

Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Tuesday 30 January 2018

PRESENT

Committee members: Councillors Rory Vaughan (Chair), Joe Carlebach, David Morton and Mercy Umeh

Co-opted members: Victoria Brignell (Action on Disability), Jim Grealy (Save Our Hospitals) and Bryan Naylor (Age UK)

Other Councillors: Ben Coleman, Cabinet Member for Health and Adult Social Care.

Officers: Olivia Clymer, Chief Executive, Healthwatch; Kim Dero, Chief Executive, LBHF; Prakash Daryanani, Head of Finance, ASC; Gaynor Driscoll, Head of Public Health Commissioning; Emily Hill, Head of Corporate Finance; Hitesh Jolapara, Strategic Director of Finance; David McNulty, Programme Manager, HCH Finance and Resources; Eva Psychrani, Engagement Lead, LBHF, Healthwatch; Lisa Redfern, Director of Adult Social Care; and Richard Simpson, Public Health Finance Manager; Peter Smith, Head of Policy & Strategy, Dr Tim Spicer, Chair, H&F CCG

169. MINUTES OF THE PREVIOUS MEETING

The minutes of the previous meeting were agreed as an accurate record, subject to an amendment for inclusion of the following text, under minute 165. Developing further collaborative working across NW London CCGs:

“Councillor Coleman was worried that a majority vote of members of the Joint Committee could impose decisions on CCGs who disagreed. He was particularly concerned about this with regard to acute services. Vanessa Andreae said they preferred a consensual approach to decision making”.

170. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Andrew Brown and Co-optee Debbie Domb.

171. DECLARATION OF INTEREST

None.

172. APPOINTMENT OF CO-OPTEE

Councillor Vaughan welcomed Victoria Brignell to the meeting. With an active interest in the issues affecting disabled people, Ms Brignell had been a member of the Disabled Peoples Commission and helped produce their report on co-producing local services; and was Chair of the charity, Action on Disability.

RESOLVED

That Victoria Brignell be appointed as a co-optee to the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee for the remainder of the municipal year 2017/18.

173. FUNDING OF GP PRACTICES IN HAMMERSMITH & FULHAM

Dr David Wingfield briefly outlined concerns set out in a letter from the GP Federation to the CCG, and their subsequent response (included as Appendices 1 and 2, respectively). The GP Federation had worked closely with the CCG. Dr Wingfield explained that in addition to leading three practices in the Borough, he had also been a resident for 25 years. The practices were an intricate business, with a cash limited budget funding nursing and GP services which could not be over-extended. Local funding had historically been low and a "catch up" programme of investment was in place to address this. Dr Wingfield queried with the CCG the slow pace of delivering investment. The GP Federation had worked with the CCG to develop the Primary Care Strategy (published September 2017) but felt that there had been lost opportunities.

Janet Cree referenced the CCG letter of response from Clare Parker, Accountable Officer, NWL CCG, and affirmed that the CCG continued to work closely with the GP Federation. This had been a challenging year and the first year in which the CCG had received primary care delegated funding. They had worked hard to discharge their responsibilities as efficiently as possible. Considerable progress made and approximately £1.134 million had been spent. Collectively, she felt that good progress had been made. £600,000 was committed to ensure sustainable primary care, as set out in the Primary Care Strategy, and continued to be a priority. It was a challenge to

ensure that accountability remained and that money was being invested for the benefit of the intended recipients.

Councillor Carlebach sought clarification about the distinction between the role of the CCG and that of GPs, with the CCG as commissioners. Janet Cree explained that the CCG comprised of member GP practices, with a governing body having oversight of commissioning. GPs were also providers, delivering primary care services to patients and the GP Federation covered the provider aspect, with the CCG having delegated powers to delivery primary care.

Councillor David Morton sought clarification regarding the headroom fund 2017/18 and whether it need to be spent this financial year and what the financial risks were if it could not be carried over. Janet Cree responded that there was a plan to spend the money within the financial year.

In response to a question from Bryan Naylor, it was explained that £1.34 million of the budget had been allocated. While he appreciated the complexities, Bryan Naylor observed that nine months into the financial year, very little of the money had been received. Janet Cree explained that the CCG were currently awaiting invoices from GP practices. £605,000 had been allocated but the CCG awaited the receipt of invoices, before funds could be released. To date, £190,000 had been paid, the precise detail of which she did not have but could be provided. Janet Cree disagreed that funding had not been allocated or spent, and clarified that the areas highlighted in Dr Wingfield's letter had been agreed as the focus of the investment.

Acknowledging Dr Wingfield's comment that home care and complex care were not separate from the proposals, Bryan Naylor sought further clarification as to why the funding had been delayed for 9 months. Vanessa Andreae explained that headroom money must be seen in context with primary care strategy and that the CCG had been waiting for this to be allocated and flow. She continued, recognising the frustration this caused, but stated that it took time to get practices to work together. The CCG could not impose practices on GPs, they must work together.

Jim Grealy welcomed the discussion initiated by the GP Federation and Dr Wingfield on the provision of primary healthcare to residents in the borough. He appreciated that there was a flow of money but pointed out that key decisions were not being made in the Borough, but elsewhere. Citing the example of Ealing, which had rolled out funding and with the on-going winter crisis, he did not feel confident. He suggested that the GP Federation draw up a list of what they wanted to achieve in the Borough.

Dr Tim Spicer, Chair, H&F CCG, conveyed how the CCG had worked hard with the GP network to deliver a joint primary care strategy. They had achieved something that very few other CCGs had done, developing a strong and mature network. Vanessa Andreae added that primary care commissioning would remaining localised, with any conflicts managed through a local conflict resolution committee.

Jim Grealy reiterated his earlier view and observed that he found it impossible to explain to members of the public why money had been allocated so late in the year. The winter crisis was an anticipated annual occurrence that could have been planned for utilising this funding.

Victoria Brignell concurred with this prevailing concern and asked, with two months to the end of the financial year, how easy would it be to spend in the intervening period. She asked how funding would be invested in staff and how this recruitment would be managed. Janet Cree confirmed that money was being invested in both primary care and in staff, with £600,000 committed in 2017/18, which would continue into 2018/19.

Dr Wingfield emphasised that the formation of GP networks was a model that had gradually been built up in the last 7 years. The pace of development this year had increased notably. However, the pace of collaboration and of investment had not aligned. Responding to an earlier reference to staffing, he explained that to recruit short-term staff to release other staff for long term projects was not an ideal approach, advocating a preference for permanent staff.

Councillor Coleman considered the allocation of £1.35 million, noting that approval was being sought for approximately £588,000 and sought clarification as to whether the budget for 2017/18 would be rolled forward into 2018/19. Vanessa Andrae confirmed that there was a shortfall of £170,000 for the current financial year, but reported that there would be further allocations at a future committee meeting. The pace of work had been rapid but everything would be put in place by October 2018. Councillor Coleman asked how long it would be before the £1.3 million would be spent. Janet Cree reiterated that the allocated funding was public money, requiring appropriate governance and approval mechanisms. There was an expectation that invoices would be provided by GPs in the coming months.

Dr Wingfield, in response to a follow up query from Cllr Coleman, contended that it was difficult to estimate the possible time it required to “spend” the allocation. This was late in the day, given the combined concerns of recruitment, delivering care, and measured outcomes. Dr Wingfield added that he thought it unlikely that the money could be spent and that they would be doing well to have spent half of this by March 2018, with the added caveat that some of the work needed was to lay foundations for new ways of working. Some of this work would not see outcomes by March and part of the discussion with the CCG was to identify what those outcomes were.

In response, Janet Cree explained that there was an assessment process to evaluate bids, which was partly the reason expenditure had been part of the budget setting process, accepting that some submitted bids were not achievable. Recognising the inherent challenges, she felt confident that the £1.35 million could be spent. A primary care commissioning committee was due to meet on 13th February, and she acknowledged that there remained some governance procedures to conclude.

Discussing the possibility of a further meeting to review if the money had been spent, Councillor Morton suggested that it would have been helpful to have had this considered by the Health and Wellbeing Board (HWB). Councillor Coleman confirmed that this issue had arisen after the last meeting of the Board (November 2017). Janet Cree provided further context and clarified that the issue was about delivery of the primary care strategy and that the subject had been fully discussed at HWB. In a wider context, this was also a North-West London governance issue. Decision making about primary care was local but there was a broader, budgetary process to consider. Primary care was not sufficiently robust to meet Sustainability and Transformation Plan (STP) needs and required further modelling and a wider strategic discussion.

Merrill Hammer (Save Our Hospitals campaign) asked what the alternative would be if the entire spend was not utilised and whether the CCG would have to account for monies not spent. Janet Cree explained that overall, they were currently forecasting to be on budget, with support from other CCGs and that they were not in an underspend position.

Councillor Vaughan speculated that some invoices for work already commissioned up to £1.35 million had been issued and expected that this would meet targets out of the headroom fund. Janet Cree explained that they were working on the implementation of the CCG programme of investment in general practice, meeting regularly with GPs. The actual mechanism was working and the question of headroom would occur next year, with the process commencing earlier.

Councillor Coleman asked whether funding could be invested in the Community Independence Service (CIS). Janet Cree replied that the CCG was already investing in primary care and although she could not commit primary care money to the CIS, the CCG would be happy to work with the Council on this. Lisa Redfern, Director ASC added that they were already working with the CCG on homecare, providing services for the vulnerable and elderly. ASC was well placed to assist and she confirmed that they would be happy to continue to work with the CCG.

Kim Dero, Chief Executive, LBHF, sought clarification about the submission of invoices and asked whether activity had already commenced and if there was an expectation that GPs will be delivering this in the next 6 weeks or if it would continue into the coming financial year. Janet Cree confirmed that it would be a combination of the two. Responding to a follow up question regarding the percentage of the funding pot that had been allocated and how much was going to be spent, Janet Cree confirmed that these figures could be provided. Vanessa Andreae added that some of this was about setting up processes for next year, so work was in train for 2018/19, and, about practices organising themselves to deliver in the next financial year.

In summarising the key points of the discussion, Councillor Vaughan observed that there were inherent difficulties in allocating funds, noting that both the CCG and the GP Federation had worked diligently to resolve this, recognising the additional concerns and pressures about the process and

time taken to reach this point. It was agreed that this would be brought back for further discussion at a future meeting.

RESOLVED

That the report be noted and the issue be reviewed at a future meeting.

174. A REPORT ON H&F COUNCIL'S EMERGENCY RESPONSE TO MAJOR INCIDENTS IN JUNE AND SEPTEMBER 2017

The Chair welcomed Peter Smith, Head of Policy, who presented a report, together with Kim Dero, Chief Executive and David McNulty, Programme Manager, HCH Finance and Resources. The report covered the Council's response to two recent major incidents affecting residents and visitors to this and the neighbouring borough of RBKC. The Grenfell Tower fire had resulted in a tragic loss of life and the report acknowledged that there may be criminal charges and on-going enquiries. The report also examined a second incident which took place at Parsons Green Tube Station. The report looked solely at the response of the Council as an organisation and had been previously discussed at Audit Committee and Policy and Accountability Committee scrutiny meetings. The report identified what was done well, and made recommendations for further actions.

Councillor Joe Carlebach welcomed the report but commented that with regards to the Parsons Green incident, he was aware of children travelling through the area and little assistance being made available to those children. One child was particularly traumatised. Councillor Carlebach suggested that where there were reports of people traumatised from serious experiences, the Council should consider what support could be immediately implemented in the aftermath.

Councillor Carlebach also reported that The Real Community Grenfell charity, which worked with survivors living in the Borough, had experienced great difficulties in finding accommodation within the Borough. He asked if officers could offer any assistance in exploring options for a more permanent location for the group.

Kim Dero explained that she had worked with Nick Austin, Bi-Borough Director for Environmental Health, and David McNulty, in the preparation of the report. Referencing earlier comments about which committees had considered the report, it was confirmed that at the Children and Education Policy Accountability Committee, three local head teachers had attended and recounted the incident and resulting trauma. This was new for all those involved but agreement was reached to work with schools, in future. Council officers and social workers had liaised well with affected schools, particularly Lady Margaret School, located closest to the Station.

Responding to Councillor Carlebach's second point, Kim Dero reported that 27 families were resident in hotels, located in LBHF, awaiting accommodation offers from RBKC. She continued, that the Council had wanted to make

space available but had been unable to successfully manage a more permanent base for The Real Community charity.

Councillor Mercy Umeh highlighted the work of people based on the Edward Woods estate and the allocation of charitable goods and money raised for survivors. Kim Dero acknowledged that Hammersmith Town Hall had been inundated from day one, when 10-11,000 items were received. The Council had never managed donations before and people had spontaneously brought and donated items. A hackathon was organised, bringing together community organisations, involving 140 people, to discuss community strength and resilience. To illustrate, a lot of fresh food had been donated, much of which was wasted because many were fasting at the time of the incident. Given the size and nature of the response, the people, community, and businesses involved, the Council had played a small part in responding to what followed.

Councillor David Morton observed that assistance had been provided to one of the wealthiest Boroughs in the country (RBKC). He asked if there had been any calculations or assessment as to the cost of the safety checks undertaken following Grenfell; and whether any costs could be reimbursed, referring to Bellwin. Dealing with the cost of safety question first, Kim Dero explained that there were two aspects to this. There had been numerous calls from residents on the Edward Woods Estate, who were subsequently reassured. The second aspect was to conduct fire safety checks, a primary consideration, as set out in the report. David McNulty explained that £20 million in funding had been set aside to ensure safety checks, with 71 blocks in total assessed. Information was made available on the Council website from August 2017 which included housing management fire safety checks. A proactive approach was adopted for a capital works programme, to ensure that fire hazards were identified and the requisite fire checks conducted. Fire Safety Plus was an offer to visit people's homes to look at arrangements in the home, check electrical goods and smoke alarms. This reflected an on-going commitment to work with residents.

Councillor Morton commented that the Borough (RBKC) had a small amount of council tenants. There were also many private tenants who would bear the brunt of costs to install safety measures. He was concerned that there was a hidden cost that was being passed on to residents. David McNulty agreed, noting that standards across the board would change. It was anticipated that the enquiry would establish the final cost and that the Bellwin scheme might require an application to central government.

Emily Hill, Head of Corporate Finance, clarified that the aim of the Bellwin scheme was to aid. RBKC could claim for additional costs under strict rules. This precluded existing staff, but covered overtime. It also applied to LBHF, however, claims could only be submitted within a two-week period following an incident. A mutual aid agreement with London boroughs was in place but it was difficult to quantify actual costs which will need high level analysis. Given the tri and bi-borough shared service arrangements it was difficult to establish which "hat" they were wearing, placing limitations as to what could be claimed.

Co-optee Victoria Brignell expressed disappointment as to the lack of explicit reference to people with disabilities, for example, any wheelchair users evacuated in the emergency. She suggested that the Council explore what resources and facilities such as lifts, hoists and additional equipment might be needed. It was recommended that the Council speak to local people with disabilities. An app had been produced to see what resources were available to help disabled people, in an emergency. David McNulty agreed that they would make the report more specific. They also planned to identify vulnerable people from existing Council records and were currently reviewing emergency and continuity plans, which would benefit from a co-production approach. Councillor Coleman endorsed Victoria Brignell's suggestion and emphasised the importance of co-producing this work.

Given the difficulty for elderly and vulnerable people to get to street level without lift or escalator access at Parsons Green station, Jim Grealy suggested that the Council approached Transport for London, and strongly advocate the need for more suitable access to station platforms. David McNulty welcomed the suggestion but explained that in an evacuation, lifts and escalators would not be operational.

Councillor Coleman welcomed the report and expressed hope that the Grenfell enquiry would seek evidence from the Council. The report clearly portrayed the challenges for the Council, with considerable pressure resulting from shared service issues and costs. He commended the remarkable response of Council officers and the wider community.

Referencing section 3.3 of the report, Cllr Coleman highlighted the Leader of the Council's statement that any survivor would be regarded as a resident of the Borough in terms of immediate support. Council officers had visited hotels across the Borough, finding displaced people, offering support and assistance, such as food vouchers. Officers had taken the initiative to arrange vouchers with local restaurants so families could have varied food. Cllr Coleman said that hoteliers had not been equipped to deal with traumatised people, about which he had received daily reports.

Councillor Coleman said that the £20 million which LBHF had allocated would cover the cost of fitting of fire doors both for tenants and for leaseholders. He was delighted that the money was being invested in ensuring the safety of residents and welcomed the report's recommendations of having a clear policy for supporting Disabled people.

Cllr Coleman said he was very impressed by the way in which the Council and local community had responded during a difficult time. He commended officers, who had done an extraordinary job under challenging circumstances, and expressed his personal thanks to officers and residents.

Councillor Vaughan welcomed the report, and echoed Councillor Coleman's thanks to officers and residents. The importance of this detailed report was to learn lessons, so that the Council was well equipped to respond. Referring to an earlier point regarding the evacuation of Disabled people, he hoped and

anticipated that this could be addressed, particularly in light of the recent Disabled People's Commission's work on co-production.

RESOLVED

1. That the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee endorse the recommendations of the report; and
2. That the Committee note the report.

175. HEALTHWATCH UPDATE

Councillor Vaughan welcomed Olivia Clymer, Chief Executive, and Eva Pyschrani, Engagement Lead, from Healthwatch. Olivia Clymer explained that the report set out the research undertaken to evaluate patient and community views about the future of Charing Cross Hospital, because of the lack of clarity about what the future held for a valued and cherished organisation. The methodology of the survey framed questions submitted to NWL CCGs and was then asked of local people. Two pieces of outreach work were undertaken to understand the experience of people using Charing Cross.

The report considered patient involvement, experience, treatment, communication, travel time and patient perceptions of what a local hospital was. The methodology meant that the questions went to the CCG, then out in the field, and to the hospital, to capture responses of the public.

There was overwhelmingly positive appreciation of the hospital. Patients said that they wanted to be involved in shaping the future of the hospital. In its conclusion, the report emphasised that the Charing Cross was an important part of the community for local people.

Councillor Morton said that he felt reassured by the report and that services would be safe until 2021. However, given that borough was estimated to increase by 15,000 people, he sought stronger assurances to address future provision. Olivia Clymer concurred but explained that it was not within the gift of Healthwatch to do so. They could help scrutinise how decisions about health services were being made and hold NHS decision makers to account. They were currently awaiting a response from the NWL collaborative.

Janet Cree said that this was an excellent report and suggested that it be included on the Imperial College Healthcare NHS Trust (Imperial) board meeting agenda. It was important to hear residents' concerns and how much they value the hospital, and the CCG offered to assist with facilitating this.

Bryan Naylor commended the report but queried the small sample size of the survey, expressing concern that it would be too easy to dismiss because of the small number of respondents. He suggested that it would benefit from further work, which would lend it more weight. Victoria Brignell added that given how the NHS was stretched, why even contemplate closing Charing Cross, forcing people to travel further for treatment?

Olivia Clymer welcomed the positive comments provided. This was a robust piece of work, with a simple, clear message. She indicated that she would like to see how recommendations could be taken forward.

Jim Grealy thanked Healthwatch for a thorough piece of work, which represented what long-term patients and residents already recognised and highlighted concerns about losing Charing Cross, which would not diminish. He said that the hospital was not replaceable and it would be helpful to see an accurate report on the demographic developments in this part of London, referencing the needs of an ageing population, which must be considered. He said there had been no new thinking since Shaping a Healthier Future (SaHF) and the STP. Evidence regarding travel for vulnerable people to get treatment had not been provided and there was a need for specific answers and evidence, as to when Charing Cross was to close.

Bryan Naylor, using the winter crisis as a reference, suggested the inclusion of a further recommendation that would allow earlier engagement when major decisions were being considered at a formative stage, so for the STP, this was now. Two-way dialogue was needed, where the views of local people informed future plans.

Eva Pyschrani suggested that it might be feasible for Imperial to prepare a demographic report at the request of the Committee.

In terms of recommendations, Olivia Clymer highlighted the need for a clear and robust communication and engagement strategy. The views of the CCG as to the definition of “consultation” was different from what residents understood.

The second recommendation was that the key NHS decision-making bodies should provide clear information in respect of decisions regarding the future of Charing Cross. 2021 was only three years away and she suggested that a decision should be reached or the plans rescinded to allow greater clarity. In concluding, Olivia Clymer invited the Committee to hold the CCG to account, and encouraged the CCG to work collectively in a framework of engagement.

In response to a request from Councillor Coleman, Janet Cree confirmed that she would facilitate the report’s inclusion on the agenda of the next Imperial board meeting and the next NWL Collaborative CCG shadow joint committee. It was explained that the latter would hold its first meeting on 1st February. Councillor Coleman commented that the joint committee would have delegated powers to close the Charing Cross. Dr Tim Spicer responded that there had never been a suggestion that Charing Cross would be closed.

Councillor Coleman observed that it was appropriate that Imperial board members considered the report, so that residents’ views could be heard. The NHS was too undemocratic, unresponsive and poor at consultation. It was suggested that the report also be sent to all eight of the West London Alliance councils.

Councillor Coleman said it was important to understand the criteria being employed by the NHS to reach their conclusions about Charing Cross and that the criteria needed to be transparent. Dr Tim Spicer responded that the survey had been undertaken with people attending outpatient clinics, so it was appropriate that they would be seen at a local hospital. He suggested that the survey be broadened to capture the views of inpatients.

Referencing the predicted population increase within the Borough, with increased numbers of vulnerable people, Councillor Coleman expressed concern that Charing Cross might be overwhelmed without more investment. Initiatives such as the Community Independence Service (CIS) helped alleviate pressure but further work was required.

Jim Grealy added that if the intention was to downgrade Charing Cross from an acute to a local hospital after 2021, then consultation should begin now to allow the public to have a full input, during the intervening period.

In summarising the discussion, Councillor Vaughan, noted that the report would be further considered by Imperial and the Collaborative CCGs shadow joint committee. On the issue of engagement, Councillor Vaughan reiterated the need for proper consultation and that it would be interesting to see shape of future engagement plans.

RESOLVED

1. That the report be provided to Imperial College Healthcare NHS Trust and the NWL Collaborative CCGs shadow joint committee; and
2. That the report be noted.

176. 2018 MEDIUM TERM FINANCIAL STRATEGY (MTFS) - ADULT SOCIAL CARE

Councillor Vaughan welcomed Hitesh Jolapara, Strategic Finance Director and Emily Hill, Head of Corporate Finance. In addition to providing a corporate perspective, the presentation provided an overview of the MTFS for Adult Social Care (ASC). The national real terms department budget changes indicated significant growth. For example, ASC increased by 10% starting in 2010, with everything else in decline. Funding in real terms from the Department for Communities and Local Government (DCLG), had decreased significantly over 2010-16. Local Government expenditure GDP (Gross Domestic Product) was 6.5% in 2010, decreasing to 4.5% in 2016, with a downwards trend continuing to 2022 and beyond.

Pension budgets nationally increased by 34% in cash terms, but cash for ASC nationally had flatlined and reduced slightly. Since 2010/11, a reduction in government grant of £70 million reflected a 54% reduction in real terms. Plans to localise national non-domestic rates (NNDR) had been shelved, however London was one of several areas within a pilot scheme, which was on-going and NNDR for London had just been agreed (a potential benefit of £2.6 million). Review of fair funding for local authorities analysed all key parts

of the funding formula and was briefly explained. Loss of funding for London, was often a gain to the shires.

Budget papers were subject to formal agreement at the February Budget Council meeting. The approach was to freeze Council Tax again, and not to apply the ASC precept. Nationally there were assumptions around this, Government modelling for the 2018/19 LGFS assumed 3% Council tax increase, which was likely to be the case with most other local authorities.

The Westfield Expansion would bring in £2.2 million; and statutory fees and charges for parking, children, adults, and housing would be frozen, unless a statutory increase was levied. Developer contributions from S.106 funding amounted to £1.7 million and would fund more police officers in the borough. Referring to the H&F resources forecast, a 2% increase had been budgeted for with assumed expenditure such as pay inflation. For financial planning, a headroom of £6 million per annum was assumed from 2019/20 onwards, to allow for increased costs of care packages and in costs imposed by providers.

Hitesh Jolapara explained that budget setting was not just about income or efficiencies, but allowed for growth, highlighting the £1.3 million Better Care Funding (BCF) input. Focusing on a high-level summary of income for next year, it was explained that there was £2.9 million in growth across all departments. The Finance and Development Policy and Accountability Committee had considered a full set of budget papers. This was a balanced budget, but cumulatively there was a huge challenge of meeting a £40 million funding gap.

Lisa Redfern, Director for Adult Social Care presented the MTFs for ASC, providing an overview of challenges and achievements. ASC's key purpose was to promote independent care for residents and to keep people at home for as long as possible. Funding for ASC had decreased since 2010 but demand for services had increased. More people lived alone, with greater acuity of need, requiring a high level of care to enable them to live at home which was costly as the cost of care continued to rise. ASC wanted to ensure high quality of care standards, which required an enhanced performance framework, aiming for outstanding care rather than just good. Public perceptions of what constituted a good standard of care had also changed. Delayed discharge was being addressed to ensure that people spent less time in hospital. People came out of hospital with huge care needs, but the cost was lower to the NHS, although this created new challenges for the ASC budget. Ensuring a high quality workforce was a challenge in ASC across the board.

Lisa Redfern said that she was very proud of what had been achieved by ASC, delivering successes with less money and more demand. No resident in the Borough had been charged for home care since 2015, and this had been achieved within a balanced budget and with efficiencies. Services addressing delayed discharges had been both responsive and high performing. CIS had been nominated for two Local Government Chronicle awards.

Lisa Redfern said a balanced budget continued to be increasingly demanding but had been managed for 2017/18; and despite obstacles and with continuous improvement, many good achievements had been possible. She said the savings strategy consisted of four overall strands:

1. FDDM – Joint Front Door Demand Management, less siloed working across service teams; and smarter working, utilising new technology;
2. Commissioning strategy – Redesign of care pathways, for example;
3. Whole systems and integrated service offer – Considerable work was required to shift the focus to integrated care; and
4. Review of workforce costs – Efficient working.

Prakash Daryanani, Head of Finance (ASC) provided a corresponding financial perspective. The ASC Medium Term Transformation and Savings Strategy amounted to 19% of the total strategy. He said there were opportunities to make savings, arising from the disaggregation of the tri-borough services. To illustrate, there could be closer working with Public Services Reform (PSR) and Children's Services and services such as CIS, which had worked well. The risk to the ASC budget was that it was a demand-led service. This had to date been managed well. However, the year-on-year increase in demand, the risks around health budgets, increased inflationary costs and the London Living Wage presented significant challenges.

Prakash Daryanani provided budget headlines for 2018/19, highlighting ASC net expenditure budget 2017/18 of £59.353 million, and extra Council funding to cover London and national wage increases and market pressures of £1.249 million. In terms of the ASC gross spend, 15% was spent in-house for services, with staff and back office running costs amounting to 4% of the spend, and 70% used to fund externally provided community services. The overall trend analysis indicated an 11% increase in spending, with a reduction in the baseline budget and an increase in direct payments. There was no change to fees and charges.

At 9.58pm, the Committee agreed to suspend the guillotine and the meeting was extended to 10.30pm, to allow for the conclusion of remaining business.

Councillor Carlebach sought clarification regarding the reasoning behind the non-application of the social care precept. He was surprised, given that other councils of all political colours were applying this. Councillor Coleman responded that the Administration at the last election had promised to reduce council tax and keep it low, and it was keeping its promise.

Bryan Naylor highlighted concerns about social isolation and loneliness. He stated that there were 195,000 older people living in the Borough, which was estimated to grow by 34%, by 2040. The Older People's Commission (OPC) recognised that 75% of older people said they were lonely. The cost of addressing this would fall to ASC, with the financial benefits being accrued by the NHS. He observed that health services took the view that older people "bed block" and increased costs as a result. The perception amongst older

people was that the number of step-down beds was being reduced and he asked if this was a trend.

Lisa Redfern explained that they were working with health colleagues and carers, to enable greater prevention measures. She acknowledged that they needed to get better at tackling issues earlier, including how cases were identified. It was becoming increasingly important to look for more creative solutions, as a community and tackle social isolation and loneliness. This was a critical area of work both for the Administration and for the Health and Wellbeing Board.

The increase in demand was also a critical factor and current funding did not meet the costs of essential care, which continued to be an incredible challenge. Lisa Redfern explained that more step-down beds had been purchased. However, availability and quality continued to be a concern. The *State of Social Care Report 2016* indicated that 80% of residential and nursing home beds were Care Quality Commission rated as good but there were variations in industry standards.

Victoria Brignell thanked the Administration for abolishing homecare charges. Referencing her personal experience, she highlighted worrying concerns regarding inconsistencies in areas of responsibility and the demarcation between ASC and Health services. Lisa Redfern apologised for any distress this had caused and offered to assist, following the meeting. It was explained that some high-level care packages were funded by health and some were jointly funded. Lisa Redfern provided assurances that if health funding was not offered, ASC retained a duty of care.

Bryan Naylor commented that one factor that reduced demand was navigating the care pathway, for which proper guidance was needed. Lisa Redfern welcomed the comment and suggested that this be addressed by the OPC in their ongoing work.

Councillor Vaughan thanked officers for their presentation and commended the achievements made by the service, despite significant and debilitating funding reductions.

RESOLVED

That the report be noted.

177. 2018 MEDIUM TERM FINANCIAL STRATEGY (MTFS) - PUBLIC HEALTH

Councillor Vaughan welcomed Richard Simpson, Public Health Finance Manager, and Gaynor Driscoll, Head of Public Health Commissioning Adults, to present the MTFS for Public Health. Richard Simpson reported that challenges remained to achieve more for less, with numerous competing demands. The aim was to provide support in the most impactful way for residents, to maximise outcomes, with a decreasing amount of funding, with better value.

It was explained that Public Health grant funding for 2018/19 had been reduced by £600,000, requiring further savings. One outcome was to use the budget in fresh ways, particularly given the establishment of the Public Services Reform directorate. This meant working more closely with community groups, residents, and other key stakeholders in health.

They had achieved a significant amount of savings within the MTFs, with closer contract management, monitoring and service redesign. To illustrate, the smoking cessation programme had achieved the second highest results in London, and the third highest nationally. The Community Champion programme engaged with 500 people in the Borough. This was an uplifting programme about how communities could drive change. A total of £6 million in funding had been released to support projects across the Borough in addition to these commissioned services.

Richard Simpson explained in more detail the savings required to balance the loss of grant funding and how these had been negotiated. £22.8 million was the planned expenditure for 2018/19, with a substantial sum of £6m as above sitting in the transformation budget, allowing Public Health to capitalise on opportunities across the whole council as a result.

Richard Simpson said grant certainty in the short-term mitigated some of the risks. Despite unpredictable risks and opportunities, a balanced budget for 2018/19 was assured.

Janet Cree enquired about family and children's funding, specifically, obesity contracts. Referencing p161 of the report, Richard Simpson replied that obesity had been identified as a public health priority, although specific contracts would expire and the work would be undertaken jointly in other services.

Councillor Vaughan thanked officers for a detailed and informative presentation, and acknowledged that significant outcomes continued to be delivered through the way in which Public Health had re-engineered provision across the borough.

RESOLVED

That the report be noted.

178. WORK PROGRAMME

RESOLVED

That the Work Programme be noted.

179. DATES OF FUTURE MEETINGS

The date of the next meeting was noted as Tuesday, 13th March 2018.

Meeting started: 7pm
Meeting ended: 10.30pm

Chair

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