

Minutes of the meeting of the Health and Adult Social Services Scrutiny Panel

Date: Tuesday, 12 December 2023

Venue: The Atrium - Perceval House

Attendees (in person):

B Wesson (Chair), F Conti, A Steed (Vice-Chair), G Murtaza, K Crawford, M Iqbal, K Nagpal and K Dhindsa, A Cook and A Brooks

Attendees (virtual):

V Alexander

1 Apologies for Absence

There were no apologies for absence.

2 Urgent Matters

There were no urgent matters.

3 Matters to be Considered in Private

There were no matters to be considered in private.

4 Declarations of Interest

There were no declarations of interest.

5 Minutes

The minutes of the meeting held on 28 September 2023 were approved by the Panel.

6 Appointment of Co-optee Member

RESOLVED: Anthony Brooks from Ealing and Hounslow Community Voluntary Services was confirmed as a co-optee member of the Panel.

7 Ealing Safeguarding Adult Board Annual Report 2022-2023

Due to technical difficulties, which meant that the Panel was unable to hear from officers online, this item was deferred.

8 Finance Update on Adult Social Care

Kerry Stevens, Strategic Director, Adult Social Care and Public Health provided the Panel with an update on the position for quarter 2 of the financial year for the Adult Social Care Directorate.

The following points were highlighted:

- The quarter 2 position on a budget of £99.384m was an £11.7m overspend, which had reduced from a £15.4m overspend at the end of quarter 2. The drivers for the significant overspend were multiple and came from different directions in terms of how the pressures were being felt within the service. There had been significant inflationary increases in the cost of services being procured from the market, for example a 25% increase in the cost of care home beds for older people over the last 12 months.
- The service was seeing the impacts of the significant challenges that the NHS were facing in terms of waiting lists and the impact of that on the level of acuity of need of the people coming into the services. The service was also seeing increased demand in terms of the impact of the cost of living crisis on the communities being served. In effect there was an increase in the unit cost of services being procured, an increase in the level of needs, and in the number of people approaching the service for support.
- A range of actions had been taken to try and manage the spend position, including increased funding which was agreed with the Ealing Borough Based Partnership, for payments to carers to support them in their valuable roles. Increased resources had been put in to reducing waiting times for assessment so that people were coming into services quickly to receive support with their needs.
- The high level out turn position for quarter 2 had seen a £3.7m reduction in the overspend position between quarter 1 and quarter 2. The ongoing forecast overspend explanation was an increase in growth in the region of £9.4m, over £4m growth now in terms of inflation was expected for 2023/24. Further inflationary costs were included within that in terms of price of services procured directly from the market and the investments into the real living wage. There were also challenges in the inflation management for the four large private finance initiative care homes that Ealing had and additional money had been drawn down from the corporate centre to support that.
- In terms of spend by service area most of the activity sat within older adults, approximately 2,500 older people were in receipt of services and spend in that area was £38m. There were approximately 1,200 people with learning disabilities in receipt of services, which was a much smaller number, but spend was £43m. The number of people in receipt of services throughout the year had remained static whereas

the cost had gone up significantly. This was a testament to the work of the Better Lives Programme promoting independence and supporting people to remain in their communities.

- The Ealing trend of spend per head of population for adult social care showed a reduction in years 2018/19 and 2019/20 during which period London showed continued growth. Ealing spend per head of population for 2021/22 was £41m per 100k population, whereas the London average was £44m. Spend per head was bottom quarter relative to the rest of London and the lowest spend in London per head for people over the age of 65. Ealing also had the lowest spend on adult social care as a proportion of core spend in London. Ealing had started off with a much higher spend than the average across London boroughs, but saw a reduction in spend per head through the Better Lives Programme. A promotion of independence model which had been very effective.
- Ealing received a significantly lower rate of the Better Care Fund from NHS North West London, which was a shortfall of nearly £9m a year. It was important to recognise that within the North West London Health and Social Care System, Ealing had the largest number of care home beds. Significant numbers of people were placed in Ealing from central London boroughs. The health and social care system had experienced the financial pressures associated with this and not received the requisite funding to reflect that additional pressure.
- There were also differences in the way that the NHS funding was split between inner and outer London boroughs. Section 117 funding in Inner London was split 50:50 but in outer London was split 40:60, which was thought to cost Ealing just under a £1m per annum in terms of lost income. There had also been a variation in terms of how the winter pressures funding had been dealt with across North West London as a whole. As the largest borough Ealing had the largest proportion of discharges, however the funding through NHS North West London was disproportionately low relative to the level of activity.

Panel members asked the following questions:

- Ealing had the lowest spend per head in London, should that be considered good or bad? Were people getting everything that they needed from their packages of care? Kerry Stevens replied that Ealing's comparative spend from 2018/19 for the following three years was significantly above the London average. At that point the Better Lives programme was implemented, which had a significant impact on the levels of spend within the borough. More people were being supported to live in the community with a very efficient and high quality home care offer. Assurance regarding the spend position relative to other boroughs was key. Ealing was not underspending but this was kept under constant review and it was also key that statutory duties were being met.

- Because of the initiatives being run, was the service saying that people were requiring less care than the same person in another borough? Kerry Stevens confirmed that this was the case, also as Ealing had such an efficient domiciliary care market it was one of the lowest costs in London for home care hours but top quality in terms of the offer. Supporting more people at home and promoting independence was more cost effective.
- How did the service and the staff cope with having to manage a deficit, keeping officers motivated must be quite challenging? Kerry Stevens replied that prior to the pandemic, adult social care came in at an underspend for the preceding two financial years because of the work that had been done promoting independence. There were now significant financial challenges that local government faced nationally. Staff were clear that they were in post to serve the local community and their drive within their professional responsibilities was to improve outcomes, that was what kept them committed to public service.
- As the service was not aware of the grants and one off income until the end of the year, how did that affect the financial forecast? Kerry Stevens agreed that it was difficult to make assumptions about what the income would be. The service started the year not making any assumptions and then building on that as the income became available. Grants and other funding for the service were generally known by the end of October. There were some significant variations year to year.
- Members suggested that it would be good to be clear on current demands against the budget allocations and performance. Kerry Stevens said that he could overlay activity against spend and if the scrutiny panel wanted to look at this on a regular basis, he could provide the information. The Chair agreed that this would be helpful.
- The quarter 2 position showed £2.3m savings as a red risk, how viable and safe were they? Kerry Stevens said that a red, amber, green rating system would often be used to monitor the plans to manage efficiencies through the system and identify risk. He offered to bring updates in the terms of the RAG rating of the savings plans to the Panel to see how they changed over time if that would be helpful.
- Could more detail be provided about the proposed surge review of packages? Kerry Stevens replied that in terms of the surge activity, there was a recognition that within the services there was limited staffing capacity, because of financial limitations and recruitment and retention issues, and there was increased demand. The service was having to look at different ways of using resources to respond to that demand. One of the pieces of work included focussing a cohort of staff on completing reviews, because there was a backlog and the service had a responsibility to ensure that people's care needs were being

met. Further surges were planned through January, February, and March to deal with waiting lists. A review of the impact of the surge approach would be carried out with the corporate transformation team, Kerry Stevens added that he would be happy to bring an update on that to the Panel in April or May.

- Learning Disabilities did not see a reduction in the forecast of variance in the last quarter. Was that because a lot of the schemes being run to try and reduce cost were not applicable or could not be used within that cohort? Kerry Stevens said that the service was examining the spend on services for people with a learning disability. Some of the challenges being experienced were because it was a relatively small market in terms of providers of services. There was a huge amount of work being done with young people with a learning disability transitioning in to adult services. That had been very successful in supporting independence and continuing health funding to meet people's needs rather than the council funding individual's needs.
- Were there any key criteria that lead to the view that the Better Lives Programme was having a beneficial effect? Kerry Stevens said that following the introduction of the programme and prior to the pandemic the service conducted a consultation with people about their experience of the programme and got some very positive responses. A report from Healthwatch was brought to the Panel and could be represented.

Due to technical difficulties the Chair asked questions on behalf of Roy Willis, Ealing Reclaim Social Care Action Group (ERSCAG) who was on line. They were:

- After the positive news last year of the roll out of the Real Living wage to Ealing's Home care workforce, it was difficult to understand how Ealing's average payment for one hour of home care was significantly lower than the Greater London average. In a BBC report, it was stated that the average hourly home care rate paid by Ealing was £16.04 while the average rate across other London Boroughs was £19.01. Was there an explanation for this discrepancy as it could adversely affect recruitment of home carers and the viability of local Home Care agencies?

Kerry Stevens replied that the report from the BBC was out of date. Ealing currently paid £17.65 per hour and was proud to be a real living wage payer in the domiciliary and community care sector, which was key in terms of the response to the recruitment and retention challenges. Ealing had been significantly investing and working with the care market for many years to support the quality of the offer and the council only commissioned new services from home care providers that were rated good and outstanding by the Care Quality Commission.

Sarah Boston, Save our NHS Ealing, asked what impact the Government's proposal to restrict the families of care workers from overseas from joining

them would have on recruitment and retention. Kerry Stevens replied that recruitment and retention was a significant challenge across the health and care sector. The council was actively working with its partners within the care sector to get an understanding of what the proposed changes would be and the impact within the market. Kerry Stevens proposed to bring any updates to the panel in the new year.

Concluding the item, the Chair said that he recognised the difficult financial position that the service continued to grapple with. He confirmed that the Panel would like to review the activity and spend information along with the RAG rating demonstrating the progress and the challenges. An update on the surge approach would also be welcome.

RESOLVED: That the Panel notes the report and makes the following recommendations:

1. Further reports on activity and spend to include the RAG risk assessment rating.
2. An update on the surge approach for responding to backlogs to be included in the Panel's work programme.

9 Review of Ealing Adult Social Services Partnership Boards - Update on Progress

Kerry Stevens, Strategic Director, Adult Social Care and Public Health presented this report which provided the Panel with an updated position on the implementation of co-production boards. The aims of the initial review, the key findings, and the outcome from the options appraisal were highlighted for members.

The proposals were to merge the learning disability and autism partnership boards, split the older adults and long term conditions and disabilities board, and to create a carers partnership board. There was discussion about whether partnership boards should be developed to reflect the seven towns model but this was not seen as something to progress at this stage. There were ongoing discussions regarding recompense and support for individuals taking more formal roles within the boards. The strategic co-production boards would be in place by the end of March 2024 and the voice of the user and the community would have a much greater role in the decision making within the Health and Wellbeing Board.

The Chair commented that he would like the Panel to have the opportunity to feed into any further consultation on the strategy and asked what pressure this work might be adding to the service's budget. Kerry Stevens replied that the costs associated with the implementation of the new structure for co-production boards was minimal. The ongoing function of the boards was currently being looked at in terms of any remuneration for chairs and support for the board. The strategic co-production board would probably want to engage with the Panel on the development of the strategy.

Due to the technical difficulties, the Chair asked a question on behalf of Roy Willis, from Ealing Reclaim Social Care Action Group (ERSCAG).

ERSCAG welcomed the focus in the report on engaging directly with people most affected by social care policies and experts by experience but what additional resources and support were envisaged to support the equal participation of these people in the newly reformed co-production boards? Kerry Stevens replied that it was going to be important that the experts by experience voice and role within the co-production process was front and centre. The service would need to be clear in terms of how those costs were met within the organisation, efficiencies elsewhere might make up for any minimal cost for supporting the co-production boards.

Resolved:

The Panel noted the report.

10 Panel Work Programme

The Chair took this item earlier in the meeting commenting that having the work programme at the end of the agenda meant that it did not always get the due attention it deserved. It would therefore be considered earlier in the agenda in future.

The Chair drew the Panel's attention to the Joint Health Overview and Scrutiny Committee (JHOSC) held on 5 December 2023. There was an update at the meeting from the NHS North West London Integrated Care Partnership on its plan to reduce its running costs by 30%. This would impact staffing with a possible reduction of 100 posts across North West London. Members of the JHOSC had raised concerns about the impact that the cuts would have on borough based partnerships. Panel member, Councillor Murtaza commented that it would be very difficult to deal with these cuts. The prescribing budget had also been cut and GPs were being asked not to prescribe certain items which patients expected.

The Chair invited comments from members on the panel's work programme.

Councillor Kate Crawford suggested that the Panel should consider returning to look at adult acute mental health beds and provision for young adults. The Chair advised that the Children's Scrutiny Panel would be considering the provision of Child and Adolescent Mental Health Services at its March meeting at which the members of this panel would be invited to. Regarding acute mental health beds he would review the work programme to see if this could be included.

Resolved:

The Panel noted the work programme.

11 Date of Next Meeting

The date of the next meeting was noted as Tuesday 19 March 2024.

Meeting commenced: 7.00 pm

Meeting finished: 8.18 pm

Signed:

Dated: Tuesday, 19 March 2024

B Wesson (Chair)