

## County Council 19 November 2015

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**Written Questions & Responses**

**County Council, Thursday 19 November 2015**

**Leader**

**Question from Mrs Davies**

- 1. How many vacant posts, other than children's social workers, have been filled this financial year with the incentive of an authorised 'golden handcuff', i.e. a lump sum over and above the salary grade. And which posts were these? (generic and departmental information only)**
- 2. Who authorised these, and for what reasons were the exceptions made?**

*Other than Children's Services Social Worker posts there have been no 'golden handcuff' payments authorised over the past twelve months.*

**Question from Mr Stuchbury**

- 3. Given the close links between Buckinghamshire & Oxfordshire, and the revealing story of the correspondence between the Prime Minister and the leader of Oxon CC, Cllr Ian Hudspeth, would Mr. Tett like to reveal any correspondence he has had with local MPs before it gets leaked to the media?**

*I can assure the member that I have had no recent communications from the Prime Minister. There is regular correspondence between MPs and Cabinet Members on normal constituency matters.*

## **Cabinet Member for Education & Skills**

### **Question from Mrs Davies**

In response to my verbal question at the last council meeting you responded to me in writing as follows

*'The numbers change with Ofsted inspections but currently 13 (100%) of our grammar schools are good or outstanding and 11 (52%) of our upper schools are good or outstanding. These figures are not comparable nationally and that is why when comparing we quote the figures of 75% (70% in 2014) of Buckinghamshire pupils attend a good or outstanding secondary school compared with 74% (73% in 2014) nationally. I trust this is what you required.'*

That means almost half of our upper schools (48%) either require improvement or are inadequate.

I am particularly concerned because while the grammar school success shows the county as high performing, it in fact disguises the under-performance of almost one third of our schools overall.

With a well-documented, serious and increasing attainment gap for secondary school age boys qualifying for free school meals, we cannot afford to congratulate ourselves on the false picture given by the way the figures have to be presented.

#### **4. How do you propose to remedy this?**

*Answer*

*Buckinghamshire County Council commissions the BLT to carry out its functions around school improvement. Buckinghamshire County Council and the BLT work in partnership to monitor, intervene and support underperforming schools. The challenges facing upper schools to improve outcomes for disadvantaged students is fully recognised by the local authority. In partnership with schools and the BLT, work has already begun that is designed to drive improvement through a focussed and targeted intervention plan. The intention is to ensure that all schools involved have educational standards that are securely and sustainably above national floor targets in attainment and progress measures. The various activities and interventions are characterised by a belief that high quality school improvement including both support and challenge will help accelerate progress. There is recognition of the importance of school leadership and a data rich approach to tackling issues, accelerating progress and impacting on learning through improved teaching.*

*These figures do not show the under performance of our upper schools, they simply record the performance of children at those schools that is not as transparent in non-selective authorities.*

*However I disagree that we cannot afford to congratulate ourselves on an overall excellent and accurate picture of results that show the latest figures at 87% of pupils attending a good or outstanding school in Buckinghamshire. This is an improvement of 81% from earlier this year compared with the latest National of 81%. Not doing so undermines all the hard work and dedication that all our schools, teachers, Heads and Governors give in providing an excellent education for our children in Buckinghamshire, that is envied by other authorities, to which I am very grateful.*

#### Question from Mr Stuchbury

In light of education Secretary Nicky Morgan supporting/allowing a 450-pupil school to be created in Sevenoaks in Kent as an "annexe " to an existing grammar school 10 Miles away, reported in the independent on the 17th of October, I corresponded with you on this question & negative points being made on grammar schools not increasing social mobility in Buckinghamshire strongly being put with in the report.

In your reply you said you had many examples where grammar schools have increased social mobility in Buckinghamshire. Sadly no one from Buckinghamshire County Council gave this response to the Independent, as you indicated in correspondence to myself. It is hard to understand your statement to me given that it seems that the Council had not contributed to the piece in the Independent.

So please could you explain the facts you base your response on. To help me understand better why you could indicate the report was wrong with in the Independent on the 17th of October.

- 5. Secondly, on questioning you on Tuesday 3rd November, at the Children's Social Care and Learning Select committee, in regards to a statement from you saying you unequivocally gave your support to extending bucks existing grammar schools (and In the bucks free press on the 29th of October i understand), which you in response on the 5th Novembers said you were adamant that the focus remains on increasing standards across the education board, within the bucks free press.**

#### *Answer*

*I am not aware of being asked to comment in response to any article in The Independent. With regard to the letter I wrote to the Bucks Free Press. I wished to respond to various letters from the anti-Grammar School lobby group 'Local, Equal, Excellent'. In this I confirmed my support both for our long established selective education system and for ensuring the best outcomes for all pupils at all our schools.*

*I went on to comment that high profile Labour Party members were in my opinion hypocritical as they criticise Grammar Schools, yet have either attended such*

*schools themselves, have sent their children to Grammar Schools or in some cases have even sent their children to Independent Schools. Labour wish to deny the benefits of Grammar School education to the vast majority of England's parents yet are quite prepared to have benefited from it themselves. I'm sure the member will join me in decrying such hypocrisy.*

Question from Mr Stuchbury

6. I also questioned you on whether this was your personal opinion or agreed County Council policy to support the extension of grammar schools in Buckinghamshire. However, your response was not clear. **I therefore seek clarification on whether it is the County Council's policy to support the extension of grammar schools in Buckinghamshire or whether it is only the personal opinion of the Cabinet Member for Education & Skills that grammar schools should be extended?**

*Answer*

*Buckinghamshire County Council has had a policy of supporting grammar schools for the past 126 years that has produced excellent results over this time and there has not been a change of policy in this regard. If the policy changes in the future (next 126 years!) then I will let you know.*

## **Cabinet Members for Resources/Education & Skills**

### **Question from Mrs Davies**

I have been asked if there is any truth in the rumour that education appeals will no longer be heard in Bucks, but in Harrow. Please can you reassure the many volunteers the appeal system relies upon, not to mention the parents and children applying to Buckinghamshire schools in the future.

#### **7. Is there any truth in this rumour?**

#### *Answer*

*The Legal Service is currently under review with a view to developing a business case to consider the benefits of developing an integrated service with HB Law. No decisions have yet been made on the future of the service. However, a number of services that are currently delivered from within Legal Services, including the schools admissions appeal process, have been identified as being 'out of scope'. It is therefore intended that this service will remain within Buckinghamshire County Council.*

## **Deputy Leader & Cabinet Member for Health and Wellbeing**

### **Question from Mr Stuchbury**

- 8. How have thresholds what constitutes 'vulnerability' in the provision and prioritisation of adult social care services changed over the last ten years? Are all the kinds of people who were deemed as being in priority need in 2005, still judged to be in such need in 2015? Or have the thresholds changed at all?**

#### *Answer*

*The short answer to this question is no. Whilst it is true that the Association of Directors of Adult Social Services ( ADASS) have found (in its report 'Distinctive, Valued, Personal – Social Care the next 5 years) “90% of councils are now only able to respond to people with critical and substantial needs. In 2005 it was 47%. At least 400,000 fewer people are getting publicly funded help”.*

*It is also true that recent legislation culminating in the 2014 Care Act, has significantly increased and expanded both the numbers of people and the types and levels of need that are now eligible for social care support.*

*This means that Councils can no-longer limit or set their criteria at the level or concept of critical and substantial. So all those people who in the past few years did not meet this threshold now have the legal right to come back to us and have their eligible needs assessed and supported under the Care Act.*

*To expand on this, we present below a summary of the key legislation and its consequential impact on the types of needs of people for whom we now hold new or additional statutory social care responsibilities compared to ten years ago.*

#### ***Impact of the Care Act – General Care Act (part one and statutory guidance)***

*The Care Act has consolidated and modernised the framework of care and support law. It also sets out new duties for local authorities and partners and new rights for service users and carers.*

*“The Care Act consolidates good practice in statute as well as bringing in new reforms. It should embed and extend personalisation in social care as well as increasing the focus on wellbeing and prevention. It should also enable local authorities and partners to have a wider focus on the whole population in need of care, rather than just those with eligible needs and/or who are state-funded”. “Skills for Care organisation in its fact sheet “Overview of the Care Act”*

*The extension of existing duties and wider focus on the whole population can be seen from an examination of key areas of the Act.*

#### ***New emphasis on Wellbeing***



*Under the Care Act Local Authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. The principle of Wellbeing has had a fundamental effect on the way we work, not only with individuals but also the Care Act requires us to consider this principle when we undertake broader, strategic functions, such as planning.*

*The wellbeing principle applies in all cases where a local authority is carrying out a care and support function, or making a decision, in relation to a person. This applies equally to adults with care and support needs and their carers.*

*Under the Act, the wellbeing principle applies equally to those who do not have eligible needs but come into contact with the system in some other way (for example, via an assessment that does not lead to ongoing care and support) as it does to those who go on to receive care and support, and have an ongoing relationship with the local authority.*

*'Wellbeing' is a broad concept. It is described as relating to the following areas in particular:*

- *Personal dignity (including treatment of the individual with respect)*
- *Physical and mental health and emotional wellbeing*
- *Protection from abuse and neglect*
- *Control by the individual over their day-to-day life (including over care and support provided and the way they are provided)*
- *Participation in work, education, training or recreation*
- *Social and economic wellbeing*
- *Domestic, family and personal domains*
- *Suitability of the individual's living accommodation*
- *The individual's contribution to society.*

### **Wellbeing and Assessment**

*Whenever a local authority carries out any care and support functions relating to an individual, it must act to promote wellbeing – and it should consider all of the aspects above in looking at how to meet a person's needs and support them to achieve their desired outcomes and ensure that the individual's views are clearly understood.*

*The Act signifies a shift from existing duties on local authorities to provide particular services, to the concept of 'meeting needs'. Local authorities must consider how to meet each person's specific needs rather than simply considering what service they will fit into. Modern care and support can be provided in any number of ways not just using traditional models of residential and domiciliary care.*

### **Assessment and Eligibility**

*The Care Act and the application of the Wellbeing principle has led to significant changes to the way in which we assess people needs:*

*“The Care Act represents a fundamental shift for practitioners to thinking holistically about the assessment process and eligibility determinations”.*

### **Assessment**

*An appropriate, proportionate and holistic needs assessment must be carried out to determine eligibility for services and support. Importantly, the Act strengthens the rights and recognition of carers in the social care system, including, for the first time, giving carers a clear right to receive services. These are by far the strongest rights for carers yet. Anybody, including a carer, who appears to need care or support is entitled to an assessment, regardless of financial contact with the council; the assessment must focus on outcomes important to the individual. Any needs currently being met by a carer should still be included in the assessment. The local authority must then apply a national eligibility threshold to determine whether the individual has eligible needs.*

### **Eligibility**

*The Care Act introduced a number of key changes in the way eligibility is determined. Eligibility determination is no longer based on level of risk, but on the individual’s inability to achieve desired outcomes. Through the assessment, the practitioner needs to establish how specific needs and circumstances impact on an individual’s wellbeing.*

*All needs must be accounted for and local authorities must ensure that the eligible ones are met. However, needs can be met through various means, ranging from care and support provided via the local authority or support by the carer through to information and advice or targeted interventions. Practitioners need to think more broadly about what support might be available in the local community, including support for carers so that they are able to sustain their caring role.*

### **Prevention – a new duty**

*“Prevention” involves preventing or delaying the development of needs for care and support and includes an emphasis on reducing needs that already exist. The Local Authority must now take steps to prevent, reduce or delay the need for care and support for all local people (working with partners in health, housing, welfare and employment services).*

*Care Act guidance highlights that ,at every interaction with a person, a local authority should consider whether or how the person’s needs could be reduced or other needs could be delayed from arising, as effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer.*

*The local authority’s responsibilities for prevention apply to all adults, including:*

- *people who do not have any current needs for care and support;*
- *adults with needs for care and support, whether their needs are eligible and/or met by the local authority or not*

- *carers, including those who may be about to take on a caring role or who do not currently have any needs for support, and those with needs for support which may not be being met by the local authority or other organisation.*

*“Prevention” is often broken down into three general approaches – primary, secondary and tertiary prevention. The terms are used to help with consideration of what types of services, facilities and resources could be considered to best meet the needs of the individual.*

- *Primary-These are aimed at individuals who have no current particular health or care and support needs.*
- *Secondary-These are more targeted interventions aimed at individuals who have an increased risk of developing needs, where the provision of services, resources or facilities may help slow down or reduce any further deterioration or prevent other needs from developing. Some early support can help stop a person’s life tipping into crisis*
- *Tertiary-These are interventions aimed at minimising the effect of disability or deterioration for people with established or complex health conditions, (including progressive conditions, such as dementia), supporting people to regain skills and manage or reduce need where possible.*

*The Local authority must have due regard to the duty to promote prevention when carrying out its activities and functions, not only in relation to individuals but when it undertakes broader, strategic functions, such as planning.*

*In addition to the fundamental changes identified above and the impact on our work, there are a number of other changes which have affected who we are responsible for assessing and who we need to reach within our community, for example:*

- *Prisons - new responsibilities for undertaking social work with people in prisons and approved accommodation in Buckinghamshire.*
- *Information, advice and advocacy - the Act places a duty on local authorities to ensure that information and advice on care and support is available to all and when they need it. Independent advocacy must also be arranged if a person would otherwise be unable to participate in, or understand, the care and support system.*

#### Question from Mr Stuchbury

- 9. If Council tax does not rise over the next ten years, and government grants continue to fall at known or reliably predicted rates, at what point in time will Bucks County Council not be able to afford to provide adult social care to all those who need it?**

*Answer*

*As the response to question 1 above highlights, we as a Local Authority have a statutory duty to commission and/or fund care to meet the assessed eligible needs of residents in Buckinghamshire.*

*Within Adult Social Care we have implemented a “Preventative” approach to engaging with and supporting people in order to promote their self-reliance, resilience and independence for as long as it is possible and safe for individuals, their families and communities to do so and to maximise the use of and gain best value out of our budget.*

*However, it is becoming much more difficult to contain expenditure within our current budget at a time when our reality is that:-*

- 1) Demand is growing*
- 2) Our legal responsibilities are expanding*
- 3) Our budget is contracting*

*To give a very immediate example of the pressures on our ASC Budget for 2015/2016, in April 2015, it cost Adult Social Care an average of £803 per week to fund a long term nursing placement for an older person with EMI needs. By August 2015, we are having to pay an average of £880, an increase of over 9% (figures exclude Free Nursing Care [FNC] – funded by the NHS). During the same relatively small time period, nursing placements for older people increased from £706 to £785, an increase of over 11%.*

*The funding pressure and crisis is even more extreme when we identify that, for the provision of short term Respite Care for Older People (which is essential to support Carers continue with caring responsibilities), in April 2015, we paid an average of £622 per week, rising to an average of £765 in August 2015, an increase of 23%,(figures exclude FNC).*

*For Younger Adults, the actual costs and increases are even greater for their respite care, rising from an average of £653 in April 2015 to £1,155 in August 2015, an increase of over 76%.*

*The following tables identify the impact of our rising older population on the number of people who can reasonably be expected to meet eligibility criteria for Adult Social Care Services in the next 10 years.*

### **Current Population in 2014:**

Age Group	Buckinghamshire Population	% pop	Adult Social Care Clients	% ASC
18-64	306399	77%	2949	26%
65-84	79619	20%	4259	38%
85+	12195	3%	4069	36%
<b>Grand Total</b>	<b>398213</b>		<b>11277</b>	

*(please note that ASC age groups are shown as a % of total ASC clients)*

**Predicted Population in 2024:**

Age Group	Buckinghamshire Population	% pop	Adult Social Care Clients	% ASC
18-64	308060	77%	2973	26%
65-84	98646	25%	5133	46%
85+	20217	5%	6464	57%
<b>Grand Total</b>	<b>426923</b>		<b>14570</b>	

*(please note that ASC age groups are shown as a % of total ASC clients)*

**Impact of an aging population:**

*Nationally it is well recognised and evidenced that older people will have significantly higher rates of prevalence and probability of the following-*

- *Long term medical conditions*
- *Risk of dementia*
- *Increased probability of falls*
- *More than twice as likely to be admitted to hospital*
- *The majority of hospital stays over two weeks are for older people*
- *Increased cost of health and social care services*

*Majority of patients aged over 75 years have 3 or more long term medical conditions e.g. hypertension, diabetes, stroke, arthritis, cancer, dementia, including frailty, disability which results in increased health and social care use.*

*1 in 6 people aged 80+ are at risk of having Dementia leading to the need for health and social care services.*

*1 in 2 people over 80 fall each year resulting in ambulance call outs, hospital admissions and increased need for social care services.*

*Increase in hospital admissions for older people particularly during winter months. 80% of older patients stay in hospital more than 14 days, increasing*

*the pressure on social care to support timely discharge. Research has also established that the rate of emergency admissions for people aged 85+ is 2.7 times higher than the rate in the 65-84 population.*

*80% of emergency admissions which result in a stay of two weeks or more are patients aged 65 or above.*

*Cost of non-elective admissions, elective admissions, community health services and Adult social care treble after the age of 65.*

*The Association of Directors of Adult Social Services (ADASS) and the LGA have identified that there is a requirement for an additional £4.2bn over the next 3 years to make adult social care sustainable.*

Question from Mr Stuchbury

**10. As there are indicators that private sector owners/investors in social care are beginning to question the commercial viability of providing such services once further cuts in unit funding are announced and wages rise at the behest of central government, what strategic plans are the County Council putting in place to mitigate the possible meltdown in private sector provided social care for older people?**

*Thank you for this question as it enables Adult Social Care to both advise and give assurance to Members in relation to our strategic plans and operational delivery of market oversight and our alertness and responsiveness to the potential for market failure.*

*We recently (20<sup>th</sup> October 2015) presented a paper “Care Market Assurance” to Health and Social Care Select Committee. The purpose of this paper was to provide an in-depth overview of the action the Council takes in relation to overseeing market stability of the care and support services.*

*We must also point out that, in the short time since we produced this paper, there are across Buckinghamshire several providers with whom we are now engaged in intensive monitoring and service improvement. Whilst there are a range of factors which have contributed to the specific situations with these providers, all are centred on the inability of these providers to recruit and /or retain sufficient numbers of skilled and experience nursing and social care health professionals and care workers.*

*We know that improving the pay and conditions of health and social care staff in the private sector will improve recruitment and retention, but we also know that these costs will be passed onto Local Authorities, Health Partners and Self-Funders.*

*For example, even the modest increase of providers paying the Living Wage has the following impact on the Adult Social Care Budget:-*

- *Gross external spend           £110m*
- *Salary/wage bill                 70%*
- *Impact is therefore on       £23.1m*
- *Increase from £6.70 to £7.20 is 7.5%*

*Translates into increased pressure of £1.7m*

*The scale of the pressure on Adult Social Care Budgets which will arise from the Living Wage increases are minor in comparison to the pressure on budgets due to the scarcity of any available capacity across all community and residential care settings and the costs that providers know that they can now charge due to this scarcity and our statutory duty of care, as evidenced in response to question 2.*

### **Conclusion**

*So, in summary, like many Adult Social Care Departments across the country, we are experiencing extreme financial challenges. The LGA and Association of Directors of Adult Social Services (ADASS) have been lobbying to try and ensure that there is an adequate and sustainable funding settlement for adult social care as part of the CSR.*

*With more people living longer with more complex needs, additional new burdens in the form of major policy responsibilities coupled with reductions to the grant funding, there is no doubt that social care across the country and within Buckinghamshire is facing a growing budget crisis. As we push to deliver more and more savings we are having to carefully balance this with the impact this could have on compromising peoples dignity, health and wellbeing.*

*Whilst we welcome the Living Wage, which should help to create a sustainable and steady social care workforce, this does need funding. It is vital that the Spending Review understands how grave the position now is and takes action to protect adult social care funding and addresses the growing funding gap of £700m per year nationally. We remain committed to doing the best for vulnerable people in Buckinghamshire. However, the financial context and growing difficulties with recruiting staff are making it much harder to fulfil these responsibilities.*

**Angela Macpherson, Chairman of HASC**

Questions from Mr Stuchbury

**11. With the open and growing concern within Buckingham on changes to the Milton Keynes A&E which are proposed within the MKCCG public consultation, can I receive an update on your understanding on how the proposals will impact on north Buckinghamshire and my Buckingham Division?**

*Answer*

*My understanding is that the proposals are being developed, in which more detailed analysis and modelling is taking place around the preferred options. At the meeting of the MKC Health and Adult Social Care Committee on 6 October, the Milton Keynes CCG indicated that they would be publishing a timetable for the next phase of the Review in mid-November. This will include more detailed business case information.*

**12. Have MKCCG given times & dates to Buckinghamshire county council on when they will intend to choose & come to Buckingham by way of an undertaking to consult with my constituents in my Division within Buckingham and the wider community of north Buckinghamshire?**

*Answer*

*My understanding of the current situation is set out below. NHS MK CCG are still in the process of carrying out very detailed work to understand the clinical and financial implications of all their options, which means that no further decisions have been taken about the way forward with regards to acute services.*

*This is a very complex process with multiple stakeholders, including NHS Aylesbury Vale CCG who has statutory responsibility for changes that affect their Buckingham and surrounding villages population (known as the North Locality, led by Dr Rodger Dickson, GP in Norden House).*

*My understanding is that AVCCG are working closely with MKCCG and they were present at the Buckingham meeting in March 2015.*

*Once the full business cases are worked up, the next phase is a public consultation. I have been informed that MKCCG will continue to work with AVCCG, to inform and actively involve people in Buckinghamshire.*

*At the time of writing the HASC awaits the new timetable, with consultation expected in the new year.*

**13. Has the Bucks CCG been in talks with MKCCG to mitigate any possible negative impacts arising from changes to Milton Keynes A&E, if its**



**services are in any way downgraded, As a result of changes through the options with in the MKCCG public consultation?**

*Answer*

*Please see my response to questions above. I am awaiting further information on the timeline for the consultation process. The consultation will outline the options for change which have yet to be formalised.*

**14. Will you be attending any future meeting with MKCCG to represent Buckinghamshire Wellbeing, in light of the proposed changes within the MKCCG consultation?**

*Answer*

*I will be attending Bedfordshire JHOSC on 24<sup>th</sup> November which will be looking at the Healthcare Review. I am aware of Milton Keynes Health and Adult Social Care Scrutiny Committee on 1st December and will be inviting HASC members to attend to feedback. This is a dedicated meeting on the Healthcare Review to scrutinise the timetable. The outcome of both meetings along with the timetable will inform any future detailed involvement of HASC. MKCCG has also offered to present an update to HASC at the 2nd February meeting*

**15. For the public record could you list the options on how MK hospital A&E could change through any decision undertaken after the public consultation has finished?**

*Answer: Please see my response to question 1.*

