

## **HEALTH AND ADULT CARE SCRUTINY COMMITTEE**

### **Notes of the meeting of the Health and Adult Care Scrutiny Committee held on 4<sup>th</sup> November 2013 in Severn Meeting Room, Business Development Centre, Stafford Park 4 , TF3 3BA**

#### **PRESENT:**

Councillors D. White (Chair), V. Fletcher , Co-optees J. Gulliver, R. Shaw, J. Gulliver, and R. Perkins.

Also Present: Cllr. A. England, Cabinet Member Adult Social Care, Cllr. J. Seymour, P. Taylor ( Interim Director Adult Care, Heath and Wellbeing), D. Robson, (Service Delivery Specialist (Safeguarding & Quality) D. Saunders, (Chair of Healthwatch Telford and Wrekin) , K. Ballinger (Manager, Healthwatch Telford and Wrekin) and F. Bottrill (Scrutiny Group Specialist)

The Chair opened the meeting, but as the meeting was not quorate it was agreed that the discussion would continue as an informal working group and the notes of the meeting would be received by the Committee at the next meeting.

#### **APOLOGIES FOR ABSENCE**

Apologies had been received from Cllr. R. Evans, F. Bould and Co-optees R. Shaw , D. Davies.

#### **DECLARATIONS OF INTEREST**

None

#### **VERBAL UPDATE ON MENTAL HEALTH SERVICES**

The Chair updated the Committee on discussions that had taken place regarding mental health services. The Joint HOSC has been informed that the community service at Dawley, provided by the South Staffordshire and Shropshire Healthcare Trust, had been closed on a temporary basis for 6 months due to low usage. There has been no consultation regarding this change in service and it had been made clear at the Joint HOSC meeting that this was not acceptable. It also became clear that the information provided by the Trust on their performance did not reflect what community organisation were experiencing in relation to mental health services.

A meeting has been held with the MP, Cabinet Members, Clinical Commissioning Group and SSSFT where it was agreed that a review of mental health services would

be carried out. J Gulliver commented that it is important that this review also includes service to people with mental health issues who are in hospital because they have a physical illness. She raised particular concern about support for patients with dementia.

The Chair also reported that Members of the Joint HOSC had had a very useful visit to the Redwood Centre in Shrewsbury. Cllr. England said that he had been appointed to the SSSFT Board and had asked how he should raise concerns as the issue regarding Castle Lodge in Dawley had been raised shortly after his appointment.

Cllr. Fletcher said she was concerned that during the visit to the Redwood Centre Members had been informed that services Telford and Wrekin was in effect subsidising services for Shropshire. She referred to a report from Walsall on the provision of mental health services.

The Chair said he had spoken to a representative of a mental health organisation in Shropshire who raised concerns about the provision of community services.

K. Ballinger said she had become aware that there was a redesign of talking therapies and that this would affect people who are half way through their treatment. She questioned what consultation had been carried out.

The Interim Director, Adult Care, Health and Wellbeing said that there has been an increase in the use of talking therapies several years ago which aimed to prevent people developing more serious mental health problems. This had resulted in the IAPT (Improved Access to Psychological Therapies) team being developed locally. He was not aware of any cut backs to this service but was aware there was a waiting list. The strategy for mental health services was based on reducing the number of inpatient beds and developing community services. The health and wellbeing board should oversee changes to mental health services.

Cllr. Seymour expressed concern that the development of the Redwood Centre has been based on the improvement of community mental health services and asked how the Commissioners had been involved.

The Interim Director, Adult Care, Health and Wellbeing said that previously the local Authority had had joint commissioning arrangements with the PCT but when the CCG was created this was separated out. In the Council the services were led by K. Kalinowski as the Assistant Director and C. Harrison as the Service Delivery Manager. At the CCG F. Beck was the lead Director and M. Bennet was still a commissioner but no longer in mental health services.

Cllr. Fletcher said that she was concerned that during the visit to the Redwood Centre

the manager did not seem to be aware that maintaining the service at Castle Lodge was part of the strategy to improve community services in Telford and Wrekin.

The Chair said there had been discussions with Scrutiny in Staffordshire who have the role in commenting on the SSSFT Quality Account. the review of mental health services must make it clear what the services have been, what they will be and the reasons why.

Cllr. England said that there is an important role for the SSSFT Governors.

The Interim Director, Adult Care, Health and Wellbeing said that it important for the Governors from Telford and Wrekin to hold the Trust to account.

### **RELATIONSHIP WITH HEALTHWATCH**

The Chair introduced K. Ballinger and D. Saunders from Healthwatch.

D. Saunders updated the Committee on the development of Healthwatch since the service was commissioned from Parkwood Healthcare. Healthwatch had been launched officially on the 24<sup>th</sup> October. Healthwatch was not a legal entity and arrangements were being put in place to appoint local directors in the next few weeks. The Board was currently working in Shadow form. The staff are in post and volunteers are being recruited. Healthwatch has a place on the Health and Wellbeing Board and there is a national body – Healthwatch England.

With regard to the relationship with Scrutiny Healthwatch has the opportunity to be the eyes and ears for a number of organisations and to feed into Scrutiny. Healthwatch will particularly work with people who are not usually heard e.g. people whose language is not English or deprived communities. Scrutiny could say – we are looking at this – can you do some work on this issue for us?

D. Saunders welcomed the opportunity to have a representative from Healthwatch on the Scrutiny Committee.

The Chair said that J. Gulliver would remain on the Health and Adult Care Scrutiny Committee and the Healthwatch representative would have a place on this Committee and the Joint HOSC. He said he would welcome someone from Healthwatch joining Scrutiny and will share the priorities and work programme for the Scrutiny Committee.

D. Saunders asked how Scrutiny's relationship with NHS England was developing.

The Chair said that NHS England had attended the meeting called by the Joint HOSC to resolve the issues faced by the Acute Trust.

The Interim Director, Adult Care, Health and Wellbeing said that NHS England was also responsible for commissioning GP services and specialist services.

Cllr. Fletcher asked if it was necessary to check the Council's Constitution if the number of co-optees changed.

The Chair said this was not necessary – it would be reported to the Scrutiny Management Board.

The Scrutiny Group Specialist said that an amendments would be needed in the Scrutiny Handbook which set a maximum limit of the number of co-optees to elected Members on a Scrutiny Committee.

### **SHROPSHIRE AND TELFORD & WREKIN SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2012/13**

D. Robson presented the Adult Safeguarding Board Annual Report for 2012/13. He highlighted that the Board does not currently have any statutory or legal basis and is separate from the Children's Safeguarding Board. The legal basis of the Board will change as part of the Care and Support Bill which sets out that the Local Authority must have a Board and this will have a duty to investigate. Across the West Midlands there is a new safeguarding procedure which has been adopted by 11 of the 14 authorities.

The Annual Report identifies that the number of referrals has increased year on year. This could indicate that there is an increase in the incidence of abuse – but there is a better awareness of abuse and this may have resulted in the increase in referrals.

The Adult Safeguarding Board has established a new sub-committee structure. The increase in referrals have not related to large institutional abuse but more to poor outcomes and cultural issues within an organisation.

Public awareness has been raised through talks to community groups, the website is hosted by Telford and Wrekin Council however this takes time to maintain and so it has not reached its full potential.

D. Robson also explained that there has been a move towards a performance framework which focuses on outcomes not just activity. The Department of Health requires activity data. This data is submitted in May and published in July.

D. Robson said that another priority for the Safeguarding Board is to have an independent chair. To achieve this the Board will have to become an independent entity and have income streams.

F. Bottrill said that it had been brought to her attention that there was an error on page 41 of the report. The number of staff in Telford and Wrekin who had received Adult Safeguarding Training was 437 not 34.

The Chair commented that there was more activity in Shropshire than Telford and Wrekin. He highlighted that for many areas of training this was identified as non-applicable and he queried if this was correct.

The Interim Director, Adult Care, Health and Wellbeing said that there are more care homes in Shropshire and there are also more domiciliary care agencies so there are more staff requiring training. The figures provided were for in house staff providing care and due to restructures there were no new starters.

K. Ballinger suggested it might be helpful to show information on the percentage of staff who have been trained.

Cllr. Fletcher asked about the 42 staff who have yet to receive the minimum training. She commented that the report said that this is 10% of the work force.

The Chair asked if the CQC had expressed a view on this.

The Interim Director, Adult Care, Health and Wellbeing said that the Council has two care homes but that provider organisations will have done this training with their staff.

D. Robson said he can confirm this.

The Interim Director, Adult Care, Health and Wellbeing said he would come back to the Committee on this issue.

The Chair asked how the safeguarding service will be maintained with the financial improvement plan?

D. Robson said there is a small team which has remained more or less untouched over 2 years. The senior social workers who carry out the investigations are not part of this team. The costs of the investigations are included in the Council's budget. It was highlighted that investigations are time consuming.

The Interim Director, Adult Care, Health and Wellbeing said that the savings targets have not been based on reducing social work staff. 90% of the budget is spent on care not staff. There is a need to protect the number of assessment staff.

The council is the lead safeguarding agency. All organisations are responsible for their

own services but the local authority is responsible for investigation.

The Chair asked about powers regarding deprivation of liberties.

The Interim Director, Adult Care, Health and Wellbeing explained that this is relatively new since the Mental Health Act 2005 and implemented in 2008. This was the first time that individuals lacking mental capacity were recognised by the law and some cases are going through the courts. It is taking time to embed the law and develop the knowledge in the health and social care community. The powers only apply to people in hospital or residential care. For people at home it applied at the time of a decision if there is no body else who can take the decision on their behalf. There is national recognition that there are differences in the use of the powers across the country. This would suggest that there are different interpretations by professionals not that there are different levels of capacity. The legislation came from one specific case where the patient who lacked capacity was in hospital and it was the view of the health professionals that this was in the person's best interest but the family wanted the person to come home. The legislation in place means that to make this decision now there is a complex process – this is a legal requirement.

Cllr. White said that it is important that care staff have the training to understand the legislation.

### **UPDATE ON ADULT SERVICES**

Cllr. England informed the Committee that Adult Services had a £4 million overspend and must make £5million savings. This requires the service to find £9 million by the end of the next financial year. He explained the 3 approaches to addressing the financial issue:

- 1) 3 or 4 years ago NHS Continuing Healthcare funding in Telford and Wrekin had been £13.1 million but this had reduced to £3 million. This reduction in funding was being addressed with the CCG and discussions were also taking place with NHS England and the Minister if necessary.
- 2) A central issue is to ensure that adult services are lean and this is reflected in the organisational structure
- 3) Care provider costs –this accounts for 80% of the adult services budget/ some local authority care costs have not increased. In Telford and Wrekin if we can reduce costs by 5% this will save £2million, if we can save 10% this will save £4 million.

The Interim Director, Adult Care, Health and Wellbeing said that Adult services have been reviewed through a peer challenge that had taken place over the summer. The feedback was set out in the report. The reviewers had been asked to look at the

Council's approach to personalisation. This is set in the context that there is less money available but more people needing support. It has therefore been identified that we must:

- Help people help themselves
- Help communities help themselves
- Prevention work
- Provide high level support without creating dependency

Social care is the largest spender accounting for 36-37% of the Council's budget. Our approach is to:

- Reduce the number of people needing support
- Reduce the amount of support
- Review all care packages to ensure people are not getting more help than they are entitled to
- Addressing the issues of CHC funding with the NHS

Cllr. England added that Telford and Wrekin is underfunded and when making comparisons we should look at the average funding in other authorities.

The Interim Director, Adult Care, Health and Wellbeing said that Telford and Wrekin is not a high spender on Adult Social Care but costs have gone up by 10% over the last few years. We appear to be paying a higher rate for domiciliary care and adults with learning difficulties. This is linked to CHC funding as the Council has assumed responsibility for high care costs. It was also explained that there is a consultation on New Options which accounts for £60 million of which £5million is in-house provision.

Cllr. England explained that shared lives is a scheme where by people who need support can live with another person. This meets their care needs but also reduces social isolation.

K. Ballinger said that the New Option consultation is being well done and the Council is ensuring that people understand. She said that Shared lived can work very well – but it is not for everyone.

Cllr. White added that it may address some of the issues resulting from the 'Bedroom Tax'.

The Interim Director, Adult Care, Health and Wellbeing explained that there are two huge pieces of change that the Council need to prepare for.

Care and Support Bill – this sweeps all care and support in one piece of legislation and

sets out how much individuals will pay for care.

Integration of Health and Social Care – It has been announced that by 2016 the Council will have to place a significant amount of funding in a joint integration fund. A first draft of an integration plan has to be submitted on February 2014. This will involve the Council, Health and Wellbeing Board and CCG

The Government will prescribe the minimum amount of funding that has to be put into the integration fund.

Cllr. Seymour asked if this would include some of the CHC money

The Interim Director, Adult Care, Health and Wellbeing responded that the amount of £3.8 billion nationally has been announced but this is not new money. There is an expectation that the NHS will free up money from the acute sector to support people on the community. From a council perspective this will create pressure on Adult Care.

R. Perkins said that there are a lot of patients who go to A&E instead of going to their GP. Previously as a PCT Board member this was something he had raised but one of the issues is that GP service is not available 24 hours.

The Interim Director, Adult Care, Health and Wellbeing said that as part of the integration work 1 billion of the 3.8 billion will be performance related and one of the conditions is that there will be 7 day working.

The Chair asked if this will include doctors and social workers?

The Interim Director, Adult Care, Health and Wellbeing responded that there has been some debate that 7 day working should not cost more – it will mean that staff time is spread over the 7 days.

The Chair said that given the scale of the saving that have to be made in the adult care budget it will mean giving less care to fewer people. He gave the example of Birmingham where they tried to raise the threshold for care but this was over ruled in court – not because it was the wrong decision but because the consultation had not been carried out properly.

R. Shaw said that you cannot put off making a difficult decision because you may be challenged.

Cllr. England responded that it is not possible to have a generic consultation. New Options covers a lot of services,

The Interim Director, Adult Care, Health and Wellbeing explained that if you aim to cit

a service this cannot be cut without taking the needs of individuals into account. the Council still needs to meet their eligible needs. The Cut cannot be made without reviewing on an individual basis. We must be able to demonstrate we have done it in the right way. If we do not do it in the right way we will face challenge.

The Chair said that families will challenge if services are taken away. He supported the use of special guardianship – the Council needs to work with people and this can be much cheaper. Helping people to live at home will also involve aid and adaptation.

The Interim Director, Adult Care, Health and Wellbeing said that the disabled facilities grant will be part of the integration fund.

Cllr. England said that assistive technology has a role and can be a prompt however it does take away the individual contact.

The Chair said it is important that the Council talks to all service users and this will require additional resources. Scrutiny wants to be involved in this – but this was in issues in the Meals on Wheels review. Only Members were able to interview service users and this took a long time to agree.

The Chair also asked if the budget that is being prepared for 2014/15 will be achievable or if it will be based on savings that have not been fully worked through?

The Interim Director, Adult Care, Health and Wellbeing responded that Adult Social Care budget has been reduced – and it has been recognised that the service has not previously delivered against the budget.

Cllr. England said that in September there was a £4million overspend reported and that the overspend is currently £0.5 million per month. A Panel has been put in place and considers every request for new resources. He gave the example of his experience of managing the budget for 3 sports centres. The difference is that Adult Service is demand led. Service delivery managers will now also report to the Cabinet Member.

The Chair asked if the panel will result in more people getting less care?

Cllr. England responded that the care funded by the local authority will be based on need not wants or desires.

The Interim Director, Adult Care, Health and Wellbeing said that one of the issues is that the number of people receiving care has reduced but there are still more people coming into the system.

Cllr. Seymour asked how the Resource allocation system will help?

The Interim Director, Adult Care, Health and Wellbeing explained that the assessment equates that a persons needs requires this sum of money and it is up to the person and their family to determine how to sue this. He explained that he thought the Council will need to amend the community care policy which will require a report to Cabinet. The Resource allocation system will be implemented in the new year, initially with new people but this will also need to be used for people already receiving care.

The Chair asked if there is an appeals process?

The Interim Director, Adult Care, Health and Wellbeing said there is a statutory appeals process.

The Chair said that the council can end up on the position of defending a decision in court.

K. Ballinger said that this highlighted the importance of advocacy services.

Cllr. England said that the Council does fund advocacy services.

The Chair gave an example of someone who was receiving domiciliary care. They received care for 15 minutes – but the carer had spent longer travelling.

The Interim Director, Adult Care, Health and Wellbeing said that the carer will not be paid for the travel time. The Council does have an in house service – but this is at great cost. There is an issue for the care industry to provide a livable wage.

F. Bottrill asked if there had been discussion about reviewing the care threshold?

The Interim Director, Adult Care, Health and Wellbeing explained that the councils can set their threshold for care and are then required to provide care to meet the bottom if that level. Fro Telford and Wrekin the level is currently severe. He explained that when the Care and Support Bill becomes law in April 2015 the new threshold will be set nationally and this will be at the current severe level. Also there is national evidence that if the threshold is raised to critical, people who have a severe level of need deteriorate quickly and then become critical.

D Saunders said that the funding allocation for CCGs is changing and this will favour rural areas.

The Interim Director, Adult Care, Health and Wellbeing said that the reason given for this is that rural areas tend to have a higher proportion of older people.

The Chair said that the Committee is waiting for the formal response to the Scrutiny report on CHC funding.

Cllr. Fletcher said that it is essential that CHC assessments are carried out correctly.

The Chair said that the Committee will be involved in the consultation on the Council's budget proposals and will work jointly with the Budget and Finance Scrutiny Committee.

The Meeting ended at 12.35pm