

## Agenda

**Meeting:** Care and Independence Overview & Scrutiny Committee

**Venue:** The Oak Room, County Hall, Northallerton, DL7 8AD (See location plan overleaf)

**Date:** Monday 17 December 2018 at 10am

Recording is allowed at County Council, committee and sub-committee meetings which are open to the public. Please give due regard to the Council's protocol on audio/visual recording and photography at public meetings, a copy of which is available to download below. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive. <http://democracy.northyorks.gov.uk>

### Business

1. Minutes of the meeting held on 27 September 2018 (Pages 5 to 7)
2. Any Declarations of Interest
3. Public Questions or Statements.

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Ray Busby of Policy & Partnerships (*contact details below*) no later than midday on Wednesday 12 December 2018. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct those taking a recording to cease while you speak.

- |  | <i>PROVISIONAL<br/>TIMINGS<br/>10-10.10am</i> |
|--|---|
| <b>4. Chairman's remarks - Any correspondence, communication or other business brought forward by the direction of the Chairman of the Committee. (FOR INFORMATION ONLY)</b>   |   |
| <b>5. Fair charges for the cost of adult social care</b> – Presentation by Anton Hodge, Assistant Director - Strategic Resources, Central Services<br>Key Decision Notice and Consultation Document attached<br><b>(Pages 8 to 18)</b> | <i>10.10-10.50am</i>                          |
| <b>6. HAS Financial Pressures</b> – Joint report by the Corporate Director , Health and Adult Services and the Corporate Director Strategic Resources<br><b>(Pages 19 to 26)</b>   | <i>10.50am –<br/>11.30am</i>                  |
| <b>7. Health and Social Care Integration – Update on work of the Joint Task Group</b> – presentation by the Scrutiny Team Leader   | <i>11.30 -11.40am</i>                         |
| <b>8. Delayed Discharge of Care</b> – Report of the Corporate Director for Health and Adult Services<br><b>(Pages 27 to 37)</b>  | <i>11.40 – 12noon</i>                         |
| <b>9. Feasibility Study</b> - the Corporate Director for Health and Adult Services will report   | <i>12noon-12.10pm</i>                         |
| <b>10. Work Programme</b> - Report of the Scrutiny Team Leader<br><b>(Pages 38 to 40)</b><br><b>Account of on recent Mid cycle Briefing Discussion to follow</b>   |   |
| <b>11. Other business which the Chairman agrees should be considered as a matter of urgency because of special circumstances.</b>  |   |

Barry Khan  
Assistant Chief Executive (Legal and Democratic Services)

County Hall,  
Northallerton.

6 December 2018

**NOTES:**

Emergency Procedures for Meetings

Fire

The fire evacuation alarm is a continuous Klaxon. On hearing this you should leave the building by the nearest safe fire exit. From the Oak Room this is the main entrance stairway. If the main stairway is unsafe use either of the staircases at the end of the corridor. Once outside the building please proceed to the fire assembly point outside the main entrance

Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

Accident or Illness

First Aid treatment can be obtained by telephoning Extension 7575.

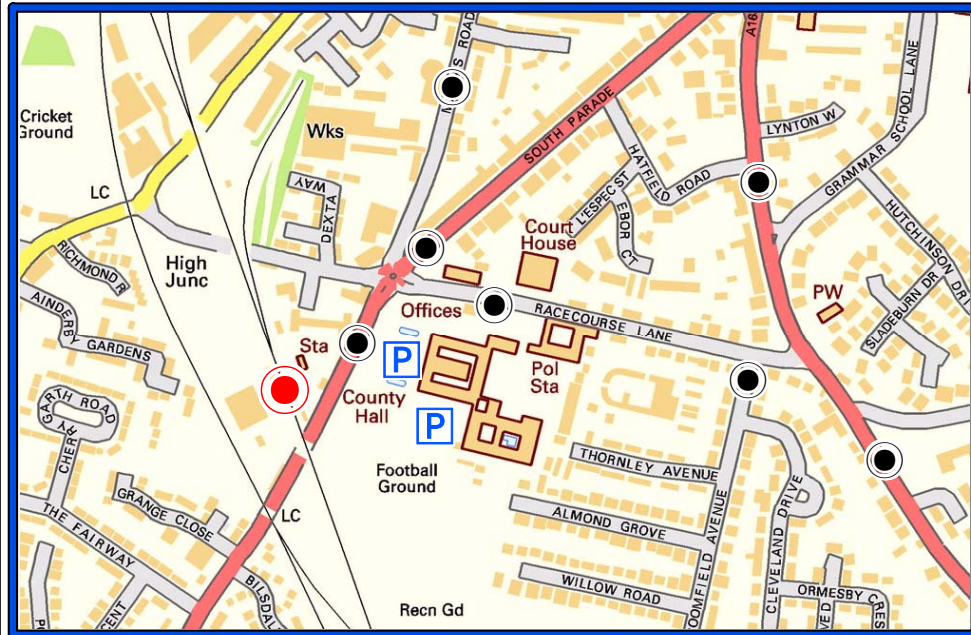
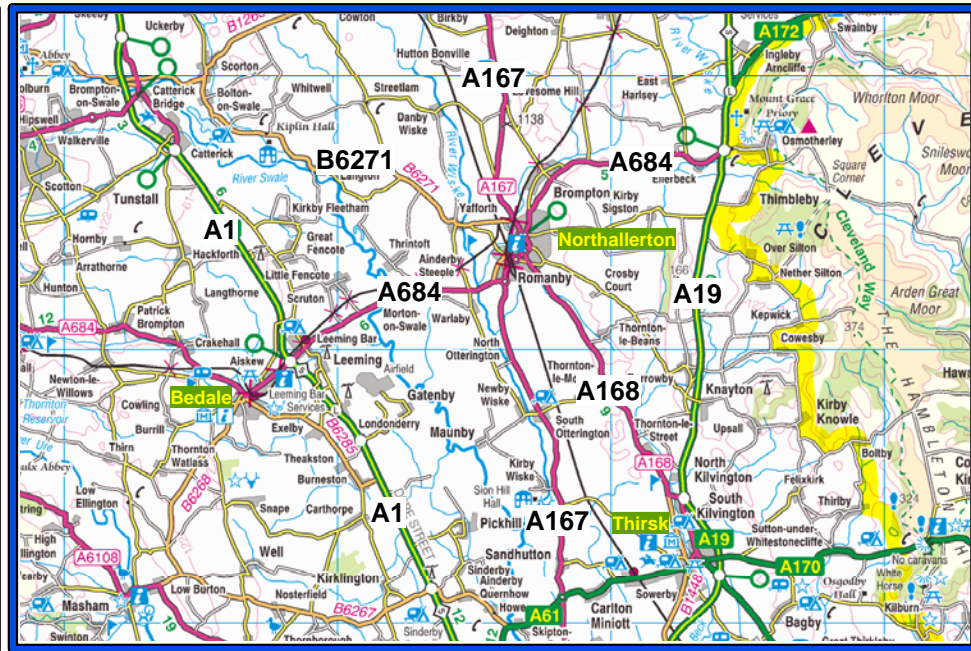
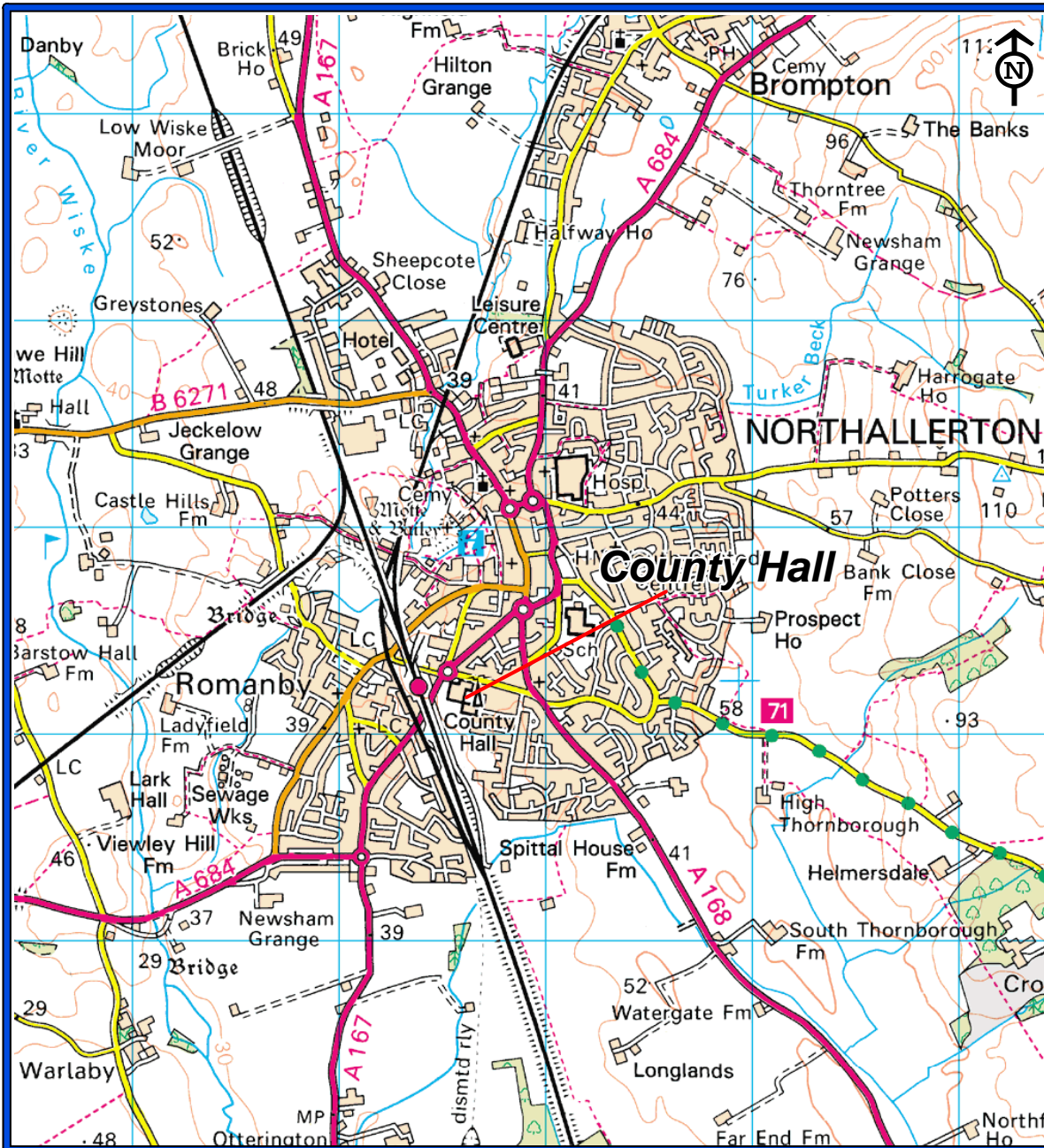
# Care and Independence Overview and Scrutiny Committee

## 1. Membership

<b>County Councillors (13)</b>					
	<i>Councillors Name</i>	<i>Chairman/Vice Chairman</i>	<i>Political Group</i>	<i>Electoral Division</i>	
1	BROADBANK, Philip		Liberal Democrat	Harrogate Starbeck	
2	BROADBENT, Eric		Labour	Northstead	
3	CHAMBERS, Mike MBE		Conservative	Ripon North	
4	ENNIS, John	Chairman	Conservative	Harrogate Oatlands	
5	GOODRICK, Caroline		Conservative	Hovingham and Sheriff Hutton	
6	GRANT, Helen	Vice-Chairman	NY Independents	Central Richmondshire	
7	JEFFELS, David		Conservative	Seamer and Derwent Valley	
8	JENKINSON, Andrew		Conservative	Woodlands	
9	LUMLEY, Stanley		Conservative	Pateley Bridge	
10	MANN, John		Conservative	Harrogate Central	
11	MARTIN, Stuart MBE		Conservative	Ripon South	
12	SEDGWICK, Karin		Conservative	Middle Dales	
13	TROTTER, Cliff		Conservative	Pannal and Lower Wharfedale	
<b>Members other than County Councillors – (3)</b>					
<b>Non Voting</b>					
	<i>Name of Member</i>	<i>Representative</i>	<i>Substitute Member</i>		
1	QUINN, Jill	Dementia Forward			
2	PADGHAM, Mike	Independent Care Group			
3	VACANCY				
<b>Total Membership – (16)</b>				<b>Quorum – (4)</b>	
Con	Lib Dem	NY Ind	Labour	Ind	Total
10	1	1	1	0	13

## 2. Substitute Members

<b>Conservative</b>		<b>Liberal Democrat</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1	MOORHOUSE, Heather	1	GRIFFITHS, Bryn
2	PLANT, Joe	2	
3	PEARSON, Chris	3	
4	ARNOLD, Val	4	
5	LUNN, Cliff	5	
<b>NY Independents</b>		<b>Labour</b>	
	<i>Councillors Names</i>		<i>Councillors Names</i>
1		1	COLLING, Liz
2		2	



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Northallerton National  
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### County Hall

Northallerton  
North Yorkshire  
DL7 8AD

Tel : 0845 8 72 73 74



North  
Yorkshire County Council

**North Yorkshire County Council**

**Care and Independence Overview and Scrutiny Committee**

Minutes of the meeting held on Thursday 27 September 2018 at 10.30am at County Hall, Northallerton.

**Present:-**

County Councillor John Ennis in the Chair

County Councillors: Philip Broadbank. Eric Broadbent. Mike Chambers MBE, Caroline Goodrick, Helen Grant, David Jeffels, Andrew Jenkinson, Stanley Lumley and John Mann.

Voluntary and Community Sector: Jill Quinn (Dementia Forward).

In attendance:

County Councillors Caroline Dickinson (Executive Member for Adult Social Care).

Officers: Ray Busby (Scrutiny Support Officer), Anton Hodge Assistant Director - Strategic Resources, Central Services

Apologies: Cllrs Stuart Martin MBE and Karin Sedgwick.

Independent Sector: Mike Padgham (Independent Care Group)

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**Copies of all documents considered are in the Minute Book**

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**167. Minutes**

**Resolved –**

That, the Minutes of the meeting held on 28 June 2018 having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

**168. Declarations of Interest**

There were no declarations of interest to note.

**169. Public Questions or Statements**

The committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

**170. Client Contributions**

**Considered –**

Presentation by Anton Hodge, Assistant Director - Strategic Resources, Central Services

Anton talked through the easy read presentation used during engagement sessions which outlined proposals for changes to the amount of money that people are asked to pay towards their social care support.

Anton explained that clients of adult social care services receive a means-tested financial assessment to determine the extent to which they are able to contribute to the cost of their care. In 2013/2014, Health and Adult Services undertook a wide-ranging review of charging policy, resulting in a number of changes to the policy being made.

Since that review, the Care Act 2014 now gives Councils the power to charge adults for care and support where an adult has been assessed as having eligible needs. The ability to charge therefore remains discretionary, although other regulations and statutory guidance stipulate that certain types of care and support must be provided free of charge. As part of the 4% savings challenge, Health and Adult Services have identified a range of proposals relating to charging for community-based services to be further explored. Anton addressed two such proposals:

1. proposed changes around contributing towards the cost for providing a second carer based on the true cost of providing the care; and
2. Charging a more realistic cost – in terms of what it costs the authority - for the use of subsidised transport, accompanied by clearer processes which enable all charges to be collected fairly and consistently.

Members acknowledged the financial pressures driving these proposals. They appreciated that, like all authorities, we are looking to charges to ease pressures on budgets and minimise service cuts. But during discussion, opinion on both proposals was mixed.

Anton explained that at the moment, if a person needs to have two care workers at the same time, they are only charged for one. The proposal is to revise the charging policy to ensure that the client makes a contribution to the whole package of care (including the second carer). Some members were unhappy with the suggestion that an individual, who requires “two-handed” care, would pay more because they have additional and/or complex needs.

Members acknowledged that this will bring our practice more into line with other councils. It was also recognised that assessment of ability to pay means that this change would mostly affect self-funders, not those who don't have enough money to pay for their care workers (although, as Anton explained, it is likely to deplete their capital quicker).

The notion of a fairer and more efficient collection of charges for transport was supported. Members came up with some suggestions to improve the commissioning and provision of the service. However, a number of members expressed disquiet about the size of the potential increase in the charge, how it would be applied (flat rate per journey, flat rate per day, what account would be taken of distance from the eventual location etc), and what effect it will have on service users' participation in activities.

#### **Resolved –**

The committee return to this, with the benefit of the full formal consultation document, in December.

**171. Adult Social Care Outcomes Framework**

**Considered -**

Presentation on the ASCOF 2016/17 Briefing

**Resolved -**

That the report be noted.

**172. Work Programme**

**Considered -**

The report of the Scrutiny Team Leader on the Work Programme.

**Resolved -**

That the following matters be added to the work programme

- a) A workshop type meeting be arranged to consider HAS Benefits, Assessments & Charging Service, including the Financial Assessment for community based services; Financial Assessments for Residential Services; Deferred Payment Agreements; Deprivation of Assets;
- b) Formal and public scrutiny of the HAS budgetary positions at the next committee.
- c) Respite be taken as a substantive item at the April 2019 meeting along the lines of the draft scope/outline attached to the report
- d) That the consultation proposals for Fair charges for the cost of adult social care be taken at the next meeting:

# Consultation on fair charges for the cost of care

Consultation timescale - Monday 29<sup>th</sup> October to Monday 21<sup>st</sup> January 2019.

**North Yorkshire County Council wants your views on some proposals for changes to the way we charge for adult social care.**

We are consulting on proposals about how people who use adult social care services contribute to their costs. The consultation covers two main areas:

- The cost of transport to places where people may receive a service;
- How the total cost of care is calculated.

## **Background**

In England, adult social care services (sometimes known as “*care and support*”) are not free. Many people have to pay something towards their care. In some cases they may have to pay the whole cost. People who have to pay the whole cost are often referred to as “*self-funding*”.

Like other local authorities, the Council may pay some or all of the cost. The council works out how much it will give towards the cost by completing a means-tested financial assessment with the person. The amount anyone is asked to pay depends on how much money they have, and how much care and support they need.



There are other services we provide which are not classed as “care and support”. Councils are allowed to charge people the full cost of these services. This includes transport to places where people receive support, or meals they have there. In North Yorkshire we do not pass on the full cost of these services to people, but we do ask for a contribution.

This consultation is about proposals which would result in some changes to our “Charging Policy for Community-Based Services” – which can be found at <https://www.northyorks.gov.uk/paying-care-home>. It is this document which sets out the services people may have to make a contribution towards (and in some cases, how much that is).

The proposals may result in a change to how much the Council pays and how much individuals pay towards the costs of their services. We are keen to ensure that we hear the views of people who access social care support, service providers and other residents of North Yorkshire.

### **Why are we considering these proposals?**

The Council is facing severe budget pressures. The Government grant to the Council has reduced by 49% between 2010 and 2018. Between 2011 and 2022, we estimate that the Council’s annual budget will need to make £190m of savings.

The Council has prioritised spending on Adult Social Care during this period. We want to keep supporting people, and the number of people who need support is growing. Additional funding has been found to help with the increasing pressures on the service, but we need to use the limited money we have as efficiently as possible. We have made lots of changes to help us do this, but we need to find more ways to save money.

The other reason for the proposals is about fairness. We want to make sure that the way we calculate charges is reasonable, and strikes the right balance between what the individual is asked to pay and what the council pays.

### **Proposals**

## 1. Contributing to the Cost of Transport

The first issue deals with the cost of transport to a person's social care service (such as a day centre). Some people have their transport arranged by the council. At the moment, the council does not pass on the full cost for this.

We currently provide transport to around 500 people.

The average cost of someone using our buses is over £18 per person for each journey. At the moment the council only charges £2.70 per person each day regardless of the number of trips or distance travelled.

This means it costs the Council over £2.2 million annually to provide transport with just £100,000 coming from contributions from those people who are using the transport.

### **We are not proposing to pass on the full cost of transport to people.**

The council will still use money raised from Council Tax and other sources to help pay for this, but we are proposing that people contribute more to the cost. This would allow the council to use the money saved to continue to provide this service and other important services.

In coming up with a revised charge, we have looked at what other councils do and also at what the cost of private-provided transport (such as the public bus service or taxis) in the county is. We have considered introducing a charge based on the distance people may have to travel, but feel that is not fair in a rural county like North Yorkshire. More information on these costs can be found in the Executive Member report which can be found here: [Link](#).

Although we do not take transport costs into account when carrying out a means-tested financial assessment, we are committed to making sure that we consider the impact of any increase in charges on the amount of money a person has left to live on. We have done this by looking at the government's Minimum Income Guarantee and any allowances that people may be paid to assist with mobility costs.

Our proposal is to increase the amount that people will have to pay to a flat rate of £7.50 per journey. However we will put a limit on that to ensure that the most anyone will have to pay will be £40 per week.

Assuming that there are no changes in the number of people who use transport, this is likely to mean that the council will pay around £1.8 million annually for transport with contributions from people being approximately £650,000. The actual split of costs will depend on how many people are limited by the £40 per week cap.

For individuals, this would mean that if you have two journeys per week, you would now pay £15 (rather than £2.70, assuming both of those journeys were on the same day. The table below illustrates this:

<b>Number of journeys per week (each journey is one-way)</b>	<b>Charge</b>
1	£7.50
2	£15.00
3	£22.50
4	£30.00
5	£37.50
6 or more	£40.00

## **2. Contributing to the Cost of Care**

The second issue deals with the cost of care and how it is calculated. We are proposing that the entire cost of a care package is included in the financial contributions calculation. This is important because it may affect how much people are asked to pay towards their care.

At the moment, we do not include the entire cost of a care package when we calculate how much a person should pay towards the cost of their care.

Currently, if a person has two care workers at the same time, we only include the cost of one care worker.

If someone has two care workers, but at different times (for example one person in the morning and one person in the evening), we include the cost of both care workers.

We do not think this is reasonable and this is why we are proposing to change it. Other councils have already made this change. We would use the money saved to continue to provide this and other important services.

It is important to state however that anyone's actual contribution will only change if the amount they are able to pay is currently more than what they actually pay. **If someone is already paying the maximum they can afford, there will be no increase to them.** A few examples are shown below which help to explain this proposal.

*Mr A is currently supported by two carers for an hour per day at the same time (e.g. 10am-11am). The cost for providing this care is £50 per day or £250 per week. However in calculating his contribution, £125 of this is included as he pays for one carer. His financial assessment shows that the maximum he is expected to pay is £100 per week. The proposed change in how we make the calculation makes no difference to this and he will still be asked to contribute £100 per week.*

*Mrs B currently is currently supported by two carers for an hour per day at the same time (e.g. 10am – 11am). The cost for providing this care is £50 per day or £250 per week. However in calculating her contribution, £125 of this is included. Her financial assessment shows that the maximum she is expected to pay is £175 per week. The proposed change in how we make the calculation means that she will be asked to pay £175 per week in future, but not the full cost.*

*Mr C is currently supported by two carers for an hour per day at the same time (e.g. 10am -11am). The cost for providing this care is £50 per day or £250 per week. However in calculating his contribution, £125 of this is included. Mr C is “self-funding” and a financial assessment shows that he would be able to pay the full £250. He will in future be asked to pay this amount.*

*Miss D is currently supported by two carers for an hour each per day at different times. One attends 10-11am and the other at 1pm-2pm). The cost for providing this care is £50 per day or £250 per week. In calculating her contribution, the full £250 is included. Miss D is “self-funding” and a financial assessment shows that she would be able to pay the full £250. The proposed change in how we make the calculation makes no difference to this and she will still be asked to pay the full £250.*

## **Information about our equality impact assessment**

We have carried out an equality impact assessment to check if the proposals will affect one group of people more than another. We think the proposals will affect disabled people most of all, but the financial assessment and the cap on transport charges will reduce the impact. The equality impact assessment will be reviewed after the consultation, and we welcome your views on our draft. It is available online with the other consultation documents.

## **Who are we consulting?**

We are consulting with all those people who may be directly affected by these proposals.

We are also taking steps to make sure that people who receive any adult social care service are aware and have the opportunity to take part even if they are not likely to be personally affected.

We will also notify providers of social care in the county of our proposals.

Finally, as this is an issue which impacts on all council tax payers in North Yorkshire we will make this consultation known to the wider public and encourage them to respond.

## **Why are we consulting?**

We are seeking your views on our proposals before we take any final decisions in 2019. Your views will be fed back to county councillors so they are made aware of what you think, before they take any decisions. Decisions have not yet been made.

## **What is the timescale?**

We are consulting for 12 weeks (90 days), starting on Monday 29<sup>th</sup> October to Monday 21<sup>st</sup> January 2019.

Once the consultation has closed, we will review all of the responses and prepare a report for county councillors. They will consider the results of the consultation and any proposals to change our Charging Policy and the amounts charged. They will make a decision early in 2019. If there are any changes, they will not take effect before 1<sup>st</sup> April, 2019.

## **How can you have your say?**

We have held a number of informal sessions over recent months with providers and service users as we have developed our proposals. These groups included Disability Forums, Independent Sector Partnership Group and the Knaresborough Self-Advocacy Group.

The proposed consultation has also been approved by the Council's Executive Member for Adult Services and Health Integration

We would like to hear your views about our proposals and any other ideas and suggestions you might have. You can tell us what you think by completing a survey available on the council's website. We will also provide paper copies and an 'easy read' version, and other formats will be provided on request. We will also hold events around the county to talk about the consultation.

We are also planning to talk to community engagement forums such as the North Yorkshire Disability Forum, North Yorkshire Learning Partnership Board and North Yorkshire Forum for Older People.

## **Completing the survey**

Please give your feedback on the proposals outlined by filling in our online survey, at [www.northyorks.gov.uk/consultations](http://www.northyorks.gov.uk/consultations)

If you would like a paper copy of the survey, please call our customer service centre on 01609 780780. You can also call into your local library or to Health and Adult Services offices to collect a copy. Call 01609 780780 for more information about locations.

To return a completed paper copy of the survey please send to:  
Health and Adult Services  
County Hall,  
Northallerton  
North Yorkshire  
DL7 8DD

## **Events**

We are also holding a number of events where the council will explain the proposals and ask people what they think. The dates and locations of the events are as below:

- 13 November 2018 at 9.30am. The Council Chambers, County Hall, Northallerton, DL7 8AD
- 14 November 2018 at 2:00pm. Main Function Room, Richmond Cricket Club, Hurgill Road, Richmond, DL10 4AR
- 15 November 2018 at 1:00pm. The Council Chambers, Civic Centre, St Lukes Avenue, Harrogate, HG1 2AE
- 19 November 2018 at 10:00am. The Council Chambers, Ryedale District Council, Ryedale House, Old Malton, Malton, YO17 7HH
- 27 November 2018 at 10.30am. Hall B, The Street, 12 Lower Clark Street, Scarborough, YO12 7PW
- 04 December 2018 at 12.30pm. Community House Selby, Community House, Portholme Road, Selby YO8 4QQ
- 07 December 2018 at 10:00am. Civic Suite, Craven District Council, 1 Belle Vue Square, Broughton Road, Skipton BD23 1FJ

All venues have wheelchair access. There will be BSL interpreters at the events in Harrogate, Scarborough and Selby.

If you have any questions about the events or the consultation, you can call us on 01609 780780 or email us at [HASConsultation@northyorks.gov.uk](mailto:HASConsultation@northyorks.gov.uk)



NORTH YORKSHIRE COUNTY COUNCIL

DECISION RECORD

Re: CONSULTATION ON CHARGES FOR THE COST OF ADULT SOCIAL CARE

This record is produced in accordance with the Local Authorities (Executive Arrangements) (Meetings and Access to Information)(England) Regulations 2012

This form should be used to record:

- EXECUTIVE decisions (key or otherwise) taken by an individual Executive MEMBER; and
- EXECUTIVE decisions (key or otherwise) taken by an OFFICER (either alone or in consultation with an Executive Member)
- A non-Executive decision taken by an OFFICER which falls into one of the following descriptions:-
  - (i) under a specific express authorisation; or
  - (ii) under a general authorisation to officers to take such decisions and, the effect of the decision is to
    - grant a permission or licence;
    - affect the rights of an individual; or
    - award a contract or incur expenditure which, in either case, materially affects that relevant local government body’s financial position.

(One form per decision)

The following decision has been taken: -

That a public consultation takes place regarding personal contributions to transport and care costs and proposals which will ask for views on:

(i) increasing the charge made to people who use the transport service, while confirming that NYCC will continue to pick up the bulk of the cost, and

(ii) ensuring that the total cost of care and support is taken into account when determining the level of contributions paid by those people who use the service.

That the consultation takes place between 29 October 2018 and 21 January 2019; and that

The results of this consultation feed into the project which is looking at these options and brings back a report of the consultation and recommendations, including any proposed changes, early in 2019.

By whom: Councillor Michael Harrison, Executive Member for Adult Social Care and Health Integration

On: .....19 October 2018.....

Was this an executive decision? YES  
 If an executive decision, was it also a key decision? YES

Reasons for decision: -

In February 2018, the Council approved a list of savings projects covering the period up to and beyond 2020. This paper deals with two of those initial projects (transport charges and contributions to the cost of care) and seeks approval to progress to a public consultation regarding these.

Work has been undertaken in recent months, including engagement sessions with people who use our service and providers. Having developed proposals around achieving the savings, we are now seeking to consult generally before taking any decisions in 2019

Details of any alternative options considered and rejected: -

The option to not consult has been rejected as we want to hear people’s views about the proposals and be able to fully understand how they feel any changes will impact on them.

**Conflicts of Interest**

Please record below details of any conflict of interest declared by a Member or Officer regarding the decision and any dispensation granted by the Standards Committee or Monitoring Officer in respect of that conflict.

Conflict	Dispensation?

**Background Papers**

Paper to Executive Member 19.10.18

Signed.....

19<sup>th</sup> October 2018

County Councillor Michael Harrison,  
Executive Member, Adult Social Care and  
Health Integration

***Note 1 regarding Executive decisions only:  
This decision will come into force, and may then be implemented, on the expiry of 5 clear working days after publication, unless any 6 members of the Council object to it and call it in by notice in writing (including e-mail) to The Assistant Chief Executive (Legal and Democratic Services).  
Note 2: non-executive and non-key executive decisions by Officers are not subject to call in.***

**Contact for further information:** Anton Hodge, Assistant Director Strategic Resources  
[anton.hodge@northyorks.gov.uk](mailto:anton.hodge@northyorks.gov.uk)

**Contact for copy of report considered** [anton.hodge@northyorks.gov.uk](mailto:anton.hodge@northyorks.gov.uk)

To: The Senior Legal and Democratic Technical Support Officer, Legal and Democratic Services - for onward circulation to:

All Members of the Council; All Management Board; All Management Board Secretaries; All Senior Managers; All Democratic Services Officers; All Corporate Development Officers; Senior Press Officer; Communications Officer

## NORTH YORKSHIRE COUNTY COUNCIL

## YOUNG PEOPLE'S OVERVIEW AND SCRUTINY COMMITTEE

17 DECEMBER 2018

## HAS FINANCIAL POSITION

**1.0 PURPOSE OF REPORT**

- 1.1 This paper highlights the areas presenting with the most significant financial pressures facing HAS as at October 2018 and the management action that is being taken in response to the pressures.

**2.0 HAS FINANCIAL PRESSURES**

- 2.1 At its meeting on 27 November 2018, the Executive received the Quarterly Performance and Budget Monitoring Report for Q2, 2018. The report highlighted a projected overspend in Health and Adult Services which, at Q2, was forecasting that IBCF (Improved Better Care Fund) grant of £3.5m would be required to ensure a break-even bottom line position.
- 2.2 This IBCF is temporary funding - £19.6m over the period 2017-20, of which around £6.9m was earmarked to support financial pressures in adult social care.
- 2.3 The main area of overspend is within Care and Support, the service area which accounts for £124m of a net £155m directorate budget. An overspend in this area of £4.3m is being offset by underspends elsewhere in the directorate. A summary of the main Care and Support variances as at Q2 are shown in the table below and the full directorate position is shown in Appendix 1:

<b>BUDGET HEAD</b>	<b>Q2 REVISED BUDGET 2018-19 £000</b>	<b>Q2 FORECAST OUTTURN 2018-19 £000</b>	<b>Q2 VARIANCE 2018-19 £000</b>
<b>Care &amp; Support – Area Budgets</b>			
Care & Support - Hambleton & Richmond	26,047	26,283	237
Care & Support - Selby	14,311	14,790	479
Care & Support - Scarborough, Whitby & Ryedale	39,299	40,521	1,222
Care & Support - Harrogate & Craven	44,654	49,174	4,521
CHC Income and Other budgets		(2,159)	(2,159)
<b>TOTAL</b>	<b>124,310</b>	<b>128,610</b>	<b>4,300</b>

- 2.4 Within these areas financial pressures are greatest in budgets which support Older People and Adults with Learning Disabilities. This continues a pattern of pressures in

recent years which have largely been offset by growth allocated to the budget until now.

- 2.5 The following sections highlight some of the key areas of financial pressure and management action which is being undertaken to mitigate against these. At the same time we continue to lobby for changes in funding which will take account of the pressures we currently face and provide more certainty of resources available in future.

### **3.0 BACKGROUND**

- 3.1 Adult Social Care accounts for over 40% of County Council spend and this share has increased since 2010 due to relative protection of budgets. £15m savings have been made countywide in the service since 2015, with a further £8m to be delivered by 2021. Voluntary sector budgets have been protected overall, as has mental health spend, although funding has been re-allocated to address areas of greater need.
- 3.2 Our transformation and savings agenda has included spending more on prevention which will have an overall positive impact both on people's lives and on the budget for long term support. Benchmarking shows that we would need to spend £11m more on long-term support to mirror the Shire authority average and this has helped us deliver the savings referred to above.

#### Funding

- 3.3 Approximately 12% of the local social care budget depends on funding being passported from the NHS. Part of this funding (the Improved Better Care Fund) is due to cease in March 2020, with no Government plans as yet for its continuation. If this funding ends, then there will need to be significant cuts to social care services, and, in particular, to the additional support to hospitals for rapid patient discharge, as this is where the passported funding is targeted.
- 3.4 Overall, adult social care is increasingly reliant on a fragmented mix of funding sources: government grants (reducing), council tax, social care precept (which, in part, covers the national living wage costs), charges and funding passported from the NHS. People who use services often have to pay for some or all of their care costs, with limited ability to plan for the future. Providers we commission who accept the County Council's rates usually have different charging arrangements for self-funders in order to ensure they have the income to remain sustainable. This risks a public perception that self-funders subsidise people funded by the State.

#### The Care Market

- 3.5 The care market nationally is facing an existential challenge. Locally, the situation is better but still under significant pressure.
- 3.6 Increasing demands (such as the ageing population profile and increased care needs) place more pressure on local care systems and help to drive up costs. The proportion of placements for older people (65+) above NYCC rates (42%) is rising. It

is a key driver of budget pressures, particularly in Harrogate & Craven where the levels rises to 68%.

- 3.7 We have undertaken work that shows that key ASC workers in the county spend 45 minutes on average as “downtime” – for each visit in rural areas. This compares with 20 minutes in urban areas. This “rural premium” costs us over £2.5m per annum for domiciliary costs and a similar amount for residential services. We also pay £2.8m in transporting users to day centres and other services. Transport is not part of the means-tested assessment and users currently contribute a small amount to this – approx. £100k. We are currently consulting on an increase to charges which might mean that the cost to council is reduced (although we would continue to pick up the bulk of this cost.)

#### Other growth and Pressures

- 3.8 The volume of HAS-related contacts into the Customer Resolution Centre (CRC) was up by 2% year on year for Quarter 2, but the actual number of referrals passed to HAS for assessment were up by 4%, representing real growth in demand for assessment activity against reduced staff numbers in operational teams. Referrals for independence assessments were up by 9% in the first half of the year in line with the restructured service’s aim of increasing the volume of new cases being assessed for short term support in the first instance where appropriate.
- 3.9 The flow of increased demand was also keenly felt during Quarter 2 by the Care & Support Team based in the CRC, which experienced a 39% increase in the number of contacts it handled during the quarter. The team processes a significant volume of simple equipment and minor adaptations cases and begins safeguarding processes for approximately 50% of new safeguarding concerns, reducing the burden on frontline teams.
- 3.10 The ‘prevent, reduce, delay’ agenda aims to mitigate growing demand for social care support by diverting referrals away from the formal assessment route where other interventions may be able to provide appropriate levels of support. Living Well referrals are up 27% year on year, following the creation of additional service delivery capacity, funded through the Improved Better Care Fund (IBCF), which has helped the service to support 280 more people in the first half of the year.

#### Savings

- 3.11 Despite these pressures, the Directorate has contributed significantly to the Council’s savings requirement.
- 3.12 The current MTFS shows savings of £15m savings have been made countywide in the service since 2015, with a further £8m to be delivered by 2021.
- 3.13 Our transformation and savings agenda has included spending more on prevention which will have an overall positive impact both on people’s lives and on the budget

for long term support. Benchmarking shows that we would need to spend £11m more on long-term support to mirror the Shire authority average and this has helped us deliver the savings referred to above.

- 3.14 The Council has however prioritised Adult Social Care by allocating growth funding of up to £3m annually for a number of years and this prioritisation can be evidenced in the make-up of the Council's overall budget. In 2015-16 the proportion of the overall budget spent on ASC was 38%. That amount is now 43%.

#### 4.0 ACTION PLAN

- 4.1 We are currently finalising an action plan which aims to reduce the financial pressures in Care and Support, while continuing to look for other savings to support the Council's overall budget position. This plan will focus on three key areas. One of these – the **Market** – is highlighted above. The other areas are **Practice** and **Productivity**.
- 4.2 In terms of **Practice**, we are on a ten-year journey to ensure our practice is confident and consistent. We have made a good start in introducing a Strength-Based Assessment (SBA). SBA is about making an assessment on the basis of what the individual can do, what support they can get from their family, friends and community and, only then, looking at how that can be enhanced by a care package - a radically different type of practice from the social care provided since the 1990 NHS & community care act took effect in April 1993.
- 4.3 We will also ensure that standards of **Productivity** are high right across the entire Council. We will make best use of technology. To minimise the number of assessments which end before completion (one in four), we will strengthen our so-called "front door" arrangements. This is where we can quickly make decisions about which route to take with different social care contacts and referrals and therefore reduce unproductive effort.
- 4.4 Work on our Action Plan has begun and includes:
- Building on the work we already do such as auditing case files and setting up Risk Enablement Meeting (REM) panels.
  - Developing and delivering a Confident and Consistent Practice Organisational Development programme for all managers and practitioners
  - Enhancing Practice team scrutiny of individual care plans
  - Scrutiny of all in-month Residential Care Home and Nursing Home placements by the Care and Support Leadership Team
  - Providing CHC, S117 and Transforming Care Partnership practice support to increase rigour around defining Health and Social Care needs and assertion / challenge. We are also working better with Health partners to ensure that the split of costs for individual packages has better gatekeeping and is fair.
  - Implement process to review monitoring spreadsheets in a timely manner with business support and Budget Managers to ensure effective budget monitoring practice, following a fundamental review of the budget last year and building on the progress already made to ensure that service managers are now far

more involved in forecasting. The additional review is required as we move all of our records onto the online CONTROCC system.

- Review of HAS screening tool: questions; consistency of usage and practice in the CRC; outcomes
- Continued delivery of Quality Improvement Team work leading to reduced closures / emergency placements at higher rates (IBCF)
- Money spent on where people live (especially Physical Learning
- Disabilities and Mental Health accommodation, covered by Strength-based Approach (SBA) Phase to improve VFM and quality
- Increase rigour and scrutiny around REM to ensure consistent approach to high cost packages / placements and review budget approval and authorisation levels
- Continue working with local communities to develop micro-enterprise solutions to delivery of care in rural areas
- Introduce category management in commissioning teams to ensure best value
- Consider reduced focus on Delayed Transfers of Care (DTC) to release operational capacity in other areas however this would impact on performance and may incur fines

## **5.0 FUNDING**

5.1 We continue to lobby central government for a fairer funding settlement for Adult Social Care. In the past two years we have held discussions or provided views to various stakeholders including:

- Cabinet Office visit May 2017 – feeding into the Green Paper
- Responded to the Joint Inquiry on the Long Term Funding of Adult Social Care by the Parliamentary Committees for Local Government and Health – March 2018
- Presentation to Ministry of Housing, Communities and Local Government
- Responded to Local Government Association (LGA) and County Councils Network (CCN) Green Papers (September 2018) – see Appendix 1.
- Invited MPs to Area Constituency Committees and presented our views on the forthcoming Green Paper (August – December 2018)

5.2 In all of these discussions, our message has been that in future any funding settlement must be comprehensive, enduring and fair settlement for social care. It should also be less complex than the current system which is a mixture of one-off and recurrent funding, ring-fenced and non-ringfenced grants, local ability to raise additional Council Tax and contributions from service users.

5.3 We have also said that there needs to be a review of the funding allocations formula, with Adult Social Care funding based on ageing and disabled population and Public Health Grant funding based on indices of multiple deprivation.

5.4 Consideration should be given of additional cost pressures facing local government and the NHS in remote rural and coastal communities. Any funding formula should take into account the different costs of delivery incurred by geography and supply, for

example higher transport costs and an older population. We also endorse the LGA and PHE report from 2017 (<https://www.local.gov.uk/health-and-wellbeing-rural-areas>) which notes, amongst other conclusions, that:

- Both sparsity and rurality appear to affect poverty levels and consequently the health of people in rural areas. Sparse areas on the fringes of towns and urban settlements have the highest proportions of poor households, although no area type is poverty free.
- Changing population patterns, including outward migration of young people and inward migration of older people, are leading to a rural population that is increasingly older than the urban population, with accompanying health and care needs.
- Sparsity and the increasing scarcity of public transport links have a significant impact both on daily living costs of rural households and on access to services.
- Rural areas have worse access in terms of distance to health, public health and care services. Longer distances to GPs, dentists, hospitals and other health facilities mean that rural residents can experience 'distance decay' where service use decreases with increasing distance. Different models of service delivery may be needed for rural areas, including new models of workforce development. These also include the development of rural hubs providing a range of services, and more services provided on and through the internet.

5.5 We have also advised that we need to review and decide what is the responsibility and resulting costs of the state and what we agree should fall on individuals and families. In this we need to reflect on charges to people and revisit means test and needs test thresholds. We should be cautious about the unintended consequences of including people's homes in financial assessments for home care.

5.6 Finally, there needs to be clarity – not least for the general population – about the respective roles of the health and social care sectors and how much people will have to pay to access these. Expectations are understandably confused when some health care is free without means-testing while this is not currently the case in social care provision.

## **6.0 RECOMMENDATIONS**

6.1 Overview and Scrutiny Committee is asked to note the contents of the report.

RICHARD WEBB  
Corporate Director, Health and  
Adult Services

*Report Prepared by Health and Adult Services Leadership Team*



## Appendix 1

### SUBMISSIONS TO LGA AND CCN GREEN PAPERS – SOCIAL CARE

#### BACKGROUND

The County Council welcomes the Government's commitment to publishing a Green Paper on adult social care in November, alongside the long term plan for the recently announced £20 billion investment in the NHS. We have argued for a two-pronged approach:

- A long term funding settlement for social care, to stabilise the care system and to provide certainty for service providers
- Reform of the current system so that individuals and families can plan for future care needs and costs

As we understand it from Government sources, there is unlikely to be any commitment made about future social care funding before the next Spending Review and it may be 2023/24 before a longer term package of reforms and a sustainable funding settlement is in place.

The Local Government Association is undertaking a consultation on its own Green Paper, *The lives we want to lead* <https://www.local.gov.uk/lives-we-want-lead-lga-green-paper-adult-social-care>

This paper sets out options for how the system could be improved and radical measures that need to be considered given the scale of this funding crisis. Possible solutions to paying for adult social care in the long-term outlined in the consultation include:

- **Increasing income tax for taxpayers of all ages** – a 1p rise on the basic rate could raise £4.4 billion in 2024/25
- **Increasing national insurance** – a 1p rise could raise £10.4 billion in 2024/25
- **A Social Care Premium** - charging the over-40s and working pensioners an earmarked contribution (such as an addition to National Insurance or another mechanism). If it was assumed everyone over 40 was able to pay the same amount (not the case under National Insurance), raising £1 billion would mean a cost of £33.40 for each person aged 40+ in 2024/25.
- **Means testing universal benefits**, such as winter fuel allowance and free TV licences, could raise £1.9 billion in 2024/25
- **Allowing councils to increase council tax** – a 1 per cent rise would generate £285 million in 2024/25

In addition, the County Councils Network has also published its own Green Paper, [Sustainable Social Care: A Green Paper that Delivers a New Deal for Counties](https://www.countycouncilsnetwork.org.uk/counties-set-out-their-social-care-policy-p...)  
<https://www.countycouncilsnetwork.org.uk/counties-set-out-their-social-care-policy-p...>

This paper argues that if the government's reform agenda is to be successful, then social care must remain a local service and ministers should 'not be swayed' by overly-simplistic arguments to combine all, or elements of social care into the NHS.

With counties facing a funding gap of £1.6bn in social care by 2020/21 and new figures showing the average county authority now spends 45% of its entire budget on adult social care, the report makes several key recommendations to government:

- If government implements a cap on care at £50,000 per individual, this could cost county authorities collectively £691m a year – double that of a £72,000 cap which was previously put forward.
- County leaders suggest these reforms, and the funding gap, could be filled by national taxation and means-testing of winter fuel allowance and attendance allowance to avoid ‘catastrophic consequences’ for local services. Separately, they say they agree with the exploration of further proposals to make the system sustainable, including the recently floated ‘social care levy’ proposals.
- Social care must remain a local service, and social care councils’ role in the reform and integration agenda should not be overlooked by government. Councils contain democratic accountability and strong links to other service areas, such as housing, and they have a proven track record in financial prudence and commissioning.
- With the number of over 85s households in county areas set to rise to ‘unprecedented’ levels by 155% over the next two decades, government must address shortages in both retirement properties and supported housing, by introducing reforms to the planning system and to the administration of grant funding such as Disabled Facilities Grant.
- Prevention should be a key focus of the green paper. To that end, government should invest a ‘significant’ proportion of the £20bn NHS windfall in primary, community, and mental health services.

However, the lower the cap is set, the higher the costs for county authorities – and with county authorities already facing an existing funding black hole of £949m in social care by 2020 and care home providers in these areas estimating a short-fall of £670m in the fees they receive from councils, the introduction of an un-costed cap would have ‘catastrophic’ consequences for local services; pushing services closer to the brink, fewer residents actually receiving care, and care homes potentially closing.

These councils also say that a failure to fully fund any care cap, and provide genuinely new money to meet the existing funding gap of £1bn, will further threaten the financial sustainability of England’s largest councils. A CCN survey of county leaders recently showed that only 33% of leaders were confident in delivering a balanced budget by 2020/21; with the outcome green paper pivotal to dealing with the financial uncertainty facing their councils.

The report presents evidence that shows the consequences of an unfunded cap for rural councils could be particularly acute, with counties facing an ‘unprecedented’ rise in those aged over 85 and these areas containing more ‘self-funders’ who would now, for the first time, be eligible for the cap and potentially enter state-funded care.

Population projections show that the number of over 85 households in county areas are set to balloon by 155% by 2039, rising from 491,000 to 1,254 million. This growth in rural areas represents over half of the country’s entire projected growth in over 85s, with on average 53% of social care users in counties self-funding their care.

# DELAYED TRANSFERS OF CARE

17<sup>th</sup> December 2018

# PERFORMANCE AGAINST NATIONAL TARGET

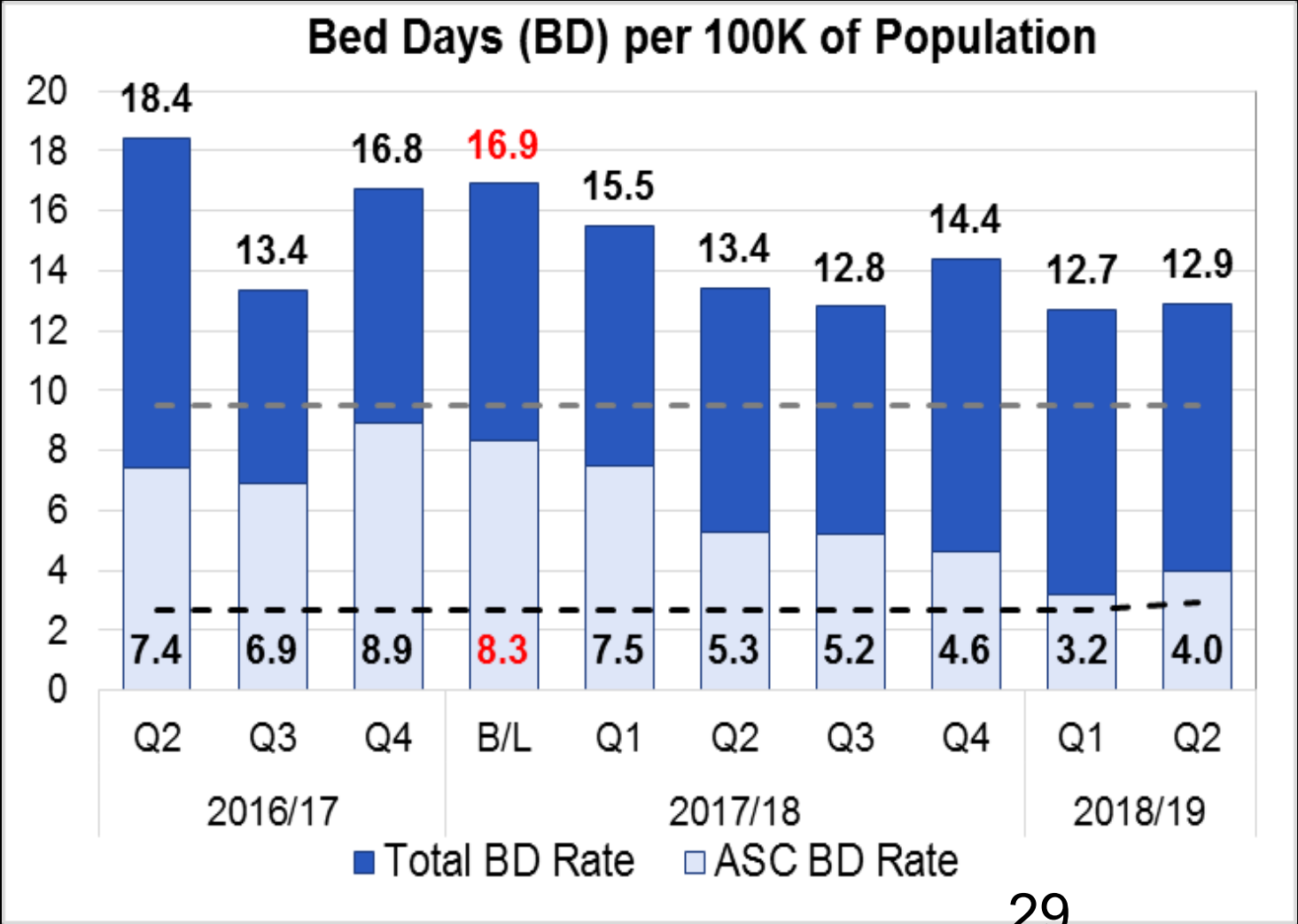
Adult Social Care – National Target  
(% bed days per 100,000 population)

- July = 5.0% (2.7% Target)
- August = 3.9% (2.7% Target)
- September = 4.0% (2.9% Target)
- October = 3.3% (2.9% Target)

Overall System Target (both  
Adult Social Care and NHS)

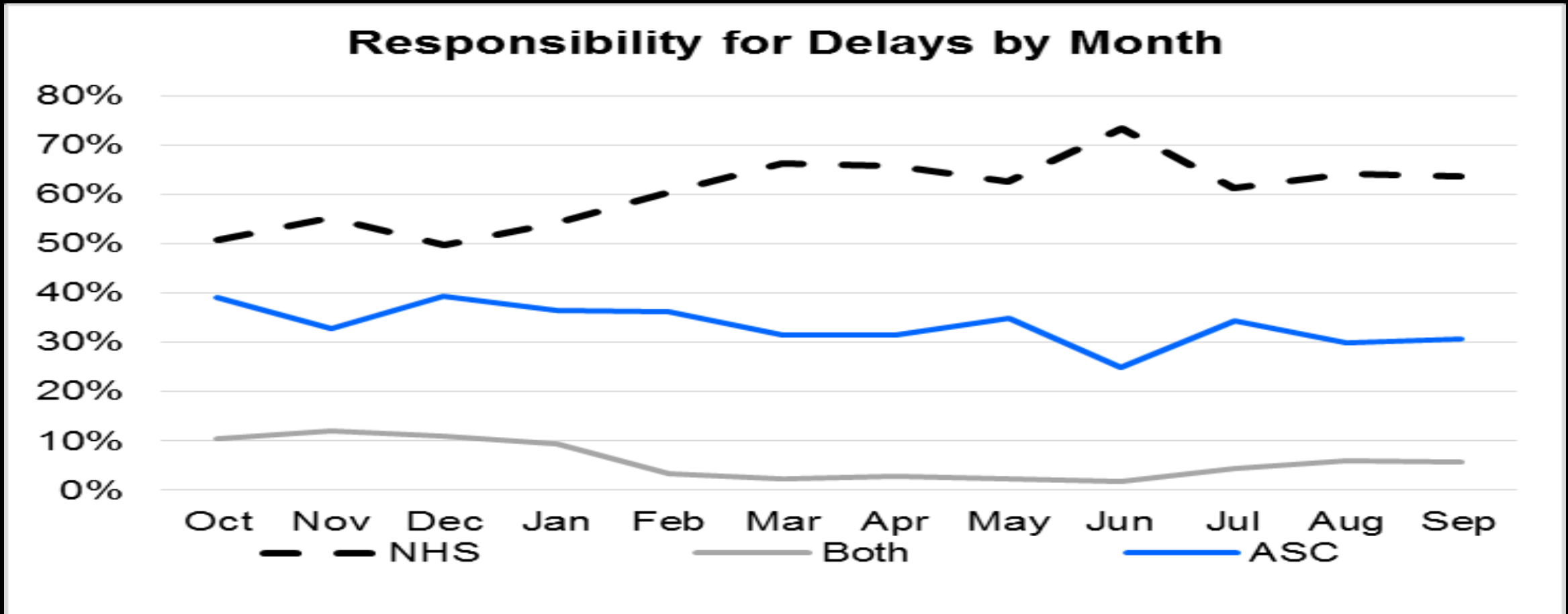
- 9.6% Target
- July = 14.7%
- August = 12.9%
- September = 12.9%
- October = 13.1%

# PERFORMANCE

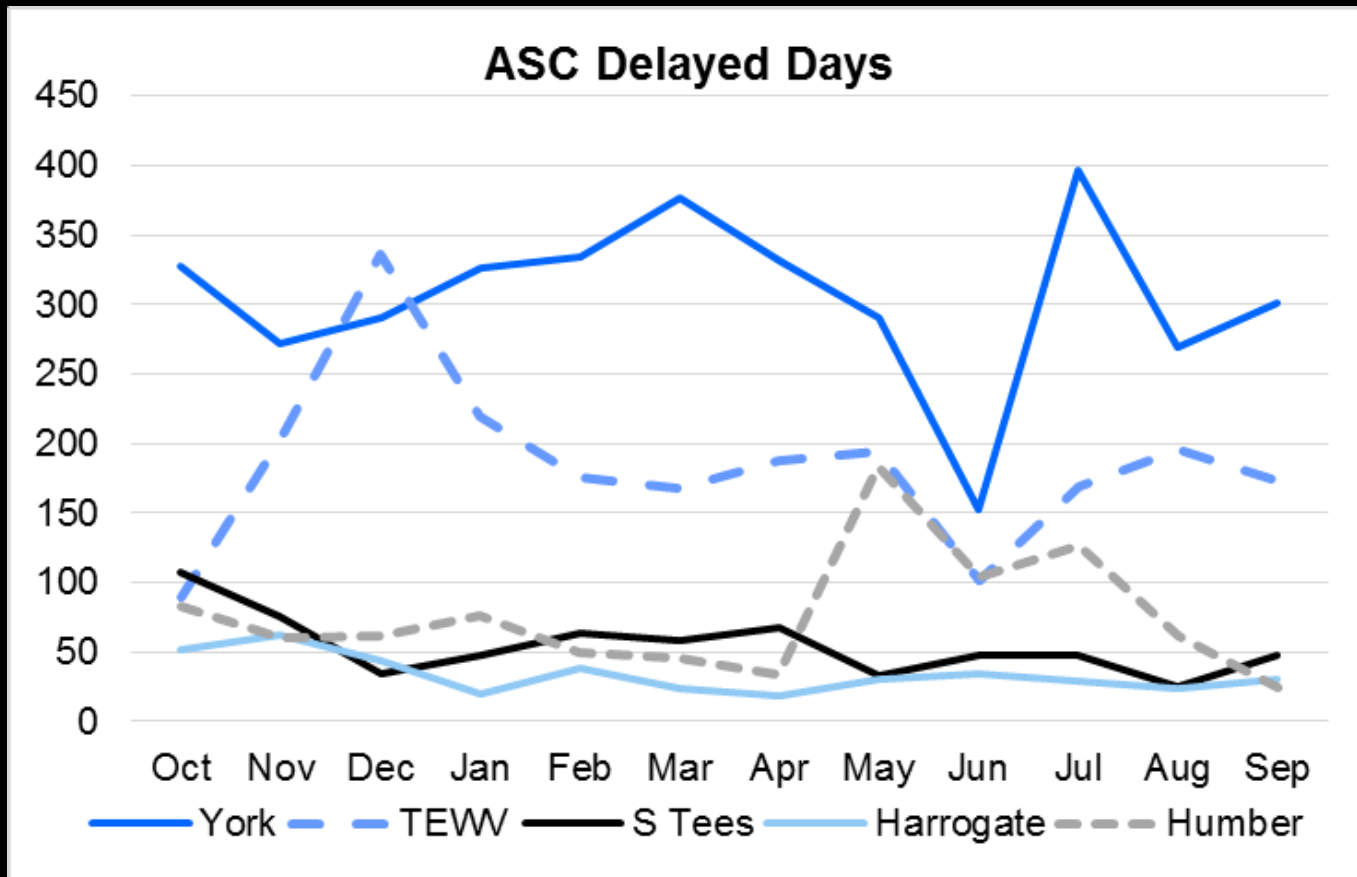


- Adult Social Care delays show a reduction of 25% year on year since September 2016.
- September 2016 – 1089 Delayed Days
- September 2018 – 587 Delayed Days

# PERFORMANCE (2)

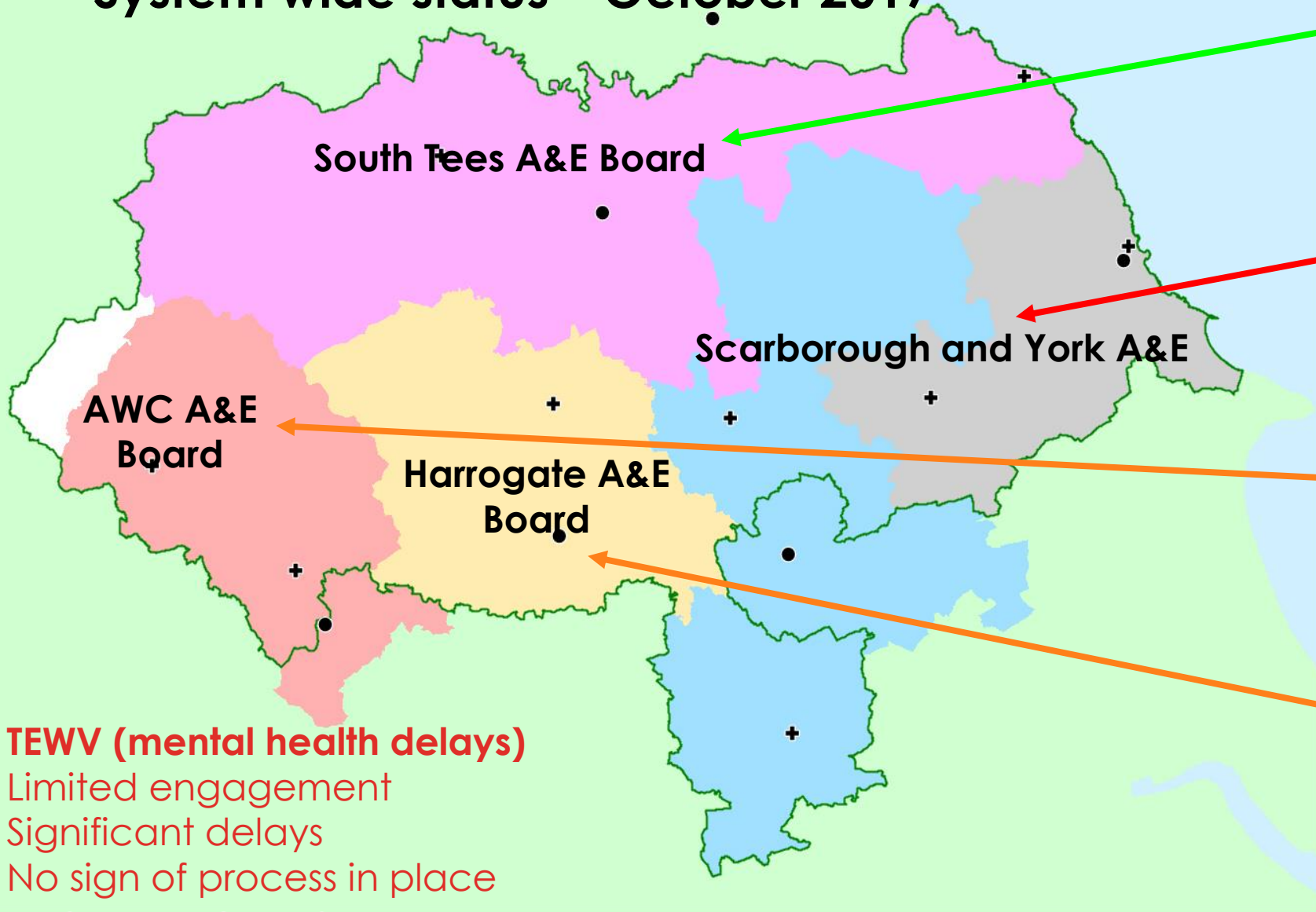


# PERFORMANCE (3)



- Areas of challenge
  - Highest delays - York FT
  - Humber – Significant delays for relatively small bed base
  - Tees, Esk and Wear Valley – High numbers of delays and longest length of stay

# System wide status – October 2017



## South Tees

Consistent engagement –  
Daily, Weekly and Monthly  
sitrep conversations in place  
Low numbers of delays

## Scarborough and York

Limited joint working  
arrangements  
Daily calls to discuss delays  
Highest numbers of delays

## Airedale, Wharfedale & Craven

Good working relationships  
No sign off process in place  
Low numbers of delays

## Harrogate

Good working relationships  
No sign off process in place  
Low numbers of delays

## TEWV (mental health delays)

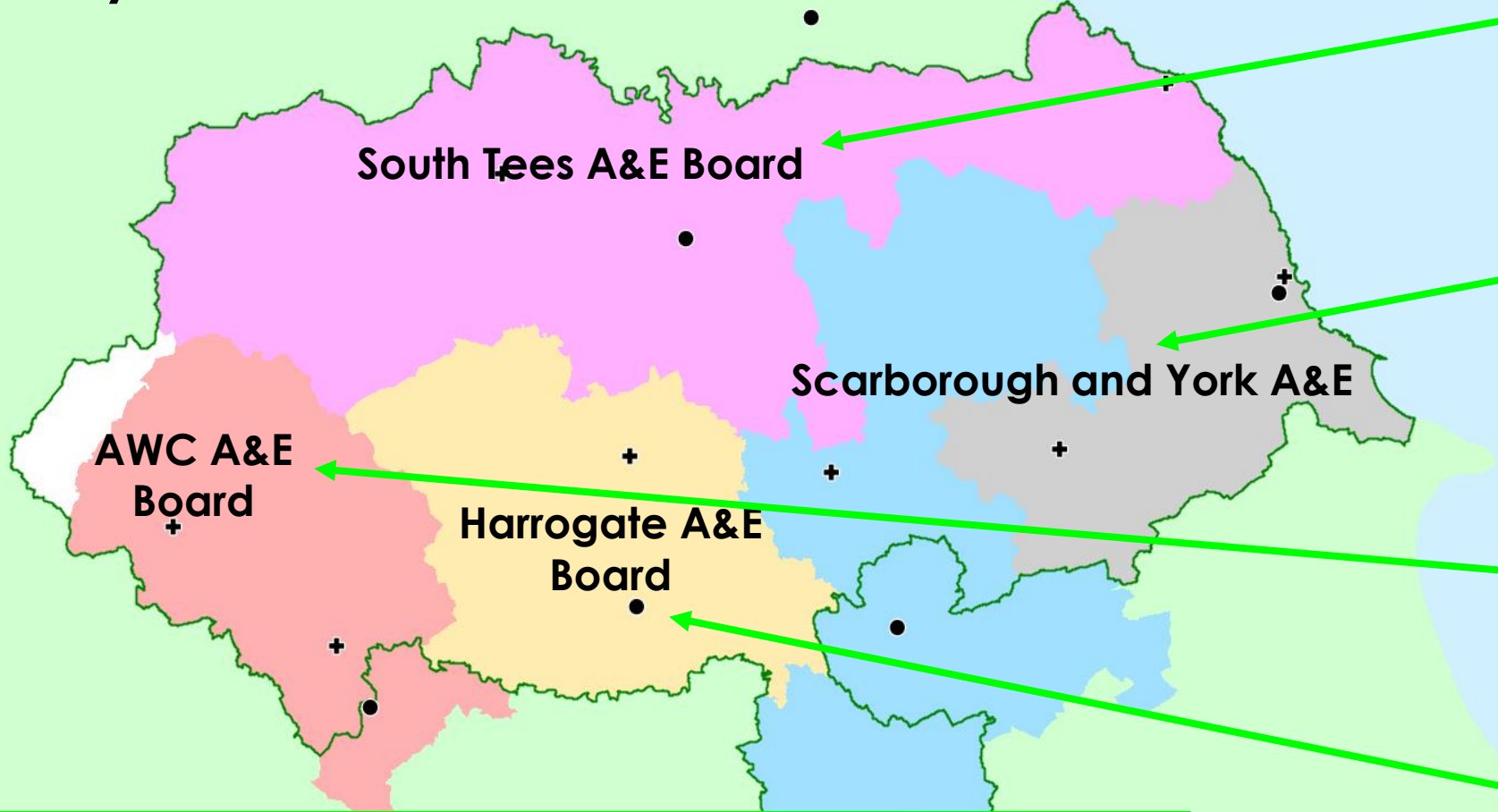
Limited engagement  
Significant delays  
No sign of process in place



# VARIANCE TO PUBLISHED DATA

	December				January		
	NYCC figure	Published	Variance		NYCC figure	Published	Variance
South Tees	35	35	0		54	48	-6
Harrogate	49	43	-6		24	20	-4
York FT	184	291	107		278	326	48
Humber	?	61	61		?	76	76
TEWV	?	336	336		?	219	219

## System wide status – December 2018



### South Tees

Consistent engagement,  
new Discharge to Assess  
Pilot in place –  
Daily, Weekly and Monthly  
sitrep conversations in place  
Low numbers of delays

### Scarborough and York

Development of Joint  
protocol with York FT and  
Humber  
Daily, Weekly and Monthly  
conversations in place  
Reducing numbers of delays

### Airedale, Wharfedale & Craven

Good working relationships  
Sign off process in place  
Low numbers of delays

### Harrogate

Good working relationships  
Sign off process in place  
Low numbers of delays

### TEWV (mental health delays)

Significant engagement, new S117 Aftercare pathways  
developed and implemented jointly.

Reducing numbers of delays, reducing length of stays

Countywide discussions, daily, weekly and monthly

# VARIANCE TO PUBLISHED DATA

	NYCC figure	September	
		Published	Variance
South Tees	41	30	-11
Harrogate	24	24	0
York FT	344	301	-43
Humber	35	34	-1
TEWV	173	173	0



# CURRENT/LOOKING TO THE FUTURE

- Improved rigour/consistency to DToC Management processes in NYCC
- Reduced Delays for Adult Social Care – but more system wide work to do
- Accuracy of data much improved for NYCC – can we now start to support a wider system view?
- Understanding Patient Flow/Digital Projects - Having more information to support understanding of demand and capacity issues across the system
- Partnership Working - Working relationships much improved across all areas – work to embed this at all levels of staff
- Engagement - How has this improved for the person? Are we improving the outcomes for people?
- Discharge to Assess/ Trusted Assessment - Discharge Pathways in place consistent across trusts

# ANY QUESTIONS?



## Care and Independence Overview and Scrutiny Committee

### Scope

The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector

### Meeting Details

	Monday 17 December 2018 at 10.30 (REVISED DATE from 13 December 2018)
	Thursday 4 April 2019 at 10.30am
	Thursday 14 February 2018 at 10.30am
	Thursday 2 May 2019 at 10.30am

### Programme

BUSINESS FOR Monday 17 DECEMBER 2018			
Budget Scrutiny	A paper which outlines the areas of the budget that are overspending with the plans we have in place to try and mitigate this overspend.		
Feasibility Study	Feasibility study - nursing care, residential and/or dual registered residential and nursing care	Report of the Consultants work and the directorates response	Janine Tranmer
Delayed Discharge	Trends and actions on Delayed Transfer of Care	Update on current performance and implications	Louise Wallace
Health and Social Care Integration	Report of Task Group		
Client Contributions	Committee consulted on proposed changes to charges		Anton Hodge
BUSINESS FOR THURSDAY 4 April 2018			

Short Breaks Proposals	Major review of respite/short term breaks (aiming to offer more to people with dementia but also potential changes to existing services), transport (initially focusing on income collection but will look at charging), charging levels	Details of current position	Dale Owens
Assistive Technology and Independent Living	How NYCC uses Assistive Technology to <ul style="list-style-type: none"> <li>• Help people manage or eliminate a wide range of risks to both the individual e.g. of falling, or to the property e.g. fire, smoke, flood alert</li> <li>• Promote independence</li> <li>• Do some more tasks better or more reliably than the human equivalent</li> <li>• Help deliver greater privacy or dignity in certain circumstances</li> </ul>	Understanding and evaluation	
Support for Carers	How NYCC supports carers.	In particular, how the authority is responding to the pressure upon families.	
Respite	An understanding of the different types of respite provision and their purpose		Louise Wallace
Direct Payments	Take up of Direct payments as a part of personal budgets. How NYCC is ensuring that Direct Payments enable more choice and control over the	Update on Directorate performance	

	support people receive and how their social care needs are met.		
User Participation and Co-design	Report back from members and next steps		
Prevent Reduce Delay	Update on current activity particularly in relation to Strength Based Assessments		Rachel Bowes

Mid Cycle Briefings

14 February 2018

In house provision - learning disabilities

Supported Employment

Banded Extra Care Charges: Details of current position