

ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the Adult Social Care Scrutiny Committee held on Tuesday, 25th October 2011 at 2.30 p.m. in the Civic Offices, Telford, Shropshire

PRESENT:

Councillors C. Turley (Chairman), C. Mason, J. Seymour; Co-optee Maurice Viney.

Also Present: Cllrs. Liz Clare, Cabinet Member Adult & Social Care, V. Fletcher, D. White; Paul Taylor, Social Care Specialist; Stephanie Jones, Scrutiny Group Specialist.

ASCSC-7 MINUTES

The minutes of the meeting held on 27th September 2011 were agreed as an accurate reflection of the meeting.

Regarding the item on the Southern Cross homes, members received further assurance that the position continued to be monitored closely. Coverage Care had taken over as the care provider at the Christian Cottage Nursing Home at the end of September, and the transfer to the new provider at St. George's was on schedule for the end of October. There had been further quality improvements at St. George's and a meeting to consider new admissions will be held shortly.

ASCSC-8 APOLOGIES FOR ABSENCE

Cllrs. F. Bould, J. Greenaway, J. Loveridge.

ACSSC-9 DECLARATIONS OF INTEREST

None

ASCSC-10 PHASE 2 CARE & SUPPORT STRUCTURE PROPOSAL

The Social Care Specialist presented the key elements of the Phase 2 Care & Support Structure Proposal. The following points were highlighted:

- A new model of delivery for care services would have been put in place even without the grant cuts because fundamental changes were required to deliver the personalisation and "Putting People First" agenda.
- Extensive consultation had been carried out over the previous three years on how the service could be delivered and sustained to meet the personalisation agenda, increasing demand and with potentially less funding.
- The Phase 1 structure agreed in May 2011 had put in place the overarching structure in Care & Support with the emphasis on **personalisation, prevention, self-directed support, re-ablement** and **access**.
- Appointments had been made to the management posts agreed in Phase 1.
- The Phase 2 proposals concerned the 500-600 staff deployed across the new teams. The proposals had been launched on 13th September for a 90 day consultation period with staff, partnership boards, users and carer groups.

- Interim engagement sessions would be held with staff on 27th October and 17th November to give feedback on responses to date and to answer questions. Consultation would close on 12th December.
- All views put forward, including from scrutiny, would be considered and the final structure would be agreed by 6th January 2012. Recruitment to posts would take place from January to April.
- The background to the proposals was the £22m government grant cut to the Council over 3 years, the requirement to make 20% staff and 20% non-staff savings, a staff saving of £15.3m overall and **£2.045m** staff saving for Care & Support. This was coupled with an increase in the number of older people and increased cost of care which made current funding unsustainable.
- The phase 1 Senior management & commissioning review had delivered £265k savings and 31% reduction in staff and the Phase 2 proposals would deliver £1.516m savings and 12% reduction in staff making a total proposed saving of £1.781m which was short of the £2.045m target.
- Overall, there would be a reduction of 54.27fte posts from the Phase 2 proposals. Some of the reduction will be offset by unfilled vacancies and voluntary redundancy applications. It was hoped that by March 2012 all the lost posts would be consumed by vacancies but this could not be guaranteed.
- A key objective was to provide consistency across the service by rationalising job descriptions by moving from single specialist roles, such as the specialist Aspergers post, to embedding skills and knowledge across teams.
- There would be an increase in the number of posts in some areas and a reduction in others. The service would be refocused on rehabilitation and re-ablement and this area would be strengthened by additional investment from Section 256 money from the NHS. There should be a reduced requirement for on-going assessment and care management so this area would be reduced.
- There would be generic job descriptions for sets of workers in similar job roles, such as professionally qualified staff, social care officers, support workers and assistant support co-ordinators.
- The proposals around access were based on a single point of contact service.
- The hospital based team would be retained, but would cover admissions to all hospitals and not just PRH. This was especially important with the hospital reconfiguration and relocation of some acute services to RSH.
- Rehabilitation and re-ablement were the crux of the proposals and the service would be enhanced with staff, and use of equipment, and assisted technology.
- The Young People & Transition & Enablement team would bridge the gap between children and adult services for 14-25 years olds.
- The location of the Employment & Community Education team would be considered further during the consultation – the options were to remain in Care & Support or move to Employment & Skills.
- There would be 2 Assessment and Case Management teams for Adults and Older people to deal with longer term and complex needs. There was a proposed overall reduction of staff due to the projected reduced demand.
- The Self Directed Support Team would take on work previously done by social workers which could be done by non-qualified staff, freeing social workers up to deal only with cases requiring a qualified social worker.

- Personalisation Support & Service Provision would include a mix of services to help people find the care they needed through self-directed support, brokerage, and direct payments.
- The Service Provision would include the substance misuse team. This is not a community care service but a treatment service run by the Council jointly with the NHS. There are 3 funding streams: the National Treatment Agency, the PCT and the Council. Learning disability provider services would be part of this service area too.
- Adult Safeguarding had been partially addressed in Phase 1 and no change was proposed to the size of the service, though it should be noted that the service had now been realigned with the rest of adult social care services.
- Adult Mental Health Services had been excluded from the Phase 1 to enable discussions to take place with the Shropshire and South Staffordshire Mental Health Foundation Trust and ensure consistency of views with the Trust's service review. There was shared agreement on the need for integrated services and joint arrangements, but communication had become more difficult since the NHS provider received Foundation Trust status, and governance arrangements needed to be improved which are part of the proposals.

Members asked a number of questions and made a number of comments;

- *What does "assisted technology" mean and how will it make savings?*

This means two things:

- More efficient use of technology such as providing staff with laptops and electronic forms so information can be typed straight into the system during a home visit rather than taking notes then typing them up into notes and onto forms afterwards.

Members suggested that notebooks would be a cost-effective and portable option, and that people must be comfortable with the member of staff typing during a visit.

- It also means the use of technology in people's own homes to reduce the need for paid care. This includes technology such as automated pill dispensers, automated "reminder" systems, a variety of sensors, pendant alarms, etc some linked to a monitoring centre with access to rapid response services
- *What is the rationale for the Aspergers specialist post being cut, and how will the new structure fulfil the new responsibilities placed on local authorities by the national Autism strategy?*

The Council has new responsibilities as a result of the Autism Bill and we are doing work with the NHS to put services in place to meet the statutory requirements and we welcome views of this part of the proposal. The proposals are not about getting rid of staff, but about developing these skills across all front line staff to give people access to those skills in line with the Autism Bill.

- *With regard to access, how will the new structure make it easier for people to know who to contact for help especially if they are in hospital?*

The Home from Hospital team will remain based at PRH but will also be responsible for contacting patients from Telford & Wrekin who are sent to hospitals outside the borough. People will be able to access services through the hospital based team or through community care staff.

There will also be one single point of contact to services, the Access Team which will have links into First Point. We also recognise the need to look at how we work with the community and voluntary sector so that people can be helped to help themselves without needing to contact social services and we are looking at having volunteers at First Point. The Council will also be responsible for commissioning HealthWatch which will provide advice, information and advocacy to the public.

Members greatly welcomed and supported the plans for the single point of contact, but agreed that the number needed to be widely promoted to all members, partners and the public. Members felt that doctors' surgeries had a big role to play in making people aware of the number.

Members suggested that there should be a trigger built into the system so that patients discharged from hospitals outside the area back home are flagged up to social services, whether the patient had been admitted for elective surgery or as an emergency.

- *Will HealthWatch be staffed by volunteers and how would they be trained if they are a separate organisation from the Council?*

HealthWatch will have paid staff, although its exact remit is still unclear. Adult Social Care currently funds a number of advocacy agencies and is discussing with them how to rationalise these services with one front door, to provide the best service with the monies available.

- Members supported the Young People & Transition & Enablement role linking into children's services to support the transition of young people from children to adult services from 14-25.
- *How will consultation on the proposals be done with staff, partners and users?*
There has been extensive consultation with partners, user and carers groups over the last three years on the service delivery model. A four page version of the proposals has been produced and a short bullet-point document is being developed which is easier for service users to understand. A series of consultation events is planned for families, carers, users, voluntary sector organisations, advocates etc. Engagement sessions are being held with staff on 27th October and 17th November to give feedback to staff on responses put forward to date and to answer their questions. This feedback can be given to scrutiny. There is also consultation with the unions.
- *Will the single point of contact operate out of hours?*
The emergency out of hours team is very small and only deals with emergencies, but does operate 24/7. We do need to look at extended services over 7 days a

week and out of hours to meet the needs of our population but this has resource implications.

- *How will service changes be communicated to the public?*
We are currently consulting with current users so that they are prepared for any changes and we want to reassure them that they are unlikely to see a change of service. New people would then enter the system under the changed services, i.e. a re-ablement programme before determining any personal budgets.
- *How the quality of service and provision be monitored?*
There are 2 issues: to monitor the quality of care provision, and to ensure people have real choice. We need to widen the range of services offered and look at smaller providers. A post for a Micro-manager is included in the structure who would be responsible for identifying and developing the market with small providers.

We do have quality monitoring officers who are responsible for monitoring the quality of the care received following assessment, which is mainly provided by independent care providers. The Care Quality Commission of course regulate and inspect care providers. LINK and in the future HealthWatch will have a role here too.

- Members suggested that the service needed to be linked to housing support. Further information about Extracare provision would be circulated following the meeting.

At the end of the discussion it was agreed that a further meeting would be held for the Committee to finalise its response to the proposals. Feedback from the staff engagement sessions would be provided to members.

ASCSC-11 FORWARD PLAN

It was agreed that the next meeting would be held at 2.00pm on 23rd November to agree the response to the Phase 2 proposals and the Caring for our Future Consultation.

The meeting ended at 4.00 p.m.

Chairman:

Date: