

Budget Scrutiny Task Groups Adult Social Care

Aide memoire of informal meeting of the Adult Social Care Budget Scrutiny Task Group

Thursday 15 September 2011 8.00 am to 9.40am in Room 103, Town Hall

Present: Cllr Luke Akehurst (Chair)
Cllr Emma Plouviez (Task Group Member)
Cllr Patrick Vernon (Task Group Member)

Other Members:

Cllr Robert Chapman (Chair, Governance & Resources)
Cllr Jonathan McShane (Cabinet Member for Health, Social
Care and Culture)

Officers:

Rob Blackstone (AD Adult Social Care)
Martin Calleja (Lead Programme and Project Manager)
Tracey Anderson (Overview and Scrutiny Officer)
Jarlath O'Connell (Overview and Scrutiny Officer)

1. The Members received a detailed briefing on the fast track Service Review process and the associated budget scrutiny task group process. The presentation gave an overview of cost, scope and value for money within Adult Social Care, cost pressures and savings opportunity and the emerging issues so far from the review process.
2. During the discussions Members sought clarification on a number of points in the presentations and in the ensuing discussion the following key points were noted:

Background

- (i) Noted that the Council needs to make £65m in savings over the next three years and that adult social care made up a third of the Council's controllable budget. Noted that there is limited scope for efficiencies as these have now been ongoing over the past three years. Increasing demand for services as a result of wider budget cuts will lead to significant cost pressures. Noted too that many other councils' were actually building in growth plans into adult their social care budgets. The challenges locally reflects national cost pressures in the care sector and increasing levels of need as people live longer. In addition LBH has relatively high levels of both mental health and learning disabilities need.
- (ii) Members asked if these proposals were being tested out with service users. It was noted that this was a level 1 analysis and the focus was initially on value for money but it would be expected that services

would of course have a high level of intelligence about their own service users.

- (iii) Noted that the new assessment process was very much focused on needs, unlike the old system that accommodated wants. Noted for Learning Disabilities of the 60 reviews only 6 had been reduced substantially from previous package.
- (iv) There was a discussion on the impact of the changing demographics in the borough on future adult social care provision and it was noted that 3 year and 10 year advance plans were in place. There could be key benefits in targeting re-enablement so that clients are kept out of expensive residential social care for as long as is possible. Noted the system was only 2 months into implementation so still monitoring benefits. Properly planned the Council would end up paying the highest cost therefore for a shorter period of time.

Operations and Costs

- (v) In terms of benchmarked costings noted that LBH's commissioning and procurement costs were lower than the 3% average and that costs for social care staff were also hitting the average and that cuts to senior management posts had been taken as far as they could in the PPP review.
- (vi) Members asked whether, because of inflationary pressures on the NHS, the council was absorbing higher costs. It was noted that the Commissioning Team was aware of this and generally successful in negotiating around it.
- (vii) Noted that joint funding of placements was the biggest bill for Adult Social Care and it was to be welcomed that Health partners were not avoiding their responsibilities or shunting costs in the direction of the council. Members suggested it would be beneficial for the Council to confirm that proportional split with health was not putting undue pressure on ASC budget.
- (viii) Noted that it was not unusual to not hit saving targets in this area (although 87% were achieved in 2011/11) as this was a complex area in terms of managing cost pressures and statutory requirements. It was suggested that a contingency on rationing should be carried out.
- (ix) There was a discussion on the impact of the cuts to the voluntary sector on service delivery by the Council as community groups and faith groups for example have a key role in preventative care. Noted that there maybe services which lost funding that we don't know about and which might have been providing low level care or support. This would come back as a cost pressure on the Council in the future. Noted for example that a national increase in homelessness of 17% will be likely to impact on social care budgets down the line.

- (x) Noted that a Red Amber Green PI system can put unhelpful pressures on officers when savings targets are unrealistically high. Noted that LBH has highly motivated managers but if every area was on 'Red' for protracted period there would be a perception that a service was under performing and this would impact on staff morale.
- (xi) Noted that while LBH was proactive in securing a 4 star excellent rating it, on the other hand, did not seek to introduce the maximum social care charges and it had also retained in-house services when other councils had usually outsourced these. Members want to take a deeper look at the added value of having an in house service model.
- (xii) Noted that a best value review of Provided Services would form Phase 2 of these service reviews. Also agreed that there need to be political leadership too on the subsequent way forward.
- (xiii) In relation to externalisation it was commented that you "can't make something work that is not working by contracting it out as it will merely keep on not working". Decisions would need to be made if the review revealed services could not continue to be provided as a sustainable viable option long term.
- (xiv) Noted that LB Camden's approach to budget cuts was one of slash and burn e.g. closing day care centres and the aim here was to avoid that.
- (xv) Agreed that LBH must understand the reasons why Provided Services cost more for Members to have an informed debate.
- (xvi) Suggested that this review should bear in mind the work done by the Treasury on Social Return on Investment and that decision cannot be made on a purely financial basis.

Telecare

- (xvii) Noted that take up of telecare packages was limited in some cases by clients lacking a telephone line or having pre pay electricity meters which made installing telecare unsafe. The issue for this group would be to explore whether Hackney's telecare had been used to its maximum potential. Noted some proactive work in this area through new builds of supported living, to allow the option of telecare to be available.

Personalisation

- (xviii) Noted that LBH is ahead of the curve on the Personalisation Agenda and it has strong preventative services in place.
- (xix) The Personalisation Programme was discussed and it was noted that the jury was still out on whether its transformation programme will

significantly impact how ASC is delivered and how service users access the service. It was acknowledged the pathways to care in LBH were well structured.

- (xx) Suggested that LBH could benefit from scenario planning on Personalisation e.g if 30% of clients went for it what would the impact be across the other services.
- (xxi) It was noted that there had been a phased TRASC programme with the Older People client group this was quite advanced. Roll out of the programme for Learning Disabilities underway and the programme for Mental Health would follow.
- (xxii) There was a discussion about increased use of personal budgets and how it was expected to change demand for provided services. Clients under Personalisation might seek to choose alternative options and there would be tension between the desire to give people control over their own care vs. the need of the Council to maintain services which they provided in-house. What would happen if most people, given their own budgets, decided not to spend it with LBH? Would there be empty spaces in day-care centres? Noted that a wider systems approach was needed together with scenario planning and of course in house services would have to become more flexible.
- (xxiii) Officers were asked to clarify where Hackney was in terms of the wider health and wellbeing market. Noted that you can set a budget on the basis of 'must dos' and that any stretch would then be a bonus. However if you just have fixed targets for more risky endeavours you run this risk of ending up being boxed in. Members thought it would be useful for LBH to consider the above point for future service modelling.

Integration

- (xxiv) There was a discussion on integration and what it might look like. Noted that a key area of focus here will have to be integration of health and social care services. There were two options in terms of dealing with health partners either to await the outcome of the move to GP Commissioning or to take the initiative and begin to speed up the integration process now.
- (xxv) Noted that progress could also be made on fully joining up case management. The Council and the Health Partners use different case management systems in both Learning Disabilities and Mental Health. Another area for reducing costs would be to join up the management in Provided Services.
- (xxvi) Noted that there is a level of choice on how far you go. Could LBH quickly reduce costs by using externalisation of services? Agreed that there is a need for hard data to inform such a decision and there needs to be a Member level debate on the benefits of such a change.

Housing

- (xxvii) This issue of dedicated housing for vulnerable clients was discussed. Ward councillors described how constituents were presenting at their surgeries with social care problems and housing was a key factor in these. These clients could remain for longer in their homes if the housing issues could be resolved. The example of 322 Queensbridge Rd was raised. This had been a dedicated block for the over 50s until its status was changed. That provided a degree of security, community and reassurance for the residents who had social care needs but this level of dedicated provision was no longer available.
- (xxviii) It was suggested that the social care assessments should have joined up the issues in the above case and that the three options of either – floating support, the cluster model or residential care – should have been more carefully applied. Agreed that too often clients remain in inappropriate housing and there was a need to strengthen the relationships with housing providers and provide some challenge here. Noted that City of London didn't put many people into residential care because of the quality of their social housing meant that these clients could remain in their homes for longer.
- (xxix) Noted that generally people with complex needs thrived in supported housing and a lettings policy which allowed for more dedicated blocks would be beneficial. Such a policy would also encourage those living in under-occupied houses or flats to move to more suitable accommodation. The barrier here was that these people knew their neighbours and had important networks but these could also be developed and encouraged in dedicated block similar to how 322 Queensbridge Rd had been in the past. Members want a housing needs policy that addresses both housing and social needs at the same time. The leverage which housing needs has in the management of social care for these clients has been maximised and greater transparency is needed on this.
- (xxx) Noted that there was a need to look at transaction cost between the different parts of the council. In the above example it was easier for Hackney Homes to do nothing and perhaps transfer the cost pressures elsewhere. Members suggested LBH should review if ASC was absorbing cost pressures from other areas. This needed to be addressed.

Next Steps

- (xxxi) Noted that the Adult Social Care's budget represented a third of the overall budget and it was imperative that progress be made here on issues such as personalisation and integration. It was commented that the Personalisation plan had first been discussed three years

ago and it should be delivering now, and not discussed in terms of coming on stream.

(xxxii) Officers acknowledged that the review process and input from Scrutiny Councillors would bring some fresh eyes to these problems.

(xxxiii) Noted also that the review should be careful not to come up with convoluted recommendations which are not grounded on present realities but at the same time there was an urgent need for prompt action here.

(xxxiv) Noted that while there is an agreement as to the urgency of this task there is a question mark over the speed and capacity of getting from A to B. Noted too that there was of course a risk of service rationing down the line if there was a failure to make progress on this.

3. **Actions**

a) Officers to provide Members with some costed options including the tough/radical options and choices of what might be possible to discontinue.

b) Officers to provide Members with a vision and outline plan for what full Integration of health and social care services might look like and the impact on the budget and timeline for benefits realisation.

c) Officers to provide Members with an overview of where LBH is in the health and wellbeing market locally and an assessment of how much further personalisation can be driven.

4. Agreed that the formal meeting of the Task Group would be held c. 2nd week in October.

Note: although not a formal meeting Cllr Chapman declared he was Trustee of TLC Care Services and Cllr Vernon declared he was a Trustee of Social Action for Health.