

ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the Adult Social Care Scrutiny Committee held on Wednesday, 23rd November 2011 at 2.30 p.m. in the Civic Offices, Telford, Shropshire

PRESENT: Councillors C. Turley (Chairman), F. Bould, J. Greenaway, M. Hosken, J. Seymour; Co-optee Maurice Viney.

Also Present: Stephanie Jones, Scrutiny Group Specialist.

ASCSC-12 MINUTES

RESOLVED - The minutes of the meeting held on 25th October 2011 were agreed as an accurate reflection of the meeting except that the word “notebooks” in section ASCSC-10 be amended to “netbooks”.

ASCSC-13 APOLOGIES FOR ABSENCE

Cllrs. J. Loveridge, C. Mason.

ACSSC-14 DECLARATIONS OF INTEREST

None

ASCSC-15 PHASE 2 CARE & SUPPORT STRUCTURE PROPOSAL

The Committee reviewed the information provided during the presentation at the previous meeting on 25th October 2011 on the Phase 2 Care & Support structure proposals, a draft copy of the initial comments agreed by the Committee at the previous meeting and the feedback on comments made during the consultation process including from the staff engagement sessions.

There was a lengthy discussion about all the information which had been provided and the following key concerns were highlighted:

- Serious concern was expressed about the loss of specialist posts such as the Asbergers and Dementia specialists, and the potential for a dilution of skills. It was noted that the new structure would include lead posts so that the specialist skills would be retained within the teams. Members felt strongly that the training for front-line staff to expand coverage of these skills must be rigorous so that the skills are strong.
- The functions currently carried out by the Employment & Community Education Teams in Care & Support should remain within Adult Care as the emphasis should remain on the “care” side rather than being transferred to Economy & Skills.

- Members agreed that the transition arrangements from children's to adult services is vitally important and that the new Transition and Enablement service for 14-25 year olds will be very important and must have clear links to children's service to bridge the gap, and pick up young people who may be in need but who are not receiving children's social services.
- There was a concern about the slight reduction in the level of senior officer capacity in the Enablement team and whether this was sufficient to support less experienced and qualified Enablement Workers.
- Members were concerned that some staff will be expected to carry out the same, or greater, level of responsibility with less pay and wanted to ensure that unions were being fully consulted on the proposals.
- Quality of care in care homes was a huge concern, as had been highlighted nationally in recent reports and television programmes. Members recognised that the Care Quality Commission is responsible for monitoring and inspecting care homes and that the Council does not have any funding or statutory powers in this area. However, Members were concerned that as much capacity as possible should be built into the new structure for inspections, and that the Council should use the commissioning process to strengthen quality specifications and monitoring processes when contracting with providers.

The CQC had produced guidance on how they can support Scrutiny Committees and this had been circulated to members of the Committee. It was agreed that the Scrutiny Officer would find out who the local designated CQC contact for the Adult Social Care Scrutiny Committee would be. It was **agreed** that the CQC inspection regime for care homes in Telford & Wrekin would be included in the Committee's work programme.

- The single point of contact was strongly supported but Members wanted to see the number widely promoted through partners and felt that GP surgeries have an important role to play in passing the number on to people.
- Members were concerned that services are offered wherever possible out of hours when it is likely that crises will occur.
- Members strongly supported the retentions of the Home from Hospital team, but recommended that a systematic way of identifying Telford & Wrekin residents sent to hospitals outside the borough so that they can be supported prior to discharge in the same way as patients at PRH.
- It was strongly recommended that any service changes should be communicated to service users as far in advance as possible so that people understand what will happen.
- It was suggested that electronic netbooks could provide a cost effective tool for staff to use during home visits, but Members were concerned that technology should not put up barriers or be off-putting to patients and that staff must make sure that patients are comfortable with electronic devices being used.

Further clarification was sought on whether the “brokerage” service would be available to self-funders free of charge, that the free enablement service would be available to all people (discharged from hospital or referred by social services) and the safeguards and responsibilities of the local authority for people on Direct Payments. The Scrutiny officer would request the information for circulation to the Committee.

RESOLVED

That the Scrutiny Group Specialist would draft comments based on the concerns identified for approval by the Committee and submission to the service area for consideration in the further development of the structure proposals.

ASCSC-16 CARING FOR OUR FUTURE

A briefing note on the Government’s Caring for Our Future consultation had been circulated to the Committee. The consultation was to engage with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support. Feedback from the consultation would feed into the White Paper on Social Care and a “progress report” on funding reform in the Spring of 2012.

Members considered each of the six specific areas set out in the consultation document and discussed comments they would like to make as part of the consultation. The following points were agreed:

Quality – What are the priorities for promoting improved quality and developing the future workforce?

- The role of the Care Quality Commission needs to be clear and there needs to be a strong emphasis on hands-on inspections.
- A role and additional resources for local authorities to enhance and support the CQC should be considered.
- Local authorities need to be able to hold the CQC to account for their inspections.
- The public need to be made aware of which organisation complaints should be addressed to and the routes for appeal.

Personalisation – What are the priorities for promoting increased personalisation and choice?

- Giving people choice and a range of flexible options is essential, but there needs to be clear messages about what people can expect when local authority budgets are being cut.
- There needs to be more development of the micro-market (small providers) but there has to be funding to enable this.
- People must be given choices but there must be safeguards in the system to make sure people are not pressurised into making decisions that they do not want.
- The cost of services must be clearly delineated.

- People must receive good quality advice so they can make an informed decision about what is best for them and whether to manage their own budget or have services provided for them.

Integration – How can we take advantage of the Health & Social care modernisation program to ensure services are better integrated around people’s needs?

- There is a huge issue with the distribution of funding between health and social care and concerns about the increased pressure on local authority budgets resulting from efficiencies in the health service. This is especially important in relation to Continuing Health Care. The distribution of funding must be addressed to enable services to be integrated.
- Services should only be integrated where it is in the best interests of the person requiring care.
- Integration should be at as local a level as possible.
- There is a difficulty in integrating local care with large health organisations, and integration must be driven by the Health & Wellbeing Boards and Clinical Commissioning Groups at a local level.
- It is imperative that integration is supported by close working relationships and joint systems.

Prevention – What are the priorities for supporting greater prevention and early intervention?

- Public health and health promotion are essential to improve health and reduce health and social care costs over the longer term.
- Local authorities should be properly funded to deliver public health and health promotion initiatives.
- There should be a focus on health promotion in education
- Concern that in the short term prevention and early intervention initiatives are curtailed through lack of funding.

Shaping local care services – What are the priorities for creating a more diverse and responsive care market?

- There are grave concerns nationally about the quality of care and it is essential that care standards are monitored.
- A pool of care providers needs to be built up to provide a wide range of help (including domestic tasks such as ironing) from within the private, voluntary and community sectors and there needs to be a system for monitoring these services.
- Local authorities need to offer a brokerage service.
- As previously mentioned, there needs to be development of the micro-market.

The role of the financial services – What role could the financial services market play in supporting users, carers and their families?

- The issue of the overall lack of funding for local authorities to meet the increasing demand and cost of care must be addressed.

RESOLVED

That the Scrutiny officer would draft and circulate the comments for approval by the Committee for submission to the DfH as the Telford & Wrekin Adult Social Care Scrutiny Committee's response to the consultation.

ASCSC-17 FORWARD PLAN

It was agreed that the date for the next meeting would be confirmed by e-mail and that the agenda would include the impact of the withdrawal of CHC funding on the local authority and the adult safeguarding annual report.

The meeting ended at 4.00 p.m.

Chairman:

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Date:

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