HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held on 17th September 2014 in Willow Meeting Room, Park Lane Centre, Park Lane, Woodside, Telford TF7 5QZ

PRESENT:
Councillors D. White (Chair), V. Fletcher, J. Greenaway, K. Austin, C. Mollett, N. Dougmore, J. Minor, F. Bold , G. Reynolds, S. Reynolds, R. Evans

Co-optees: R. Perkins, F. Robinson

Also Present**:** Cllr. A. England, Cabinet Member Adult Social Care, P. Taylor (Director Adult Care, Heath and Wellbeing), R. Smith (Interim Assistant Director Adult Social Services), T. Smart, (Finance Manager), J. Shinton, S. Heath (Autonomy Shropshire) and F. Bottrill (Scrutiny Group Specialist)

HACSC-57 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee held on the 27th May 2014 be agreed as an accurate record of the meeting and signed by the Chairman.

HACSC-58 APOLOGIES FOR ABSENCE

Cllr. K. Guy, A. Astley Assistant Director, Customer Services, C. Jones Assistant Director Family, Cohesion & Commissioning

HACSC-59 DECLARATIONS OF INTEREST

Cllr. R. Evans declared her employment in a social care provider organisation that has contracts with the Local Authority.

HACSC-60 ADULT CARE BUDGET AND SAVINGS

The Chair welcomed everyone to the meeting and asked everyone to introduce themselves. He invited the Cabinet Member and officers to present the update report on the Adult Care Budget and Savings.

The Director of Health Wellbeing and Care said that the Committee had sent questions prior to the meeting and these have been responded to in the report. He has two roles to ensure that vulnerable people receive support and to manage the budget. He started working in Telford and Wrekin Council 41 years ago and has seen a growing demand against budget reductions. The Adult Social Care budget is about 40% of the Council's budget has to make its share of the savings. If the adult care savings are not made the savings the Council would be in a very difficult position. He said that the progress made against the £10 million savings that are required this year and next year the plan divides down into a number of areas. 80% of the Adult Care Budget is services that the Council buys in. The first priority is the price the Council pays for this care to ensure it is value for money. We believe there is significant scope to reduce costs. If we make these savings it will not impact on care. The care system is determined by the Community Care Act 1990 which is unsustainable. The level of care we are expected to deliver is not sustainable unless we as a society or Government increase the amount we put into adult care. The Director of Health Wellbeing and Care said that his professional body is lobbying Government. Historically Adult Services has over prescribed. Adult Care is expected to maximise independence and reablement services to enable individuals to self care and families and communities to support them selves. A report will go to Cabinet in the next couple of months to embed this approach which has become law through the Care Act. If someone requires support they will received an enablement service. If they still need support this will be against certain criteria and the Council must give them a personal budget.

The Director of Health Wellbeing and Care said that the savings plan for the service has been set out. There are very robust governance arrangements in place largely following in the footsteps of Children' service. Once a month the Cabinet Member, Director of Health Wellbeing and Care, the Chief Finance Officer, Cabinet Member for Business and Enterprise and Managing Director meet to share progress and we are challenged by them. The Chair of the Scrutiny Committee is invited to attend these.

The Cabinet Member for Adult Care said that it is important to get another view at these meetings and this invitation was willingly extended.

The Director of Health Wellbeing and Care suggested that T. Smart could report on the progress made in achieving the savings.

T. Smart reported that during 2014/15 the target to reduce the overspend and cut the budget is £8million. £2million of this has been achieved and other savings are in progress. Some work is just starting and £4million has been identified and this will be reflected in the monitoring. It was reported that it will be seen what savings can be brought forward.

Cllr. V. Fletcher asked if the £4million includes the £2.4 million reserve?

T. Smart confirmed that the budget is £3.4 million short. In the worst case scenario if the service cannot made the savings there is a 2.5 million draw down and money set aside within Adult Service to cover the £3.4 million.

The Director of Health Wellbeing and Care said that if one off money is used this will not help in the long term.

Cllr. V. Fletcher asked when the income from the solar farm will be available for adult care? Will the initial income be used to to pay back the outlay first?

The Director of Health Wellbeing and Care said that he was not aware that Adult Social Care would directly benefit but that the income would off set savings.

Cllr. V. Fletcher said that it was in the newspaper that 40 places would go to social care.

The Cabinet Members said he thought that this was given as an example.

The Director of Health Wellbeing and Care added that this is part of the overall budget strategy to generate income. If the income does not come in we will have to make more savings.

The Cabinet Member for Adult Care explained that the Director had set out what we are doing but he wanted to explain what we have done. The Senior Management Team has been re-organised and this is why we have achieved what we have. There is a lead in time and we need to think about what we need to do now that will affect the cuts in the future.

The Chair said that he understood where the service has come from. He added that if the service cannot make the savings then a realistic budget should be set. He did not think that setting the budget and then cutting the service to meet it was the right thing to do. He explained that he has experience of the Resource Allocation Management (RAS) System and in particular that staff are not well trained. He gave an example of one case where a member of staff admitted that he was not well trained. The chair stressed that people who are assessing the needs of the most vulnerable and making reports should not change the report after the assessment has been made. The Council should look at needs first.

The Director of Health Wellbeing and Care responded that training is key and we have got a lot to do with staff. We have got to a point that we must deliver against a new model of care. However successfully he argued for more money it would not be

sustainable.

The Interim Assistant Director Adult Social Services said that if this is happening with assessments he needs to know but it would not be appropriate to talk about an individual case at the meeting. He added that year on year Adult Services has not met its savings target and this came to an apex at the Peer Review 12 months ago. The Peer Review set out that the Council is potentially opening ourselves up to legal challenge as we do not have a transparent way of allocating resources. Before the provider said “we can do that for you for this amount of money” . He said he will take the issue about training on board. We needed to get the RAS in and it did not lead to a comprehensive training programme. We need to fundamentally change the way we assess – people will have less resources and need more community and family support. In the savings proposals when we identified the resource that will be allocated we will provide a support planning service, This will not be a social worker but someone will sit down and explain this is the amount of money and find what support it will purchase. There is a national challenge – there is not enough money in the system. People can manipulate the RAS to get resources for the people they support – social workers and front line staff. He explained that this is taking us back to how we should be working with family and community support.

The Chair said that people know what buttons to push but this will reduce resources available for others. The difficulty is that the family and community support is not there. Two or three years ago we said this to previous commissioners.

The Interim Assistant Director Adult Social Services said it would not be appropriate to discuss individual cases – but that people should not be able to manipulate the system.

Cllr. J. Minor asked if an assessment was made 18 months ago is this less applicable now? He also asked if there is an appeals process as all councils services should?

The Director for Health Wellbeing and Care said that needs change and also that it can be seen that historically people with the same level of need have been allocated different levels of resource. This has only been seen since there is an electronic tool. Adult Care currently finds 2,500 people who have a range of needs. All of these should be above a certain threshold where the Council has a legal duty to fund care. For some individuals the care will be reduced they will be assessed to determine the level of need and this will be met with reduced resource. For new people coming into the system they will be allocated a resource. To make the change that the Chair has talked about – this will need additional money.

The Interim Assistant Director Adult Social Services added that people with significant health problems are coming out of hospital earlier, there are demographic changes

and reduced health services. there are dwindling resources and where are the priorities?

The Chair gave an example of an assessment he was aware of where the person did not have support in the community where the funding was cut. He compared the system of assessments to ATOS, the company which had previously had the contact to see if someone is fit for work.

The Director of Health Wellbeing and Care said his responsibilities are conflicting and he has to make difficult decisions. He said he would like more resources available and is open to that but he has to ensure value for money and to maximise an individuals potential and reduce on going care. He said we must look at how we support families and the community to support themselves. He said it was a pity the Assistant Director Family, Cohesion & Commissioning was not present. The Director of Health Wellbeing and Care said he had a personal view that how ever successful we are there will be people who will feel we are not doing enough.

Cllr. J. Greenaway asked about the staff who are doing the questioning– are these social workers?

The Interim Assistant Director Adult Social Services responded that the assessment is co-produced with the person or their family / legal advocate. It can sometimes feel like an interview.

Cllr. J. Greenaway asked about the reliability of the assessors which linked to the discussion about training and leadership and culture and additional resources.

The Interim Assistant Director Adult Social Services replied that he will launch a restructure on 25th September. To deliver what we need to deliver we need the right people in the right jobs – there are no more resources. There will be a greater emphasis on the front door – where people come to social care. There will be more resource more quickly . Our information and advice is not right. Another part of the restructure will be working with communities. Team Leaders will work with local communities and there will be much stronger performance management and budget management.

Cllr. J. Greenaway returned to the question of the people that carry out the assessments.

The Interim Assistant Director Adult Social Services said he would question whether the RAS is working or not. What is not working is how people are using that resource. If we carry on doing what we are doing we will be bankrupt by January. We have a good service but it is not always the most expensive service that is the best. A high

cost service might be £5,000 per week – what is the person getting for that?

Cllr. J. Greenaway said that she would want there to be a fair assessment that ensures consistency and fairness for everyone.

The Interim Assistant Director Adult Social Services said this is what we strive for.

The Director of Health Wellbeing and Care said that we spent a couple of years trying to get the perfect system. The RAS has shown there are discrepancies. The RAS is not about everyone getting the same but everyone getting what they need.

The Interim Assistant Director Adult Social Services added how people will use the money will be different – people with the same level of need should get the same resource.

S. Heath said she had sat in on a RAS assessment with a client and it is subjective. People with asbergers, autism, personality disorders and complex mental health issues do not have family because they have a social disability and live isolated lives sometimes with self neglect. They reject family and community and family and community reject them. If people who carry out the RAS assume that this support will be there from the family and community something will go wrong.

The Interim Assistant Director Adult Social Services responded that the RAS has several domains. One question asks “are family able to provide support?” If the answer is yes then the follow up question is – is the support sustainable? If it is not sustainable, the assessment continues as if the support if not there. If there are cases where this has not happened he said he will follow them up after the meeting.

The Chair said that if we get this wrong there will be trouble. The assessor should not change the assessment results after the meeting with the service user. A more fundamental issue is that there is no appeals process only a official complaints procedure.

The Director of Health Wellbeing and Care said that there is a statutory complaints process. This use to be 3 stages, we have to follow this. If a person is unhappy you have the right to appeal / complain this is the same thing.

The Chair responded that there is a huge different between an appeal and complaints process. In his view this was appalling.

The Director of Health Wellbeing and Care said that the Care Act asks Adult Care to do just that . The service has a duty to inform service users of the right to complain.

The Chair asked how much the complaints service costs?

The Director of Health Wellbeing and Care said that no one wants a reduction in care – everyone wants an increase. We will not be able to meet everyone's needs. There is a need for culture change and also to manage the expectations of the public. He said he would personally like to move away from a complaints process.

The Interim Assistant Director Adult Social Services added that when a complaint is received it is can be about practice or experience. We have a lot of complaints about practice.

The Director of Health Wellbeing and Care said that the Council has to publish the number of complaints and complaints to the Ombudsman.

The Chair said that it is important that an appeals process is started. Many people feel that the system we have is wrong. He reported that during the appeal process he was supporting he felt intimidated and he has been a councillor for 34 years. He wondered how that made other people going through the appeals process feel. He said that this is something he thinks the Committee should make a recommendation on.

The Director of Health Wellbeing and Care said that the Local Account publishes the number of appeals During the 2013 calendar year there were 13 people still concerned after the complaints process and the Ombudsman found in favour of 1 complainant. The Director said he would expect to see an increase in the number of complaints.

Cllr. J. Minor asked if the same people would look at an appeal and a compliant?

The Director of Health Wellbeing and Care said ideally it would need to be someone different. But it is important to manage the system – if everyone know that all they had to do was appeal. We need to think about the involvement of advocates.

The Cabinet Member for Adult Care said that he needed to be clear that when a person makes a complaint Adult Care will work by the rules. It has to be a needs based system not based on wants and desires. There is a finite budget and the last thing he would want is an external person telling the service how to spend money.

Cllr. Minor said that vulnerable people do not want favours.

The Chair also said it is not about favours – people should be treated fairly. The complaint process is written and 99% of the time will find in favour of the officer. He said that this is something he thinks the Committee should make a recommendation

on.

Cllr. V. Fletcher said that if the Care Act says that there must be an appeals process then we must do it.

The Director of Health Wellbeing and Care said that the Care Act is huge and the Cabinet Member for Adult Care will take a report to Cabinet on the implications. It sweeps away every other piece of legislation except the Mental Health Act and the Mental Incapacity Act. We will have to re-train all of our staff. We will have to use the RAS after we have determined if they are eligible . In the Act there is a section about appeals.

Cllr. V. Fletcher said that some vulnerable people have no family support. There was the tragic case of a person who died after the care provider was closed down. What systems do we have in place to ensure that this would not happen here? Also the Enablement Team is being broken up because it is not working. What will be put in its place?

The Director of Health Wellbeing and Care said where an individual has capacity and family they can facilitate how they can look after them selves. In the case referred to by the Member, the provider was closed down by the Care Quality Commission and the Local Authority and the individual had no other support. While there is a focus on community care spend and budget there is also a statutory duty to safeguard. The Safeguarding Board has a duty to ensure people are safe and a duty to ensure we could take action against poor providers. The Director of Health, Wellbeing and Care said he wanted to assure the Committee that we take out responsibility for safeguarding vulnerable people, regardless of finance, as a priority. To address the question about the Enablement Service – this was not providing value for money and the unit price was too expensive.

The Chair asked the Members of the Budget and Finance Scrutiny Committee if there was anything they wanted to ask?

Cllr. S. Reynolds said that as Chair of the Budget and Finance Scrutiny Committee she would work with the Adult Care Scrutiny Committee in the same way they had previously worked with the Children and Young People Scrutiny Committee.

The Director of Health Wellbeing and Care said that the Chairs of both Committees are invited to the monitoring meetings.

The Chair said that they will come as observers but if it starts to affect the independence of their scrutiny role they will decline.

The Interim Assistant Director Adult Social Services said that they will be able to act more quickly with a package of enablement and more resources will be available for enablement. The care from the sector is better value than the in-house care. Everyone wants care at the same time.

Cllr. V. Fletcher asked if they can see a better service providing the right service, at the right time and in the right place?

The Interim Assistant Director Adult Social Services said that if he had been asked this a month ago he wouldn't be able to say. 92 people contact the service each week. 50% of these do not need on going care. We can do better working with assistive technology.

Cllr. F. Bould referred to the discussion about assessment based on desire. She said she had been a social worker and this was not the case. The council is going to be leaving more people at risk.

The Chair said that an appeal process should be led by someone who has not been involved in the assessment. The service users and their family need someone to sit down with them. The Committee is aware that the service has not made the savings required but it is essential that people carrying out the assessments are trained properly and there is a proper appeals process.

The Interim Assistant Director Adult Social Services responded that if a vulnerable person or their advocate does not agree with their assessment this should be documented and where possible he will see this. He said he would follow up this case outside the meeting.

The Director of Health Wellbeing and Care added that he had said he would look at this case and will ask the Interim Assistant Director Adult Social Services to talk to the individual outside the meeting.

Cllr. J. Greenaway asked about the number of reviews that had taken place.

The Interim Assistant Director Adult Social Services responded that the Annual Reviews are a national standard and that best practice sets out that there should be a review at 12 weeks for people who are new to adult social care. The Committee was informed that we are consistently not doing well with the annual review and are taking remedial action. The difficulties are that time is taken responding to crises and safeguarding. The review rate is being addressed– it is not acceptable. However the reviews need to be prioritised and if someone is in their 90s and has been in residential care for several years it is not likely that they will move.

Cllr. J. Greenaway asked if the unscheduled reviews are based on need or wider savings?

The Chair asked if there is a typical pathway?

The Cabinet Member responded that there is no typical pathway.

The Director of Health Wellbeing and Care said there are some young people with complex needs where there are very expensive pathways. We believe that we need to look at some of these situations where there is a lower cost resource else where.

Cllr. J. Greenaway asked what the timescales are when care is reduced?

The Interim Assistant Director Adult Social Services replied that if there are complex needs it could be up to a year. That is one extreme it may take a matter of days.

Cllr. J. Greenaway asked what would happen if an elderly person needed some help at home and this was reduced?

The Director of Health Wellbeing and Care said this is where enablement is important. Commuity Care Assessments were carried out when a person is most frail. At the annual review if their needs have changed it should be considered if there is a more cost effective way of meeting their needs.

Cllr. J. Greenaway asked what support a person would have to adjust?

The Director of Health Wellbeing and Care said it would be based on the individual but there should be a notice period.

The Interim Assistant Director Adult Social Services added that it is difficult – it is about the individual. If care is taken away some people may deteriorate. On average people come into adult care at 85 and this is why the staff carrying out the assessment are qualified.

Cllr. Fletcher asked how the service ensures that a person understands that their care is being reduced?

The Director of Health Wellbeing and Care said it is hard to think of a situation where it changes from providing some care to nothing. Adult Services in Telford and Wrekin currently pay above the average price and we are looking to make 50% of our saving by buying care at a responsible price. Some types of care Elderly Mentally Ill e.g. dementia there is a huge demand for these places and they can charge premium rate. The Assistant Director, Family, Co-hesion and Commissioning is looking at more

intelligent commissioning and provision of services.

The Cabinet Members for Adult Care added that he was given this role to challenge. There are other models of care e.g. shared lives which he compared to adult fostering. He explained that he had previous experience of working in a foyer system and looked at this as an option for young people with learning difficulties.

Cllr. V. Fletcher asked for an explanation of the foyer system.

The Cabinet Member explained that a person has their own accommodation but there are shared communal areas. It would need capital input to develop this and it would take about 3 to 4 years.

A case was given of a person who's physical and mental condition had seriously deteriorated who had subsequently died. There were questioned asked about the role of the carers who were visiting and the safeguarding procedures.

The Director of Health Wellbeing and Care said that there can be complex issues around confidentiality in this case.

The Chair said he was aware of this case and had been referred to the complaints procedure by the member of staff he had spoken to.

S. Health said that the description g of the assessment process is an ideal. But what she sees is that people do not have time to provide this supporting role and have very large case loads. This will impact on vulnerable people.

The Director of Health Wellbeing and Care responded that if there are cases that there are concerns about to refer them to him.

Cllr. J. Greenaway referred to the response to question 11 which says that savings have to be made quickly and appropriately. Who supplied this additional support?

The Director of Health Wellbeing and Care replied that the most complex situations have been inherited from Children and Young People's services and the NHS. These can cost £6,000 per week. We have recognised that a good social worker can make a significant difference overnight. There is a need for a team with these specialist skills. This is challenging the service and it has been agreed to buy this in. Doing the review is easy but implementing the change is difficult. There is a significant amount of money that can be saved.

Cllr. J. Greenaway asked about the cost of this team?

The Director of Health Wellbeing and Care replied that 10 reviews were being bought. There is a danger that there is always another priority and so the complex care packages are not reviewed. It has been agreed with procurement that 10 packages will be reviewed.

S. Heath said that before there is a crisis there is a build up and this is apparent. It is important to put in resources before the crisis.

The Director of Health Wellbeing and Care said he agreed totally and this is why the service has got to change.

Cllr. Fletcher asked if it is possible to do this?

The Director of Health Wellbeing and Care said that ideally there would be one off money to resource this and implement over time. This is what the Better Care Fund is set up to do and this will be running by April next year. This has to be agreed with the NHS and the hospital. The Association of Directors of Adult Care is arguing that one off money should be made available by the Government to free up money from the acute hospital services.

The Chair concluded that there had been a long discussion. He thanked the Cabinet Member and Officers for attending. He proposed that the meeting ended and a further meeting would be arranged for the Committee to agree it conclusions and recommendations.

RESOLVED: That the Committee would meet again to agree conclusions and recommendations.

The Meeting ended at 20.03pm

Chairman: .....

Date: .....