

## **DORSET COUNCIL - PEOPLE AND HEALTH SCRUTINY COMMITTEE**

### **MINUTES OF MEETING HELD ON FRIDAY 11 DECEMBER 2020**

**Present:** Cllrs Gill Taylor (Chairman), Molly Rennie (Vice-Chairman), Rod Adkins, Jean Dunseith, Barry Goringe, Robin Legg and Jon Orrell

**Also present:** Cllrs Shane Bartlett, Beryl Ezzard, Laura Miller (Portfolio Holder for Adult Social Care and Health), Maria Roe, David Tooke and Kate Wheller

**Officers present (for all or part of the meeting):**

Vivienne Broadhurst (Interim Executive Director - People Adults), Aidan Dunn (Executive Director - Corporate Development S151), Theresa Leavy (Executive Director of People - Children), Jim McManus (Corporate Director - Finance and Commercial), Tony Meadows (Head of Commissioning), Claire Shiels (Corporate Director - Commissioning, Quality & Partnerships), Gill Vickers (Interim Corporate Director - Adult Care Operations) and Helen Whitby (Senior Democratic Services Officer)

**27. Apology**

An apology for absence was received from Cllr Mary Penfold.

**28. Declarations of Interest**

No declarations of disclosable pecuniary interests were made at the meeting.

**29. Public Participation**

There were no statements or questions from Town and Parish Councils and members of the public.

**30. Budget Scrutiny**

The Committee considered a report by the Executive Director, Corporate Development which provided a summary of progress to date on the budget strategy and process in order to enable the Committee to review the budget assumptions and actions being proposed to deliver a balanced and sustainable budget for 2021/22.

The Chairman stated that the focus for the meeting would be on budget proposals for the Adult and Housing and Children's Services Directorates. Budget proposals concerning the Place and Corporate Resources Directorate would be considered at the Place and Resources Scrutiny Committee meeting which would follow this meeting.

The Interim Executive Director of People - Adults and Housing gave a short presentation on cost pressures for her directorate, the increase in demand for services as a result of the Covid-19 pandemic, information about transformational work being undertaken to provide the right services in the right place at the right time in order to support people to live at home and work with health partners on funding streams and work to grow community support across Dorset. The Portfolio Holder for Adult Social Care and Health added that the budget enabled people to transform their lives by maintaining their independence for longer and she gave examples of the costs of different types of care provided by the Directorate. The proposed budget was realistic but if additional funds were forthcoming these could be used to support future cost pressures.

The following comments and responses were made:

Question/Issue raised	Response
<b>Adult Social Care and Housing Directorate</b>	
Whether the funding was split right?	
The budget involved a lot of risk and concern about the support needed by the over 85s	<p>There was a lot of risk in the budget but officers were confident that the approach was right. The Council needed to be better able to support people earlier and help them understand how they could support themselves and signpost them to support. The over 80s population was significantly higher than the national average. The Council needed to do more to ensure people's health and wellbeing through the earlier stages of their lives so that they could get the right interventions at the right time within their communities. This would mean the Council would be better able to support them when they needed more complex care later in their lives.</p> <p>The Council were working with providers and health to provide the right support in the right place at the right time.</p>
The closure of care homes	<p>Nationally there were not a significant number of care home closures. Some did need to be closed as they were not necessarily in the right place to provide the</p>

	<p>support needed by their communities.</p> <p>There were too many beds currently. Some care homes were closing by choice rather than for financial reasons, some due to Covid-19 and some were not providing the right level of care for residents. People were now choosing not to enter care homes until later in their lives when their needs were more complex. This provided an opportunity to look at the situation strategically in order to get the right care homes, in the right places to provide the right care for their communities.</p>
<p>The basis for assumptions behind the significant saving of £3.7m in Appendix 1 and whether there was a trade off of less residential and nursing care needed and increased numbers of care packages</p>	<p>With regard to the savings, there was a need to provide care differently and to provide it in the right place at the right time. Further information about the bottom line could be provided to provide assurance.</p> <p>There was a place for residential and nursing care when it was needed, but there was a history of placing people in care homes before this was needed and thus reducing their independence. The Home First Programme would ensure people received interim care, reablement or rehabilitation and were able to return home and maximise their independence. By remaining at home with support they would have better outcomes.</p> <p>There was an element of trade off. Increasing numbers of people would need care in their own homes so the need for home care would increase. The Council wanted to work with providers so that the right care was provided in order to reable or rehabilitate people and increase their independence so that they could remain living at home.</p> <p>Investment was important so that</p>

	<p>intervention could be earlier and action taken before a crisis occurred and more expensive intervention was needed. Officers needed to work proactively in order to focus resources where they were needed earlier.</p> <p>Residents were being encouraged to take up direct payments to employ local support.</p>
<p>Financial support received from elsewhere: could the money released by people leaving hospital sooner be added to adult social care budget?</p>	<p>The Council was not solely responsible it was about the broader system helping people to return home earlier. The Home First Programme was being developed with partners to get the right system and right funding in place to maximise support for residents and to share any risk and address financial inequalities.</p> <p>Conversations with health partners had been ongoing before and during the pandemic about the fair price for care, to ensure organisations were acting legally in providing an adult social care response, and that the authority were not paying for clinical interventions. A fair balance of health and social care funding was needed and discussions with the Dorset Clinical Commissioning Group were underway regarding joint health budgets, continuing healthcare and a fair share approach for those coming out of mental health, long stay hospitals and for those with significant complex needs. This was important because the authority charged for adult social care whereas care providing by the NHS was free at the point of access so it was right to ensure people were getting the right care from the right providers. The current arrangements needed to be reviewed.</p>
<p>A lot of care was provided by volunteers, community groups,</p>	<p>During the Covid pandemic communities had become involved</p>

<p>friends and relatives. What support was available to them?</p>	<p>and supported people within their communities. There had also been an increase in the number of informal carers approaching the Council following lockdown at a point of crisis and needing intensive support. So working with communities to enable them to provide support at an early stage and increase resilience was important to ensure they were enabled to provide support at an early stage as was working with people to establish what they needed. The Council also needed to be able to respond when individuals needed help by having the budget to provide this in the right way so that carer could continue caring and by putting them in touch with other carers. Currently the majority of spend was in providing packages of care when there needed to be a shift towards earlier intervention and prevention to free up the budget to move support to those who needed it and to do this in the best way possible.</p> <p>As data improved it would enable the Council to support groups and communities in a different way than in the past. Developing partnerships was not always about funding but delivery in a different way.</p>
<p>It was important for people coming out of hospital to have wrap around care available and that this should be consistent across Dorset.</p>	<p>The Home First approach was about getting the right wrap around support for people who have had an acute episode so that they can manage at home with support. Work with the integrated care system and primary care was under way to ensure the right health and care support was available in the community to support people to live at home. This was a new approach in Dorset but the pandemic had accelerated this work. The challenge was how money could be moved from the acute to primary care and</p>

	community health to support this. This was being explored.
Digital help should be used more. It would be an investment to save in the longer term.	All the transformation programmes were focused on putting small interventions in homes, care homes or supported living to enable people to manage without intervention of a carer or support. There were many different digital devices available which could ensure health and care needs could be managed. The need for these had been accelerated during the pandemic. They also enabled people's independence. People needed to be able to access information in order for them to be able to arrange and manage their own care.
The Council had to do the best it could within the resources available.	
The recent changes to integrated care by health and social services was revolutionary.	
There was a recognition that previously people had moved into care homes at an earlier stage whereas now they only moved into them at the last minute when their care needs were greater.	
Cuts might mean residents were not as well looked after.	
The Council should be lobbying for a better national settlement and a better settlement for adult social care.	The settlement for adult social care was a significant issue. There was in excess of 400 vacant residential and nursing care beds currently, there had been fewer people wanting access to care homes, there was the added cost pressure of self-funders who were unknown to the Council until their funds were below the threshold for support, the Council had a duty to ensure residential or nursing placements were available if one was needed and that in some cases home care might be equivalent to the cost of a residential placement.

	Transformation was needed regardless of budget pressures because it was the right thing to do. The budget was volatile and there were risks attached but outcomes for residents needed to improve.
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The Chairman referred to the Committee's Forward Plan which already included items on the Home First Programme and the Integrated Care System at meetings in January and April 2021 which were items with associated risks.

The Executive Director of People - Children then gave a short presentation which set out cost pressures, concerns and implications of the Covid-19 pandemic, the Directorate's three priority areas - quality of practice, strengthening of staffing and management oversight and sufficiency of placements. Good outcomes for children and young people could be delivered by the balanced budget. Further information about the impact of the pandemic was needed but action was being taken to reduce placement costs, to invest in early help to reduce costs in the longer term, the numbers of children coming into care were stabilising, the significant savings programme would reduce the overspend, the children centre model was to be updated to fit along side the family hub model and some buildings currently being used might be surplus to requirement.

The following comments and responses were made.

Question/Issue raised	Response
<b>Children's Services Directorate</b>	
It was difficult to predict the numbers of children coming into care and the costs of placements. Would more funding be requested at a later date?	<p>Children should not come into care unknown to the Council although there were some occasions when this did happen. There had been some recent success in finding placements for 3 or 4 siblings together and there were families wanting to adopt four or more children from the same family. More of this was needed.</p> <p>Currently there were a lot of older children who had been with the Council for a long time. Their plans were being reviewed sensitively and where they were living a long way from home, the Council was looking to bring them home within the next 2-3 years.</p>

<p>The importance of early years and early intervention which would save money in the longer term. Was the review supporting qualifications and training for early years? Whilst it was acknowledged that savings needed to be made, was there an innovative way of making sure this qualification support continued?</p>	<p>This was one of the savings targets under review. A small amount of top up was paid but this needed to be fair and transparent. The review had just been signed off. Early years work was essential, for SEND children too, many of the families were under financial pressure and any support should be provided fairly and transparently. This point will be taken into consideration.</p>
<p>Information, advice and guidance. Teenagers would need support now more than ever because of higher unemployment, increased mental health issues and low self-esteem. How would the review impact on those young people not in education, employment and training (NEETs)?</p>	<p>Efforts were currently focused on what the Council were required to do and there was a need to use investment in a different way. Changes to information for carers had been delivered. But the focus would be on prevention of those who might become NEETs and more at risk. Current numbers of NEETs could be provided outside of the meeting. There had been a slight increase as a result of the pandemic. There would be a focus on post 16 apprenticeships and routes for them.</p>
<p>Hidden NEETs should not be forgotten</p>	

The Chairman thanked officers for all their work in preparing the proposed budget for 2021/22.

In summing up she said she had noted issues raised and questions asked, had been heartened to hear about the prevention agenda for both adults and children's services and for homelessness, the importance of early learning, and work to prevent people going into hospital. There was still a significant amount of risk in the budget, given the continuing pandemic and with Brexit looming.

The Chairman would list the issues and questions raised, send them to members of the Committee and other members present to ensure all points were captured before these being included in the budget strategy report to be considered by the Cabinet on 19 January 2021.

## Decisions

- (i) That the updated assumptions and cost pressures set out in this paper and the validation work that has been carried out on them to calculate the total budget gap be noted;



- (ii) That the latest financial estimates of transformation, tactical savings and other measures taken to close the budget gap be noted; and
- (iii) That the headlines from the recent spending review and the impact this will/could have on Dorset Council be noted.
- (iv) That the Chairman draw together the key considerations for Cabinet and email these to members prior to them being submitted for inclusion in the Cabinet budget report for the meeting on 19 January 2021.

**Recommendation**

That the issues and questions raised at the Committee meeting be included in the budget strategy report to be considered by the Cabinet on 19 January 2021.

**Reason for Recommendation**

Councils are required to set a balanced budget. Essentially this means that expenditure is balanced by income without unsustainable use of one-off, or short-term sources of finance.

This paper is coming to the People & Health Scrutiny Committee and to the Place and Resources Scrutiny Committee to ensure there is effective consideration of the budget proposals before proceeding to produce the final budget paper for recommendation to Cabinet on 19 January.

**31. Exempt Business**

There was no exempt business.

**Duration of meeting:** 10.00 - 11.35 am

**Chairman**

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