

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 24 April 2018 at 2.00pm in Meeting Rooms G3-G4, Addenbrooke House,
Ironmasters Way, Telford, TF3 4NT

Present: Cllrs A Burford (Chair), S P Burrell, L N Murray, T J Nelson; Co-optees C Henniker, H Knight, D Saunders

In Attendance: Cllr Paul Watling, Cabinet Member for Children and Adults Early Help and Support, Sarah Dillon– Assistant Director: Adult Social Care, R Purvis - Team Leader Projects, Policies & Quality, Service Improvement & Efficiency, Adult Social Care, Mandy Thorn, Board Director, Shropshire Partners in Care (SPIC) J Tangye, Senior Democratic and Scrutiny Services Officer TWC

HACSC-17 Apologies for Absence

Cllrs Raj Mehta, Hilda Rhodes, Nigel Dugmore

HACSC-18 Declarations of Interest

None

HACSC-19 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 27 February 2018 be confirmed and signed by the Chairman.

HACSC- 20 Stability and Sustainability of the Domiciliary and Residential Care Market - Shropshire Partners in Care (SPIC)

The Chair welcomed Mandy Thorn, SPIC Board Director and Care Provider. The Chair introduced the item; a report about the commissioning of residential and domiciliary adult social care was presented at the previous meeting on 27 February 2018. The Council's strategy was to reduce costs in terms of residential care and to move in the direction that every Local Authority was trying to move in, one of community resilience. The Committee had agreed to look into the effects this was having on the care provider sector, particularly with capped cost on domiciliary care of £14.10; the real-time recording of care (via a new system) in order to assist in getting a better grip on costs of care. The Council was working with providers to agree a mutually- agreed rate. The Chair had invited Shropshire Partners in Care to give a Provider's point of view.

Mandy Thorn reported that over 4500 staff work in the care sector in Telford, it was the single largest employment sector; a significant contributor to GDP but it was always seen as a cost. It was a vibrant sector but not as strong and robust as it had been in previous years. There had not been any development in the sector in Telford & Wrekin as the

proportion of self-funders compared to Council funded placements/ care was low.

There was a 33% staff changeover per year, which was higher than national average – anecdotally this was because wage levels were very low. The capped rate determined by the Council was £14.10, there was no inflationary uplift last year so the amount had been the same since 2015. It was approximately the same across the West Midlands. A nationally recognised trade body UK Homecare Association recommended on average £16.10, based on paying a decent wage, proper supervision and appraisals, reinvestment and development. Domiciliary rate in Telford & Wrekin was significantly less in 2016 and even more so in 2018. A shakeout in domiciliary care had been seen in the region with Allied Healthcare filing for protective bankruptcy. Providers had also been withdrawing from publically funded contracts. Real-time recording had been implemented by the Council for domiciliary care and this was welcomed for its greater transparency and to have an informed dialogue; there were cost implications to introducing the new system.

In terms of the economic picture, CQC had almost doubled its fees, the living wage had gone up, pension rate contributions had doubled and the fixed rate of £14.10 had been adopted. This had an impact on the ability of Providers to provide a quality service. SPIC had found the Council open to hearing about challenges from Providers. There was a two tier sector in place, provision for people funded by the Council and provision for those who could fund their own care. There was a significant difference between T&W and Shropshire; the numbers of people who self-funded in Telford was extremely low. CQC has noted that T&W, and Shropshire were performing well as a sector but there were more concerns recently about sustainability of Providers and a reduction in the quality of service. A new nursing home would be moving into the area soon but this was due to investment of those particular providers. The sector was causing more concern to regulators because of a reduction in quality. Much smaller numbers of fee payers meant a barrier to development. There was a significant shortage in nursing care and Brexit would have an impact.

It was noted that Telford had a rapidly aging and in poorer health population, despite the efforts of the Council and the Clinical Commissioning Groups. NHS had removed itself as much as possible from providing long term care and local authorities were picking this up. There was a higher level of dependency of people using care, but also a higher level of investment in extra care housing and keeping people independent, which was to be welcomed; however those who needed residential and nursing care were far more dependent than they ever had been and historically would have been in long term hospitals if the NHS still provided this service.

The Committee raised questions and the following discussion ensued.

A question was raised about the relationship between the sector and the Council. Mandy Thorn said that there was always going to be robust relationship between commissioners and providers. For complex clients, the work that the Council was doing was welcomed, but it was unrealistic that there was capped expenditure in adult social care where growth in demand was being seen. It was agreed that there should be a language of investing and

supporting the development of staff and services for older people.

A recent Competition and Market Authority report had strongly suggested that cross subsidisation was unfair, there should be no difference between the rate that a self-funder and local authority client paid. To predicate a budget on cross subsidisation was immoral – instead the needs of the individual should be considered/ at the centre. If cross subsidy was not a possibility, what amount would the Council have to pay?

Mandy Thorn responded that it would depend on capital/ overheads/ and whether there had been significant investment. Average figures for nursing were £900 plus for standard nursing; residential £650-800; specialist £1000. Community hospitals were £2500/week. Care homes were providing services that would have been received in community hospital.

It was noted that greater context had to be taken into consideration - the strain the sector was under nationally and the lack of resources available to local authorities, which was reflected in the struggle between providers and commissioners. It was recognised that this had to make negotiations extremely difficult for both sides and both sides were bound to have different perspectives.

The Assistant Director: Adult Social Care commented that SPIC really understood the position that the Council was in. The new recording system CM2000 had been welcomed, which was a positive tool to make sure resources that the Council was funding and commissioning were being used in right places and that there was some evidence on both sides. It was noted that the Assistant Director: Legal, Procurement and Commissioning was in constant dialogue around future rates that the Council was paying in relation to local and neighbouring authorities across the West Midlands. It was reinforced that Telford was a very different environment with a particular set of challenges such as poor retention of staff. The Council was committed in same way to support needs of individuals despite constraints. It would never be the Council's plan to separate funding between self-funded service users and Council supported users. SPIC was absolutely sighted on the difficulties of the Council. Work was ongoing to change language around the responsibilities the Council had to older people. It was noted that a central Government announcement was anticipated in the summer which was expected to make a difference to opportunities to access services.

Cllr Paul Watling, Cabinet Member for Adults and Children's Early Help and Support acknowledged that SPIC was a key partner in terms of finding a way forwards. It was a positive relationship even though difficult at times. He said that there was a duty to keep the market viable and work was ongoing on how this could be done but there would always be a struggle where there was underfunding and the effects were catastrophic when a provider had to close. There had been a move nationally by Department of Health to put pressure on local health authorities to make changes. The Council worked hard with health economies to try to make sure needs were being met by the agencies that should meet them. The Council had a positive relationship with the CCG in Telford & Wrekin. He noted that lack of self-funders in Telford and that there was a vast difference between Telford and Shropshire,

which was important to take account of in how services were planned going forwards. It was acknowledged that outcomes for people were better if they could remain in their own communities, and the extra care model was being considered in terms of how adult social care worked with housing and care providers. New approaches were being developed to reshape services in the community, for example a new hub system had been developed in Newport. However, for high end need, changes had to be made at central government level, the Local Government Association was clear on this.

A 33% turnover of staff was a concern from a HealthWatch point of view; especially if this included managers, who would be the biggest influence on the quality and sustainability of service. Mandy Thorn acknowledged that managers were essential; a risk was flagged where a resident manager was not in post. It was acknowledged that the majority of staff turnover was care workers at junior levels. Being a registered manager was an incredibly onerous task and not well paid, unless in a big service with a big provider throwing money at it. Salaries were typically less than £30k and often 70-80 hour working week. Responsibilities for registered managers were hugely onerous and they were legally accountable. There was a leadership programme being coordinated by SPIC and partners to help experienced care workers.

Government funding nationally for NHS training was approximately £2k per employee per year. For social care – skills for care made available from NHS – it was £50/ year. One aspect of this was that the care sector is independent but it was not as clear cut, there were also private aspects in NHS. In terms of induction for new staff, the care sector was not bad locally but there were challenges; access to work based learning and the growth of apprenticeships. It was difficult to get people to undertake apprenticeships in care and there were very few providers who were big enough to pay apprenticeships. By applying a levy central Government had caused huge problems particularly in terms of sustainability and training the work force- the development of workforce was a worry; the funding wasn't there to provide the service to standard Providers wanted to.

A question of the level of unmet need was raised and how the Council was planning for this, particularly, if community services were not invested in, demand would continue to rise for emergency services. In Telford and Wrekin it was reported that unmet need was recognised and the service was strong in response to an emergency. A pilot around earlier accessibility of care services was in place with a Hub which catered for multi-disciplinary need. This approach targeted unmet need before an emergency happened. It involved an earlier offer of assistance including OT input, technologies, housing partners. Cllr Paul Watling noted that it was difficult to provide for unmet need, where people did not engage or recognise that they needed care/services/ assistance. It was a challenge in mental health services, and the reduction in the preventative approach was a concern.

The Committee asked; at current rates how do you see sustainability of market over next few years? Mandy Thorn responded that there would be no sustainability at current rates. We're talking about a sector/ services that are delivered by people. There are lots of jobs/ vacancies – driving up wage rates and problems in recruiting to the sector. A different

funding model and way of rewarding staff was needed.

There was a three year funding model in Shropshire – would this work in Telford and Wrekin? Mandy Thorn confirmed that having some guarantees about direction of travel was useful but it depended on the level. There were different ways of doing what the sector was doing, industry strategies, healthy ageing, but money was needed to look at investment opportunities; modernisation of the sector. Adopting technology had demonstrated productivity gains, was going to be an answer to an extent.

The Committee felt that longer term planning, to provide further stability, was surely a good option and essential when considering the projected demographics, low self-funding, and recruitment problems in the sector were likely to increase in the future. Cllr P Watling assured the Committee that the Council was looking actively to raise the profile of care work and working to change the model. It was noted that long term planning in reality was difficult - the consequences of the lack of funding from central government had been demonstrated in a graph produced by the LGA depicting the dire future for local authority social care. It was a worrying time for social care and communities. The Council had managed budget cuts well but it was impossible to run the same business with increased need and slashed budgets. It was a widely acknowledged problem that every Council faced. An improvement plan was in place and communication channels were good between the Council and SPIC.

HealthWatch had noted a substantial number of people chasing after dementia and nursing care. In the future far more dementia was projected but people often did not meet the eligibility criteria for support. Mandy Thorn responded that there was a shortage of nursing and many providers opting out of providing nursing care. Higher qualified staff were needed for that kind of care and skill sets were getting higher and higher. There would be a significant shift in the skills needed due to the advancement in technologies. Particularly as technology was a good opportunity for providers to modernise. Savings would be possible and an increase in productivity, and most importantly it would benefit the people who needed the support.

Mandy Thorn left the meeting at 3.12pm

HACSC- 21 Commissioning and Adult Social Care Improvement Plan; including Strategy for Adults with Learning Disabilities

The Chair welcomed the Cabinet Member for Children's and Adults Early Help and Support and the Assistant Director: Adult Social Care. The Committee had requested information on performance and savings relating to the Adult Social Care budget and the strategy for Adults with Learning Disabilities. The Committee noted the table in Appendix 1 to the report that highlighted movement in spend and income in relation to the budget, which related to the position for Adult Social Care as at period 11; February 2018.

The Assistant Director reported on the Strategy for Adults with Learning Disabilities (ALD); work was underway with managing the activity and the table in the report showed activity

across ALD clients.

It was noted that work was ongoing with Council commissioning colleagues to develop more supported housing, increasing the opportunities for individuals to move into their own homes. For clients in residential care, the Council was implementing the progression model, focussing staff on always thinking about independence at every level. Training was being provided around this and the Committee. The Council was working with National Development team on the asset and strength based approach to look at all available options to people; assets and support available to individuals and in communities. This was a key part of the model and would identify support where clients wanted to move away from residential care. This was an alternative way of commissioning; moving away from traditionally bought care, looking at bungalow accommodation in clusters with wrap around care and support needs. Models were being developed over the summer 2018 to end of the year.

Assistive technology was a key element of work which allowed for remote checking on ALD support plans, health and independent safety. The Council was in the process of training staff on this technology. The Committee noted that although on paper, it was just number, in reality this was about people getting keys to their own front door. Taking this approach, encouraging independence, allowed for the best use of resources and also allowed for costs to be driven down. The Committee was assured that the Council was taking a consistent approach, it was not a one off. Clients were going through the process of deciding on various schemes.

The Committee asked how the targets were determined. Sarah Dillon informed the Committee that it was easier with the ALD group because they were a familiar group and they were undertaking reviews where opportunities were available. It was widely recognised that moving out of residential care environment was the best solution, particularly that individual and shared accommodation meant that ALD clients often had access to more income due to the benefits that could be received. Every area had a plan for people to move into more independent living. It was recognised that there would always be additional demand from people moving into the area; children transitioning into ASC, which was all done on an individual basis. The Council was confident that the target would not need to change too much.

The Committee raised a question on the long term planning and projections for this year and the next. Sarah Dillon confirmed that following implementation of the new model, a consistent reduction in costs was expected. As more clients left high cost care, resources could be managed better. The Council was starting to see enough progress to start to make a difference. It was noted that the starting point was always outcome led, it was individuals at the heart of the work being done and it was not financially driven; this was in line with the requirements of the Care Act.

3.28pm – Cllr P Watling and Sara Dillon left the meeting.

HACSC- 22 Work Programme 2017-18/ 2018-19

The process was in place for the next Municipal year’s work programme, suggestions for scrutiny had been received; the Scrutiny Management Board would be considering them and they would then be presented to the Committee at the next meeting.

It was noted that an update on the Mental Health Strategy including the Suicide Prevention Strategy and Action Plan was being reported at the Health and Wellbeing Board on 6th June 2018. A brief update was provided: the Suicide Prevention Strategy and Action Plan 2017/18 – 2020/21 had initially been presented to the Health & Wellbeing Board in June 2017. A small core steering group chaired by an independent chair and vice-chairs from the two Local Authorities oversaw its delivery and annual network event, and reported to Health and Wellbeing Boards. Local Action Plans had been developed and were being implemented by two Action Groups chaired by Gordon Kochane (Shropshire) and Clare Harland (Telford and Wrekin). Reports would go back to the Health & Wellbeing Board.

The Chair suggested that the Committee keep a watching brief on the sustainability of the residential and domiciliary care market. He suggested that SPIC be invited to a Committee meeting next year.

It was agreed that current provision and future sustainability of GP services was an important topic for Scrutiny to look into. HealthWatch was aware that there was poor visibility of GPs. From a public point of view, there were a lot of assumptions about demand being managed away from hospital to primary care and services that should be implemented in Neighbourhoods. Before asking for a report from the CCGs on GP Forward View, it was felt that views from GPs and patient groups should be gathered. It was agreed that qualitative analysis and understanding through survey and dialogue would be needed including quantitative analysis of GP capacity in the area. It was anticipated that this would provide evidence of whether there was a huge succession crisis in Primary Care which was the public perception.

An NHS consultation on Gluten Free food had been circulated to the Committee and the Chair had met with the CCG Executive lead. This would return to Scrutiny before a decision was made but it was not a priority.

HACSC- 23 Chair’s Update

The Chair reported that he had started to explore a significant scrutiny review around quality and unmet need in Adult Social Care to report at the end of year 2018. The review was at the early stages of scoping; meetings had taken place with HealthWatch and Citizens Advice; Age UK would also be involved and the Chair would be attending the Making It Real Board.

The meeting ended at 16.10pm

Signed:

Date: