able to bring together financial and activity information, which would be vital in monitoring the effectiveness of action plans. There were plans to appoint Community Development Officers to develop capacity in the voluntary sector, as well as a Social Inclusion Officer to further the work with BME communities. Work was also underway to provide a joint countywide translation service with Health.

In terms of Commissioning, it was important to understand that Commissioning was very different to Procurement. Commissioning would set a strategic direction, based on identifying needs, analysing what type of service would meet those needs and then trying to develop new services or amend existing services accordingly. Generally this would involve a tendering process, with outcomes being closely monitored. Recent examples included the Domiciliary Care Contracts, which had been put in place over the last 9 months and Project Care and the reprovisioning of the Fremantle Care Homes to ensure future needs could be met.

Within Older People's Commissioning, the post of Domiciliary Care Purchasing Co-ordinator had been introduced to reduce the amount of time Care Managers had to spend in allocating service resources. Some joint commissioning had begun to take place with Health – commissioning jointly could lead to more effective contract negotiations.

The Chairman thanked all the Heads of Service for their presentations and a member commented that it had been a valuable and interesting insight into the different areas of responsibility.

5 COMPLAINTS TO THE SERVICES

The Policy Officer outlined a proposal for a review of complaints to all Adult Services, which would be undertaken by a working group. Meetings with complaints officers across a number of services had been arranged for various dates in September and it was envisaged that the working group would report their findings to the whole Committee at the October 2005 meeting.

12.15pm Mrs F D Roberts MBE, Mr P Roberts and Mrs D Summers left the meeting

Mrs B H Jennings, Mrs E Lay, Mr F Sweatman and Mr H G W Wilson volunteered to join the group, along with the Chairman.

A member asked if the working group would be considering the complaints process. In response the Policy Officer indicated that if issues with the process were apparent then these might warrant further investigation, but the main focus of the work would be to identify if there were any common themes in terms of complaints.

6 MEETINGS FEEDBACK

The Committee received and noted a brief report on an informal meeting between the Chairman and the Cabinet Member and Strategic Director for Adult Social Care.

7 CORPORATE TASK GROUP

The Committee considered the Terms of Reference and preliminary scoping paper for the first piece of work to be undertaken by the newly established Corporate Task Group (CTG). Each Overview and Scrutiny Committee had been asked to nominate 4 members to join the CTG, to which the rules of proportionality applied. With this in mind the Chairman proposed that Julia Wassell should be nominated, as one Labour member had to be included on the CTG and the Committee agreed to this proposal.

After further discussion it was agreed that the Chairman, Mr C F Robinson and Mr S Kennell would also be nominated, although Mr S Kennell advised that he would be happy for Mr H G W Wilson to take his place if the number of Liberal Democrat places on the CTG had already been filled.

8 DATE OF NEXT MEETING

Wednesday 14 September 2005 at 9.45am in Mezzanine Room 1, County Hall

CHAIRMAN