

ADULT SOCIAL CARE & HEALTH SCRUTINY COMMITTEE

Meeting: 12 October 2023
At: 6.00 pm

PRESENT

Councillor David Sedgwick (Chair) in the chair; Councillor Gary Lawson (Vice-Chair); Councillors Geoff Abell, Angie Clark, Laura Clingan, Dallas Jones, Lisa Smart, Catherine Stuart and Karl Wardlaw.

1. MINUTES

The Minutes (copies of which had been circulated) of the meeting held on 7 September 2023 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

Councillor

Interest

Lisa Smart

Agenda Item 4 'Responding to our Medium Term Financial Plan' and Agenda Item 5 'Update on Stockport Integrated Health & Care' – as the Chair of the Valuing People Partnership Board which meet to discuss issues relating to learning disability services.

3. CALL-IN

There were no call-in items to consider.

4. RESPONDING TO OUR MEDIUM TERM FINANCIAL PLAN

The Cabinet Member for Health & Adult Social Care submitted a report (copies of which had been circulated) outlining the strategic approach in responding to the review of the medium-term financial plan. The report should be read in conjunction with the MTFP update report (both parts A and B) presented to Cabinet meeting on 19 September 2023.

The appendix to the report outlined the budget proposals being considered by the Cabinet to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/issues raised:-

- It was queried whether there was an explanation to the statement that Stockport had the third highest number of residential placements in Greater Manchester.
- In response, it was commented that one factor related to the higher proportion of older people than most boroughs within Greater Manchester and there was further work through the early intervention agenda to support people to be more independent at home.
- In response to a question regarding the anticipated impact of the removal of two support work posts within Adult Social Care Specialist Services, it was stated that the posts had been vacant for some time and felt that the removal of the posts would not have a significant impact on the delivery of services.
- Additional information was requested in relation to the proposal around managing the External Care Markets.
- In response, it was commented that following the fair cost of care exercise around market sustainability there was ongoing work to maintain the relationship with the external provider market by understanding the external pressures around staffing and higher costs of delivering care, and the savings would be achieved through the removal of the inefficiencies within the management of fees including by paying gross and removing the third party top up.
- Clarification was requested in relation to how the relevant savings would be achieved by paying gross as opposed to net.
- In response, it was stated that there was a duty to financially assess individuals alongside a national criteria and the previous practice was for the council and individual to pay their respective proportions directly to the care home, however best practice was to pay the upfront costs to the care home and for the council to retrieve the costs from the individual. It was noted that this resulted in a number of advantages for providers including a greater cashflow and stability and financial savings for the council through the removal of the debt recovery element of the provider costs and subsequent reduced fee uplift.
- It was queried whether the proposal would impact on the council's debt recovery costs.
- In response, it was stated that a programme of transformation work was underway to ensure that the workflows around debt management and recovery was appropriate which included staffing and system solutions.
- Members commented on the benefits of the Community Led Support Model and queried the support available to carers.
- In response, it was stated that Signpost for Carers provided carers groups, support and counselling and the commission from the council had been extended to enable the organisation to support more carers assessments and develop a Carers Partnership Board and Carers Strategy which would be brought to Committee for consideration.
- Information was requested in relation to Technology Enabled Care and how this would result in a financial saving.
- In response, it was commented that some parts of an individuals care could be managed in a different way and supported by the use of technology. It was noted that there was technology with the capability to oversee and monitor someone's health, welfare, falls and medication and trials around the use technology to complete welfare checks virtually were being piloted. However, it was appreciated that Technology

Enabled Care was not suitable or viable for a number of individuals and would only be used following an assessment.

- It was queried whether Adult Social Services could consider adopting shared back office functionality with other boroughs to deliver a financial saving.
- It was noted that council's had been managing cuts since 2010 and queried how further savings would be delivered and managed in the future.
- It was noted that the lack of future visibility with regard to funding models in social care impacted on the council's ability to develop plans for the longer term.
- Members welcomed the creative approach and proposals around the maximisation of the Government public health grant.
- A discussion took place in relation to demand management and how the council were able to predict demand in Adult Social Care.
- Members requested assurances that residents would not be disproportionately affected by the saving proposals and that individuals would continue to receive the care packages they required.
- In response, it was commented that the proposals would not be finalised until sufficient consultation with the affected groups had taken place and the service was confident that the final proposals would be fair. It was noted that the Care Act required the service to identify eligible need in accordance with a national criteria and there were no proposed changes in respect of this eligibility.
- Information was requested in relation to the current figures of a similar saving proposal from the previous financial year to understand the practical savings against the predicted savings.

RESOLVED – That the report be noted.

5. UPDATE ON STOCKPORT INTEGRATED HEALTH & CARE

The Director of Strategy and the Deputy Place Based Lead submitted a joint report (copies of which had been circulated) providing an update on the work of Stockport Health and Care System to deliver local as well as regional aspirations to improve outcomes in population health and healthcare; tackle inequalities in outcomes, experience and access; enhance productivity and value for money; and help the NHS to support broader social and economic development. This work was facilitated by legislation outlined in the Health and Care Act 2022.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/ issues raised:-

- Members commented that the report did not contain detail related to the changes and benefits for Stockport's residents which had resulted from the work of Stockport's Integrated Health system.
- In response it was stated that the shift to preventative care, along with the requirement to collaborate with NHS partners, had benefitted services users. The neighbourhood model was designed to connect communities, tackle isolation and ensure GPs and other health care agencies provided tailored services. Each Primary Care Network (PCN) had a population care plan to shift resource to where it was most needed.

- It was queried whether the predicted finance budget deficit was large in comparison to the overall budget and an update was requested on the integration of health and social care in budgets and in relation to budget accountability.
- In response it was stated that the operating model was in development and that further details would be reported to a future meeting of this Committee. It was stated that Stockport's Locality Board had excellent relationships with its partners along with a joined up leadership approach which boded well for future projects.
- The 'Thriving Places' aspect of the report was welcomed as it was important in helping to people remain well or improve their situation. Members made reference to some of the third sector mental health organisations within the borough including Men's Sheds and Woodbank Community Gardening and acknowledged the benefits of Stockport's green spaces.
- Members queried whether there had been an improvement in the areas of waiting times for neurodivergence assessments, timely discharge and capacity within mental health crisis teams.
- In response it was reported that there were between 80 and 100 people currently in Stepping Hill Hospital who were medically fit for discharge on a daily basis; adult social care had an ongoing programme to support those patients to get home as quickly as possible and to provide care. The target was to reduce that number to 60 people.
- It was confirmed that it remained the case that there were long waiting times for adults to undergo neurodivergent assessments. It was commented that autism does not have a cure and ongoing support is therefore required. Conversations were ongoing across Greater Manchester about the model for autism support.
- In terms of community mental health, Pennine Care had an integrated arrangement resulting in a multidisciplinary approach. It was planned that the new mental health partnership board would listen to feedback from those who had received mental health care in Stockport and offer them the opportunity to influence future care in an effort to make continuous improvements.
- It was queried whether there had been any improvements related to the integration of primary care services.
- In response it was stated that it was important to ensure that GP groups were on board and able to influence the direction of travel. The approach was to share best practice rather than adopt a top-down model. Each PCN had its own plan and was incentivised to adopt it through commissioning. The structure of the neighbourhood programme would support the different elements of primary care to work together.

RESOLVED – That the report be noted.

6. DEPRIVATION OF LIBERTY SAFEGUARDS UPDATE

The Director of Adult Services submitted a report (copies of which had been circulated) providing the Scrutiny Committee with an update in relation to the Deprivation of Liberty Safeguards (DOLS) action plan.

The Cabinet Member for Health & Adult Social Care (Councillor Keith Holloway) attended the meeting to respond to questions from the Scrutiny Committee.

The following comments were made/ issues raised:-

- Clarification was requested on the nature of assessments undertaken by Best Interest Assessors (BIAs) to assess deprivation of liberty and the outcomes of those assessments.
- In response it was stated that assessments were carried out face to face and a rigorous process was followed to determine what was in an individual's best interests which included speaking to care providers and relatives along with an examination of records. Following an assessment consideration was given to whether the individual could manage in a less restrictive environment or whether a deprivation of liberty safeguarding order was required at all. The council was legally required to ensure that individuals who lacked capacity were supported to live in an environment with the least restrictions possible.
- It appeared that the capacity for the number of assessments did not meet the demand. In response it was stated that the council was doing the best it could with the resources available to it to meet the demand for assessments. The council had invested in additional resources and it was anticipated that these measures would get to a more reasonable level within twelve months, with the caveat that some cases involved additional complexities such as a requirement to attend court and the number of additional cases with the coming year was unknown.
- Members commented on the lengthy of time taken to bring in these safeguards.
- Members asked how Stockport's waiting lists for assessments compared to other areas with similar growth in the age of the population.
- In response it was stated that, within the Greater Manchester area, Stockport had a comparatively high waiting list for assessments.. Stockport had a higher number of people living in care homes, along with other factors, which accounted for the higher waiting list.

RESOLVED – That the report be noted.

7. AGENDA PLANNING

A representative of the Assistant Director - Legal & Democratic Governance (Monitoring Officer) submitted a report (copies of which had been circulated) setting out the planned agenda items for the Scrutiny Committee's next meeting and any Forward Plan items.

The following comments were made/ issues raised:-

- A more detailed agenda planning report was requested.
- A report on the budget proposals for the future of the adult social care and health service, including details on how the service would be funded, was requested.

RESOLVED – That the report be noted.

The meeting closed at 7.26 pm