



HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 11 October 2016 at 2.00pm at Addenbrooke House, Ironmasters Way, Telford

Present: Cllrs A Burford (Chair), M Boylan, V Fletcher, T Nelson, J Pinter and R Sloan; and D Saunders (Co-Optee)

Also Present: Cllr A J H England, Cabinet Member for Adult Social Care & Older People

In Attendance: J Eatough, Assistant Director Governance, Procurement & Commissioning; C Jones, Director of Children's and Adult Services; D Moseley, Democratic & Scrutiny Services Team Leader and T Smart, Finance Manager - Business, Education & Care (BEC) Finance.

HACSC-10 Councillor C P R Mollett

The Chair noted the sad and untimely passing of Councillor Clive Mollett. He paid tribute to his contribution to Scrutiny over a number of years, particularly the Health & Adult Care Scrutiny Committee, and extended sympathies to his family.

HACSC-11 Apologies for Absence

R Mehta and B Parnaby (Co-Optees)

HACSC-12 Declarations of Interest

Cllr M Boylan declared a standing interest as Director of Telford & Wrekin Healthwatch.

HACSC-13 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 26 July 2016 be confirmed and signed by the Chairman.

HACSC-14 Adult Care Services: Performance, Budget and Savings

The Director of Children's and Adult Services presented the Early Help and Support Savings Update. He began by reflecting on his inspiring visit to the recent TeenTech initiative, led by Maggie Philbin, which had taken place at Enginuity, and sought ideas from young people as to how technology could be used to improve care. He went on to advise Members that the vision for the Early Help and Support Service restructure, which had launched on 17 September, was to provide a whole family (all age) approach and to reach a savings target of £2.2m, including £200K savings from admin support. This would be achieved through the adoption of different approaches, for instance embedding the ethos of the Stirchley Neighbourhood Working Pilot model into the Service by working to defined neighbourhoods as set out in the Service & Transformation Plan (STP). The Director of Children's and Adult Services continued that he had held a Question and Answer session as part of the restructure, which had broad support from the workforce and partners. The new structure would be implemented on 1 December 2016 but work was already taking place to create detailed work plans to achieve the targets set. The restructure required a new workforce with

a new culture and the workforce development team would provide some training over the last quarter of the year so that new ways of working would be embedded by 1 April . There was evidence to show these new ways of working could be successful in improving outcomes for people whilst saving money.

The Assistant Director Governance, Procurement & Commissioning reminded Members of the Council's commitment statement "Right Help, Right Time to Promote Independence" and the nine focus areas as set out in the report. He went on to explain the net budget and savings set out in the developing Cost Improvement Plan and detailed in the report, together with the numbers of people receiving care which fluctuated on a daily basis but the report gave a flavour of the numbers which the Council was dealing with although future reports would detail hours or weeks of care rather than individual clients. The Assistant Director Governance, Procurement & Commissioning went on to note that there had been a slight improvement in the budget position during the period May to August 2016 but he did not feel this indicated a direction of travel and he anticipated a busy September. He went on to highlight the principles informing the Cost Improvement Plan (CIP) and noted that there was no significant change in strategy as the Council was moving in the right direction. The Locality/Neighbourhood Working programme fitted well with the aspirations of the CIP to keep people in the community.

The Assistant Director Governance, Procurement & Commissioning further pointed out that one element of the CIP was to engage with clients and challenge how care was delivered. The Council would be talking to care homes and had had very positive conversations with Shropshire Partners in Care (SPIC). He was clear that there had to be an action plan to set out who was responsible for what type of care and what could be achieved. Equally, it was important that the right care was delivered to the client.

The Assistant Director Governance, Procurement & Commissioning also drew attention to the Early Help and Support savings plan for 2016/17 which was set out on page 6 of the report. The Director of Children's and Adult Services emphasised that he felt the new structure was the right one to take the CIP forward and he would also be looking to extend the Stirchley Neighbourhood Working Pilot across the whole system.

The Finance Manager gave the Committee a demonstration of the Financial Model which had been developed to provide projections for care depending on a number of variables. She noted that the figures utilised by the Model were based on averages but complex care would cost significantly more. She went on to demonstrate that the Model could provide information on savings made if spot prices reduced which meant that the Council could look at longer term contracts and enter into discussions with providers. The Model, which had been complex to create, drew on a range of data and the Council would be looking to refine this further. It was likely that input to the Model would be rolled out to team level rather than retained by Service Delivery Managers.

The Director of Children's and Adult Services explained that the aim of the strategy was to keep people in their homes for longer and the Model provided the opportunity to see where the greatest impacts and savings could be and focus team resources in those areas. The workforce wanted to be creative and engage in a joined up debate with health care providers. In the past, simple targets had been provided but the Model provided more depth and supported a re-energising of processes.

By way of example, the Assistant Director Governance, Procurement & Commissioning pointed out that there was a need to break expensive habits and challenge care on the basis of assessed need. For example, traditionally, patients returning home from hospital were provided with four visits but this was not always necessary; it was more important to ensure that the right package was in place to support people returning home. The Director of Children's and Adult Services added that such improvements in social work practice would result from the workforce development taking place as part of the restructure.

The Director of Children's and Adult Services noted that the Model enabled the results of future plans and actions to be forecast, for instance the STP Neighbourhood Working programme which would take a lot of people out of the system. This gave the opportunity for change if it became clear that a particular course of action would not have the desired effect.

The Director of Children's and Adult Services welcomed the involvement of Members in the development of the Service and noted that Senior Officers would be visiting another West Midlands Local Authority with a similar operating model in the near future to see the results, and this could potentially be pitched at Member level in future if the Committee wanted such involvement.

The Chair thanked Officers for the presentation and particularly welcomed plans to reach out to service users to consider their views about change and to visit a Local Authority with a similar operating model. He looked forward to seeing the results of the strategy working in terms of keeping people in their own homes. He noted difficulties for Adult Social Care across the country and that Members were to an extent reliant upon Officers to indicate when any problems were likely to arise.

The Cabinet Member for Adult Social Care & Older People responded that Member Challenge sessions took place on a monthly basis. He noted the value of the Model in providing figures and early identification of trends to allow intervention at an early stage. He referred back to looking for community based solutions to care, but emphasised that solutions should be based on eligibility after a needs based assessment and valuing carers. Much of the work would concentrate on changing expectations and reducing demand for services, which was linked to the changes in social work which had already been explained.

During the ensuing discussion, a number of questions were raised:-

How fragile was the care system currently, particularly regarding the provider offer as the STP/Future Fit was predicated on this?

The Assistant Director Governance, Procurement & Commissioning replied that the system was in a state of flux and a new dynamic process and system of domiciliary care was required to reduce the delays in discharge from hospital whilst an appropriate care package was funded. Delays in discharge resulted in long term impacts for the patient so there was a need to communicate quicker, ie in real time, about what care packages were available.

SPIC had expressed concerns about provider stability and that there was a need to improve resilience. What was Officers' view?

The Assistant Director Governance, Procurement & Commissioning noted that there appeared to be more capacity in residential and nursing care and this was interpreted as success in finding care packages. It was appreciated that care may not always be efficiently provided and this may result in some loss of providers. Innovation was encouraged and

providers were encouraged to talk to and work with the Council and see what could be done together.

A lot had been made of community asset based care, how realistic was it to expect the community to assist with providing care?

The Director of Children's and Adult Services stated that the new workforce would have a key role in identifying assets, for example TACT in Wellington offered a lot of support, but there were numerous other assets: charities, voluntary organisations, families, clubs, housing partners. The Neighbourhood Working programme was focussing on this area, but it was acknowledged that some creativity would be needed to identify safe assets.

Was the model demonstrated an in house design?

Finance Manager responded that it was.

There needed to be a balance between service and financial drivers. Is the Cabinet Member satisfied the scale has not tipped too far towards the financial?

The Cabinet Member for Adult Social Care & Older People indicated that the model was financially driven, but not financially obsessed. It was important to keep the finances in mind to set in motion the right processes and there were services which could be provided in an alternative setting, eg a community centre. He pointed to the example of Cawood House and the Shared Lives project and noted that a foyer system of care provided great economies of scale.

What support was in place to improve locality working – the Stirchley pilot was not like any other area and some caution would be advised.

The Director of Children's and Adult Services suggested that Members may want to look in depth at the Neighbourhood Working programme which had piloted in Stirchley working with a GP surgery. This model would be rolled out further, into areas where GPs wanted to be involved, eg Newport and Oakengates. This model was seeing a return to traditional values with churches and voluntary sector organisations taking over and providing services.

What steps had been taken to take account of the impact of minimum wage increases for homecare provision when more people would be taken care of in the home?

The Assistant Director Governance, Procurement & Commissioning advised that the Council had put more funding forward when the rate was last raised. The next increase, around 3-5%, was expected in a few years' time. It was acknowledged that it was a volatile market, especially for small providers.

Will a focus on mental health be maintained in the STP?

The Director of Children's and Adult Services stated that the Mental Health Trust was a key partner and very much involved in the Neighbourhood Working programme. Some very healthy conversations had taken place, lots of money had been spent in this area and it was accepted that the Council and Trust would work together. The Cabinet Member for Adult Social Care & Older People echoed this sentiment, noting that relationships had very much improved since the closure of Castle Lodge and the subsequent appointment of a non-executive director with whom quarterly meetings took place and it appeared they were more willing to engage and interact with the Council.

Would an increase in domiciliary care result in increased quality monitoring?

The Director of Children's and Adult Services explained that domiciliary care was monitored

quarterly. Some creativity was required in this area, for instance the Care Academy with SPIC to train Personal Assistants as there was a lot of demand in this area which created pressures.

What mechanism was used to assess people who were at the end of private funding and the potential for increased social care demand as people lived longer beyond their private means?

The Director of Children's and Adult Services advised that a written response would be provided in writing because this information was not immediately available.

With regard to expansion of the Stirchley Pilot, caution was expressed in ensuring that targets did not become drivers and that clients' needs were acknowledged. Individuals' needs changed and this had to be taken into account.

The Director of Children's and Adult Services advised that Stirchley had been used as a Pilot but activity had stopped and was under review. Care provision was still asset based, but it was not running out of the Stirchley Practice. Lessons had been learned from the Pilot. The Neighbourhood Project was being sponsored through the STP by the Managing Director and regular updates were provided. Members may seek to receive an update to a future meeting from the Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council.

The Director of Children's and Adult Services went on to agree that it was important not to focus too heavily on targets and the Service Review would have a role in ensuring that the quality of social care practice was correct.

The Assistant Director Governance, Procurement & Commissioning informed that he would shortly be consulting on the long term plans for Adult Care; this would take place over a period of time which would take account of the fact vulnerable people were involved and have conversations with long term clients about their future needs. He welcomed Members involvement in related planning or engagement.

The Cabinet Member for Adult Social Care & Older People noted that the Council had a good track record of consulting and engaging with clients on changes.

One suggestion was to engage with people about how to give them more information to improve their quality of life, eg keeping warm and reducing loneliness, and help them through the system.

The Director of Children's and Adult Services advised that the Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council had been engaging with small groups of people during which it was impressed that the changes remained about supporting clients but delivering that support in a different way, not cutting care but packaging support in a different way with different funding. Clients were encouraged to take Direct Payments to offer a package of care, which would be £20 per hour for domiciliary care. The strategy would look to reframe care and take advantage of other public money and asset based support planning. £1.3m had been spent on supporting people.

What is the current position on transport links.

The Director of Children's and Adult Services indicated that the traditional, red buses/taxi solution had been a rigid way of making transport provision but that Direct Payments offered a more flexible solution and different approach. The Annual Carer's Survey would be likely to show the types of support that were being provided.

Progress on numbers of clients moving to Direct Payments was slow.

The Director of Children's and Adult Services commented that there were barriers to individuals moving to Direct Payments in that the individual became an employer which could lead to abuses in the system. Work was ongoing to simplify this project and make it less complex.

The Assistant Director Governance, Procurement & Commissioning also noted that there were cultural aspects involved and the Individual Service Funds (ISF) for Homecare was a halfway house which could be used as a stepping stone to Direct Payments.

The Cabinet Member for Adult Social Care & Older People reminded Members that it was important that new people coming into the system did not see local authority care as a default position and managing their expectations was key.

Members commented on the comparative statistics on Direct Payments presented to the last meeting and noted that the barriers outlined above must be experienced across the country but there was greater take up in different areas.

The Director of Children's and Adult Services indicated that more work needed to be done in this area to understand the reasons why.

The Chair invited the Director of Children's and Adult Services to provide an update on Continuing Healthcare (CHC)

The Director of Children's and Adult Services advised that in the quarter to end of June, newly eligible clients per 10k population was 32.98. This compared to the national average in England (27.64), East Midlands average (30.59) North Midlands average (38.77) and West Midlands average (30.76). There was still increasing pressure in this area. The number of patients eligible in entirety was 35.46, compared to the national average (65.47) and North Midlands average (63.81). A lot of work had taken place over the summer with the CCG to review cases.

How had the cost of CHC been factored into budget projections?

The Director of Children's and Adult Services responded that the budget position factored in where the Council stood now. An increase in 2017/18 was assumed. Cases would continue to be jointly reviewed with the CCG but there had not been as many cases qualifying for CHC as had been anticipated and new solutions were being sought. Staff had been involved in training to better equip them to know when a client qualified for CHC. The position would continue to be reviewed.

It was noted that Scrutiny had been focussing on the financial position for a while and the format of the presentation of figures in the current report was pleasing.

Officers agreed to maintain the current tabular format with some narrative in future reports so that links could more simply be made on progress.

Will the model be used to look at financially best outcomes and where investment could be made.

The Director of Children’s and Adult Services advised that invest to save opportunities were encouraged and some assumptions were built into the model.

The Assistant Director Governance, Procurement & Commissioning added that there was a long term relationship with some clients which might lend itself to investment in kit/aids.

In conclusion, the Chair thanked parties for attending and summarised the discussion and future action points as follows:-

- The Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and the Service Delivery Manager - Health Improvement, Telford & Wrekin Council would be invited to the next meeting to report on the STP Neighbourhood Working programme. A venue in Stirchley would be preferred to give Members the opportunity to meet clients, eg Brookside Big Local, Lunch Group and Patient Groups.
- Consistency in reporting was required. Future reports would keep the same financial tables as this report.
- There was a role for Scrutiny in forthcoming consultations.
- The Committee would like to receive the results of the Carers Survey.
- Future updates on CHC should be incorporated in the budget, savings and performance progress reports.

HACSC-14 Chair’s Update

The Chair noted that Scrutiny Management Board was due to meet on 12 October and The Cabinet Member for Adult Social Care & Older People would joining the Board for a Holding to Account Session. This is primarily to ask questions on topics which were not covered in the work programme and all Members of this Committee were invited to attend.

The Joint Health Overview and Scrutiny Committee would meet on 18 October and the agenda had been published and circulated.

The meeting ended at 4.00pm

Chairman:

Date: