

## **ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE**

Meeting: 28 November 2017  
At: 6.00 pm

### **PRESENT**

Councillor Laura Booth (Chair) in the chair; Councillor John Wright (Vice-Chair);  
Councillors Geoff Abell, Roy Driver, Annette Finnie, Tom Grundy, Keith Holloway and  
John Taylor.

### **1 MINUTES**

The Minutes (copies of which had been circulated) of the meeting held on 24 October 2017 were approved as a correct record and signed by the Chair.

### **2 DECLARATIONS OF INTEREST**

Councillors and officers were invited to declare any interests they had in any of the items on the agenda for the meeting.

The following interest was declared:-

#### **Personal Interest**

<b><u>Councillor</u></b>	<b><u>Interest</u></b>
Laura Booth	Agenda item 6, 'Inclusive Growth and Reform Programme: Adult Social Care and Public Health budget proposals' as reference was made in the report to the Revenue & Benefits Service in which her daughter was employed.

### **3 CALL-IN**

There was no call-in to consider.

### **4 STOCKPORT SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016/17**

Gill Frame, Independent Chair of the Stockport Safeguarding Adult Board, accompanied by Nuala O'Rourke, Head of Safeguarding and Learning, attended the meeting to present the Board's Annual Report for 2016/17 (copies of which had been circulated) and to answer questions from the Scrutiny Committee.

It was commented that the 2016/17 had been a positive year and that the Board was in an increasingly strong position.

The following comments were made/ issues raised:-

- The use of the 'if Stockport was 100 people' graphic within the report was commended.

- It was important to utilise information from whistle-blowers and from other staff who were interacting with the public, even if they were not specifically employed in safeguarding. Ensuring as many people as possible were trained to identify risk and know how to report it would provide more 'eyes and ears'. In response, this point was acknowledged and the Board had given particular emphasis to its auditing arrangements to ensure partners were held to account, and it was hoped this would show benefits in the next reporting year.
- How was learning shared from serious case reviews and other review processes? In response it was stated that there were regular training/ learning events with practitioners, as well as new 7 minute briefs on the Board's website.
- Was adult safeguarding as resource hungry in the way children's safeguarding could be? In response it was stated that every social worker was likely to state that safeguarding adults was what they did every day but where there were issues of concern, such as around neglect, responding to these were by their nature it is resource hungry. Supporting partners and providers to improve was more effective.
- More details were requested about how the Board was addressing self-neglect, particularly because there were unlikely to be practitioners to report problems. In response it was stated that neglect this was a priority shared with the Children's Board. A strategy and guidance was being developed for practitioners to identify those at risk. This type of neglect was linked to capacity to make sound decisions.
- What links were being developed with the Fire Service who undertook home visits to vulnerable residents? In response it was acknowledged that the Fire Service were a valuable source and partner, but that the Board was currently without a representative due to the retirement of the previous member.
- An update was requested in respect of Deprivation of Liberty Safeguards. In response it was stated that there had been a significant challenge with the volume of applications, and this was increasing. The outcome of a Law Society reviews and further government guidance were awaited. It was stated that the Council would always follow the spirit of the law to ensure that priority was given to processing applications where there was dispute or concern.

RESOLVED – That the report be welcomed and Gill Frame and Nuala O'Rourke be thanked for their attendance and presentation.

## **5 SAFER STOCKPORT PARTNERSHIP PRIORITIES**

The Deputy Chief Executive submitted a report of the Deputy Chief Executive (copies of which had been circulated) seeking the views of the Scrutiny Committee on proposed priority areas for the Safer Stockport Partnership to focus on in a new Safer Stockport Partnership Plan.

The following comments were made/ issues raised:-

- What was the reason for Stockport having higher than average alcohol admissions? In response it was suggested that the cause was likely to be more accurate recording by the Foundation Trust, although the longstanding issues with alcohol misuse were monitored by the Council and health partners.
- Further information was sought on the significant increase in reports of Child Sexual Exploitation. In response it was stated that improved reporting resulting from greater awareness and about the manner in which data was recorded. It was clarified that the

classification did not always refer to large, organised exploitation or even actual abuse, but did include reports about young people at risk. The Stockport team responsible for delivering Operation Phoenix had been judged through a peer review process to be the best in Greater Manchester.

- Assurance was sought that developing problems were given particular priority to prevent escalation. In response, information as given about the work of the Aspire Team who provide support to other partners and intervention to help prevent harm, often for small cohorts but those at high risk.
- Ensuring those involved in providing services or in contact with vulnerable people had the appropriate skills to identify issues and concerns should mean that more soft intelligence or early warning signs could be identified. In response it was confirmed that this approach was being taken in training front line staff, although there was further work to do.

RESOLVED – That the report be noted.

## **6 INCLUSIVE GROWTH AND REFORM PROGRAMME: ADULT SOCIAL CARE AND PUBLIC HEALTH BUDGET PROPOSALS**

A joint report of the Cabinet Members for Adult Social Care and for Health was submitted (copies of which had been circulated) inviting the Scrutiny Committee to consider and comment on a series of detailed proposals and options for savings from within the Adult Social Care and Public Health services to address the challenging financial position faced by these services.

The Cabinet Members highlighted a number of key issues, including:-

- the disappointment of the Cabinet that the recent Autumn Budget Statement from the Chancellor of the Exchequer had not included additional resources to address funding shortfalls for adult social care;
- the Stockport Together Programme would assist in addressing some, though not all, of the budget pressures facing adults social care and public health;
- the Public Health Grant had been subject to a number of in-year reductions in previous financial years and while relatively modest sums in the overall context of the Council's finances they were significant as a proportion of the overall public health budget;
- these proposals needed to be seen in the context of the ongoing challenges to Council finances, with significant sums needing to be saved in the next and future years. The Cabinet had therefore stated that it was proposing both the full permitted increase in Council Tax and the Social Care levy;
- there remained a number of savings targets from previous years that had not been achieved and these would be addressed through these proposals;
- the Council's savings programmes needed also to be seen within the context of cost improvement and savings programmes of partner organisations.

The Director and Deputy Director of Public Health, the Director of Operational Social Care, a representative of the Borough Treasurer and other officers from the Adult Social Care Services attended the meeting to respond to questions from the Scrutiny Committee.

The Chair expressed the concerns, shared by many councillors, of the severity of the financial situation facing the Council.

The Director of Public Health stated that it was likely that the current proposals were likely to have a significant impact on the NHS as well as the Council and expressed disappointment that these savings could not be made through the wider health and social care economy. He expressed concern about the impact of these proposals, and reminded the Scrutiny Committee on the recommendations he had made in his last Annual Report in respect of Local Authority funding.

The Scrutiny Committee considered each of the proposals as set out in the report appendices in turn.

#### Adult Social Care Charging Policy

Clarification was provided that charges were levied for all services but these proposals related specifically to non-residential services. It was also stated that everyone was subject to a financial assessment to determine their ability to pay.

The options set out in the proposal were summarised.

The following comments were made/ issues raised:-

- Clarification was sought on the correspondence with the stated aims of the Stockport Programme. In response it was clarified that the Council would remain under a legal obligation to provide services to those in need of them.
- Assurance was sought that those who could not afford to pay would not be disadvantaged by these proposals. In response it was confirmed that the financial assessment would ensure those who could not afford to pay would be protected.
- Assurance was sought that any income generated from charging would only be used to fund adult social care. In response it was stated that the purpose of the proposals was not to raise income as such, but to protect front line social care services by reducing savings requirements.
- Concern was expressed that benchmarking charging against other local authorities may present a challenge if those local authorities were doing the same were they to raise their charges as a consequence. In response it was stated that the Cabinet believed it was right to have a maximum charge/ ceiling on charges, although there was scope to amend the implementation of that.
- Concern was expressed that those on Direct Payments may be forced into reducing their hours. In response it was stated that the Council had a responsibility to ensure those client's needs were being met, but that it was the case those in receipt of such payments may be paying more for their care.
- Clarification was sought on whether the increase in self-funding of non-council services would mean those services became unsustainable. In response it was stated that the current level of self-funding was causing the Council difficulties in its provision.
- Concern was expressed about the consultation process and clarification was sought on whether councillors were being asked to indicate a preferred option. In response it was stated that the consultation would run until 22 December, and included a postal questionnaire to 3000 people as well as focus groups with service users and stakeholders. It was further commented that it was not for the Scrutiny Committee to choose an option to pursue.

- It was suggested that an explanation or rationale for the proposed £400 threshold for complex care needs should be included in the report and future payment to aid in the understanding of the proposals.
- Given the relative prosperity of parts of the Borough it was right that those who can afford to pay more were expected to do so before those least able.

### Redesign of Lifestyle Services

The proposals were summarised for the Committee and emphasis was given to focussing on 'must do' priorities, including smoking cessation in priority areas and for pregnant women; public health training for health professionals; some weight management services. Assurance was given that the impact of these proposals on universal services would continue to be assessed.

The Director of Public Health reiterated his earlier comments and concerns about the potentially damaging effects of budget reductions on already modestly funded services.

The following comments were made/ issues raised:-

- Concerns were expressed that reducing the scope of the weight management programme then focus would be given to the Priority One areas, although there were a number of other areas where people were financially restricted and in need of help.
- Clarification was sought on what the financial implications of changing the contract would be. In response it was stated that discussions with the provider were ongoing and until they were concluded it was not possible to be certain of the implications.
- It was queried whether the focus of these services should be to help those in need, rather than those who have made/continue to make poor choices. In response it was stated that the Service based commissioning decisions on evidence of where interventions were most effective, such as with smoking cessation support. There were many people who choose to change their lifestyles for the better and were motivated to do so, and who never required support from services. It was therefore right to target those who were not able to make change without support. It was also commented that in developing these proposals, those services that were most essential have been identified for continued priority. It was further commented that the Stockport Together programme may support some of the areas being less priority by the Council.
- Concerns were expressed that given the emphasis placed on prevention that the reductions in these services were as severe as proposed.
- Because of the pressures on the system to keep people out of hospital there had been insufficient priority given to supporting prevention and wellbeing in general.
- Further information was sought on the use of e-cigarettes as a aid for those seeking to reduce or stop smoking tobacco. In response it was confirmed that health care professionals were now advising their use in these circumstances. Councillors welcomed any efforts to reduce tobacco usage and smoking in general.

### Stockport Local Assistance Scheme

The details of the proposal were summarised. It was highlighted that the aim was to align funding streams to provide a more efficient single 'front door' to the signposting of services.

The following comments were made/ issues raised:-

- Concerns were expressed that vulnerable residents would be expected to approach credit unions for emergency loans as these organisations were not suited for this type of need. In response it was clarified that the current arrangements for financial support would be maintained, and that the proposal did not include the use of credit unions for emergency loans but rather to signpost to their services for people with longer term/ non acute financial needs.
- Clarification was sought on whether the proposals amounted to a change in service or to efficiencies in the delivery of the service. It was confirmed that the same level of support would be provided in relation to adult social care, but in a less costly way.
- It was suggested that further thought should be given to the phraseology used in the reports/ business cases to make clear when services were likely to be reduced.

### Transforming Commissioning

The proposal was summarised for the Committee.

It was commented that achieving the £300,000 target, while not directly affect front line services, may impact provision in other ways and have unintended consequences.

### Housing Related Support

The proposal was summarised for the committee. It was commented that the aspiration was to make best use of capital resources to support people in the own homes while minimising the impact on individuals.

The following comments were made/ issues raised:

- Confirmation was sought on whether the telecare was included within the scope of the proposals, as there was increasing evidence that simple technical solutions could be more effective than physical adaptations. In response it was confirmed that this was the case although there were potential revenue implications that may need to be considered.
- Clarification was sought on references in the Risk section of the proposal relating to not meeting statutory requirements. In response assurance was given that this related to capitation and Disabled Facilities Grant rules on the use of resources rather than a risk of not meeting obligations to clients.
- Concern was expressed that the Council's savings requirements could not be met from capital budgets. In response it was clarified that the intention was to use the capital budget to fund purchases currently supported through revenue budgets, such as the bulk purchase of equipment and adaptations.
- It was stated that the capital budget position was included in the quarterly Portfolio Performance and Resources Reports but that there had been a recurrent underspend in recent years, prompting these proposals to seek to make best use of the resources to support residents.

### Contracts Review

The proposal was summarised for the Committee. It was emphasised that work was taking place with contractors to identify efficiencies within existing contracts, and only if these were not possible would changes to contract specifications be sought and consulted on.

The following comments were made/ issues raised:-

- Concern was expressed about the impact on domestic abuse services. In response it was stated that in so far as possible savings would be sought through efficiencies, but in the specific case of domestic abuse this contract was due for renewal and review in any case.
- It was suggested that some services, such as those supporting victims of domestic abuse, could benefit from being commissioned across a larger footprint through pooling of resources with other local authorities. In response this point was acknowledged, particularly in relation to training.

### Further Public Health Redesign

The proposal was summarised for the Committee. It was commented that the measures were unlikely to lead to savings in the next financial year but the expectation is that they would in the following year.

### Mental Health Review

The proposal was summarised for the Committee. It was commented that there was a recognitions from all partners of the historic under resourcing of mental health services and the commitments by the Clinical Commissioning Group and Greater Manchester Health and Social Care Partnership to increase investment.

It was also emphasised that the review scope was being refined to ensure it corresponded to the Stockport Together model and was complementary to the investment from other partners in mental health services.

The following comments were made/ issues raised:-

- There was little detail in this proposal as it was presented to the Scrutiny Committee, although this had been explained in the introduction of the report, but the detail should be provided when it was available.
- Further information was requested in relation to proposals to introduce a charging policy for these services. In response it was stated that as part of the wider review of the charging policy for adult social care services this was being considered in order to provide a more consistent and equitable approach to charging for services. In light of other proposals for charging for older peoples' services it was felt appropriate to bring mental health services for working age people into line with this approach.
- Caution was advised in introducing a charging policy for these services if the consequence was that people were reluctant to pay for them and as a consequence were readmitted to hospital or other more expensive interventions. In response this point was acknowledged and it was stated that this would form part of the scoping of the review.

Cabinet Members thanked the Scrutiny Committee for their comments and contributions. Tribute was also paid to officers for their hard work in supporting the development of these proposals.

The Chair thanked officers for their support and clarifications during the discussions.

RESOLVED – That the report be noted and the comments of the Scrutiny Committee be considered as part of the consultation process.

## **7 AGENDA PLANNING**

A representative of the Democratic Service Manager submitted a report (copies of which had been circulated) setting out planned agenda items for the Scrutiny Committee's next meeting and any relevant Forward Plan items.

RESOLVED – That the report be noted.

The meeting closed at 8.31 pm