



Telford & Wrekin  
COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

## HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Tuesday, 11 October 2016** Time **2.00pm**

Venue **Meeting Rooms G3/G4 Addenbrooke House, Ironmasters Way, Telford**

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**Committee Membership:** Councillors M Boylan, **A J Burford (Chair)**, V A Fletcher,  
C P R Mollett, L A Murray, T J Nelson, J A Pinter and R J Sloan  
Co-optees: Mrs J Gulliver, Mr R Mehta, Mr B Parnaby and  
Mr D Saunders

## AGENDA

1. **Apologies for Absence**
2. **Declarations of Interest**
3. **Minutes** Appendix **A**  
To confirm the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 26 July 2016.
4. **Adult Care Services: Performance, Budget and Savings** Appendix **B**
5. **Chair's Update**

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

**Minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 26 July 2015 at 2.00pm in the Quaker Room, Meeting Point House, Southwater Square, Town Centre, Telford TF3 4HS**

**Present:** Cllrs A Burford (Chair), M Boylan, V Fletcher, L Murray, T Nelson, J Pinter, R Sloan and co-optees J Gulliver, R Mehta, B Parnaby.

**In Attendance:** J Eatough, Assistant Director Governance, Procurement & Commissioning (HACSC-05, HACSC-06); C Hall-Salter, Service Improvement & Efficiency Service Delivery Manager (HACSC-04, HACSC-05); A Hammond, Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG (HACSC-06, HACSC-09); S Jones, Scrutiny Officer; F Sutherland, Head of Commissioning, Mental Health, Learning Disabilities and Children, Telford and Wrekin CCG (HACSC-07).

### **HACSC-01 Apologies for Absence**

Cllr C Mollett and co-optee D Saunders

Cllr Murray apologised that he needed to leave at 2.30pm due to a prior commitment.

The Chair welcomed Cllr Murray to the meeting following his appointment to the Committee at Annual Council replacing Cllr Turley.

### **HACSC-02 Declarations of Interest**

Cllr M Boylan declared a standing interest as Director of Telford & Wrekin Healthwatch and Co-optee B Parnaby declared an interest as a member of Healthwatch.

### **HACSC-03 Minutes**

**Resolved** – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 22 March 2016 be confirmed and signed by the Chairman.

### **HACSC-04 Adult Social Services Peer Challenge 2016**

Before beginning the item Members raised concerns about the lateness of reports for some agenda items. It was important that Members have information in advance in order to formulate questions and carry out effective scrutiny. The Chair agreed and would take this up as a general point.

The Chair invited the Service Improvement & Efficiency Service Delivery Manager (SDM) to present the outcomes of the Adult Social Services Peer Challenge and the following points were highlighted:

- The Association of Directors of Adult Social Services (ADASS) had introduced Peer Reviews as a system of self-regulation based on sector-led improvement to fill the gap left by the abolition of the CQC inspection regime. The last CQC inspection in Telford & Wrekin was in 2010 when the service was found to be

performing well in safeguarding adults and supporting older people.

- The Peer Challenge programme developed by 14 authorities in the West Midlands had been piloted in Telford & Wrekin in 2013 and had led to a major restructure at senior level with increased oversight of performance and finance.
- The 2016 review had been led by Herefordshire Council and the panel included political leaders and sector experts. The process had been extended to include a case file audit by Principal Social Workers to interrogate the client journey.
- Two key lines of enquiry had been agreed in advance around progress on the implementation of plans to achieve outcomes set out in the Commitment Statement and the sustainability of the target operating model given future demographic, funding and legislative changes and pressures.
- The review highlighted key strengths including: improved performance against national indicators; positive safeguarding practice; work around enabling people to maintain independence and the use of Assistive Technology; understanding of 'Being the Change' ambitions at all levels; senior leadership team focussed on priorities; recognition of the importance of shaping the market especially around independent living; development of the My Life portal as a demand management tool; financial and outcome monitoring at MD level; stable and motivated front line staff; robust carers offer.
- Areas for consideration included: the development of the customer pathway particularly around access routes into the service; the role and culture of Social Workers; the need to accelerate the change management plan; review the budget strategy and approach to overspend / contingency; aligning commissioning with operational capacity to ensure savings are delivered; the development of a market sustainability strategy; the need for a 'whole Council' approach to demand management; a better understanding of the Better Care Fund.
- The Peer Team recognised the significant progress made in accelerating personalisation and delivering high quality interventions that were affordable. They had also recognised the enthusiasm and commitment of staff, carers and providers and the commitment of politicians and senior management.
- An Action Plan had been put in place to address the areas for consideration and would be published with the Peer Review letter once endorsed by Cabinet and senior management. Progress would be reviewed again in November.

Cllr Murray left the meeting at the end of the presentation.

Members explored a number of points:

- Clarifying what was meant by changing the 'role and culture' of Social Workers, the SDM explained that the Care Act had introduced a new approach to adult care, shifting from a 'deficit' model (focussing on what the person could not do) to an 'asset' based approach which looked at the wellbeing of an individual, what was important to them and how they could be encouraged and supported to maintain their independence. There had been a number of workshops and training sessions with Social Workers to explore the new role and different approach but it would take time to embed.
- In response to a question about the 'emerging change management plan' and how it had been accelerated the SDM explained that the implementation plan for the new operating model had been agreed in November 2015 but it had become clear

that the planned 12 month review needed to be brought forward to 6 months and this was underway. It had also become clear that a change management plan was required and this had been put in place. Following the Peer Challenge the plans had been consolidated into one overarching plan with tighter timescales, and agreed by commissioners, operational staff, providers and other stakeholders. Senior managers had reviewed the operating targets in the plan. The plan would underpin the restructure in the autumn and the review of the budget strategy.

- Members asked about the Better Care Fund (BCF) - how partners were engaged, how money was spent, links to Community Fit and why there were different understandings about the BCF. The Assistant Director (AD) replied that the Council continued to work with the NHS in the best interest of the client and BCF money was being put into a number of areas including integrated care. In terms of understanding about BCF, organisations may have different priorities for example the NHS focused on discharge from hospital and the Council focused on helping people to maintain independent living at home. There was also a lack of certainty about the future of the BCF and whether the money would be absorbed into the Strategic Transformation Plan over the longer term. The Chair sought assurance that the BCF issues would be resolved by the time the adult care budget was re-set and the AD assured the Committee that this would be factored in.
- Asked whether it was fair to say that following the Peer Review the Committee should expect to see a 'gear change' the AD agreed it was fair in terms of accelerating the implementation of plans and delivery of savings but not in terms of personalisation or outcomes for clients.
- In response to a question about how the Committee would see the impact of the new model, the SDM said it would be seen by monitoring the performance indicators and measures of success linked to the Cost Improvement Plan (CIP). The ASCOF (Adult Social Care Outcomes Framework) national performance indicators were measured and benchmarked nationally and regionally, and would be monitored along with locally agreed measures of success. Targets would be set for each measure in terms of savings, numbers and outcomes so that quantitative and qualitative data would be monitored. In response to further questions about the robustness of the indicators for adult safeguarding and whether they included 'never events', the SDM assured Members that there were robust indicators for safeguarding adults and that the data was robust.
- The Chair asked how the issues around the market sustainability strategy to address risks across client groups were being addressed and how best value was secured through commissioning. Officers explained that a market position statement was in place and was being reviewed. It was important to work with the market to create an understanding of what the Council wanted to achieve. One of the issues was the complexity of need dealt with by adult social services. The purchasing model would need to be put on a more sustainable footing as the new operating model took effect, for example with the shift to the asset based approach and as Social Workers become more challenging about the need for residential care. The use of block and spot contracts was being looked at to see how things could be done differently to avoid waste from empty beds as demand fluctuated. Conversations were being held with the market about the changes.

- Members noted the strengths highlighted by the Peer Review and remarked on the important role of carers and the need to support carers.

The Chair moved onto the next item as it was linked to the Peer Challenge.

### **HACSC-05 Adult Care Services: Performance, Budget and Savings**

The Assistant Director Early Help & Support had sent apologies for the meeting and the Assistant Director Governance, Procurement & Commissioning had stepped in at short notice to cover this item with the Service Improvement and Efficiency SDM.

The Chair made a number of opening remarks:

- At the last meeting reports had been requested in a consistent format to enable to Committee to monitor quality and performance against budget on a regular basis. Officers had also been asked to identify a smaller set of key indicators which the Committee could monitor to give a sense of the overall trajectory of the service.
- For this meeting the Committee had been provided with ASCOF performance data and performance against a number of key Measures of Success which it was assumed were the indicators suggested by officers for the Committee to monitor and the Committee would need to take a view on.
- Case studies had been provided as requested to illustrate some of the challenges faced by frontline staff.
- Finance reports had not been provided and the Chair had been informed by the Director of Adult and Children's Services that the adult care budget would be re-cast over the next month and performance against the re-profiled budget and savings targets would be presented to the Committee at the next meeting.

The AD and SDM then responded to questions:

- With regard to the availability of 2015/16 ASCOF benchmarking data, authorities submit preliminary data at the end of May and national data is published in September. Members requested the 2015/16 data for the next meeting.
- There was a discussion about the rate of progress on some indicators and measures of success:
  - It was noted the number of long term service users reviewed had increased by 6% in the last month from 9.3% at the end of May to 15.1% at the end of June against a target of 75%. Members wanted to know what the barriers to progress were, whether there was sufficient capacity and whether the target should be re-thought. It was important for scrutiny to see this driven forward.
  - It was noted the percentage of clients on Direct Payments (DP) had barely moved over the last two years. Members wanted to know how this compared to other authorities and if the target should be reduced to a more realistic level. The AD responded that some of the increase seen in other areas was due to the closure of care homes and the authority taking the opportunity to move the affected clients straight on to DP. In terms of the 60% target, as a rule it was comparatively easy to reach 30% but then became progressively more difficult.

A strategy was being developed to encourage clients towards Individual Service Funds (ISF) as a 'half-way house' between the traditional commissioned service and DP as a way of helping people to make the transition to managing their own budgets. Steps had been taken over the last month to address issues with Personal Assistant (PA) capacity by increasing pay rates above the living wage to encourage more PAs into the market. Internally, staff were clear about expectations and had been set a target for moving clients onto DP, for example Support Planners had a target of 10 per month, and targets would be monitored weekly. Robust plans were in place to deliver improvement but there would be an honest discussion about the target once the measures kicked in. The number of long term service user reviews would also be monitored weekly as this was linked to achieving the DP target. The Chair pursued a line of questioning as to whether the 75% target for client reviews was realistic and the SMD commented that current projections were closer to 65% but it was felt the target could still be met.

- With regard to how the assessment process ensured the authority was not paying for unnecessary care, the AD responded that the review of the new operating model had identified an issue with clients being referred straight to a Social Worker for assessment before exploring other options. The model had been adapted so clients would be seen by a Support Planner first and then referred to a Social Worker for assessment where appropriate. The Support Planners and Social Workers worked very closely together.
- A Member noted that some ASCOF indicators were reported as a percentage and others as numbers which made it difficult to correlate. A detailed explanation was requested for the next meeting.
- There were questions about specific indicators where Telford and Wrekin performance was significantly different to England and/or the West Midlands:
  - Indicator 1E (proportion of ALD in paid employment) was significantly lower than the England average. Officers assured Members that there was good provision in terms of ALD work schemes and brochures could be provided.
  - Indicator 1G (proportion of ALD living in their own home or with their family) was almost 20% lower than the England average for 2014/15 from which Members inferred that 45% were not living in their own home or with their family and this could be a significant cost to the authority. Officers pointed out that the number of ALD was relatively small and a small change could have a disproportionate effect on the performance rate. Numbers could be provided to the Committee if required.
  - Indicator 2A(2) (permanent admission of people aged 65 and over to residential or nursing care homes per 100,000 population) had been fairly consistent with all England and West Midlands benchmarks to 2014/15 but had dropped significantly in 2015/16. Officers clarified that the national strategy was to avoid residential care and keeping the numbers low was a positive outcome.
  - Members questioned why indicator 2B(1) (proportion of people 65+ still at

home 91 days after discharge from hospital into reablement/rehabilitation) was below England and West Midlands averages and the direction of travel was negative. Officers replied that the reasons for this were being analysed. One reason was that almost all older people discharged from hospital were put through short-term reablement at home to help them back on their feet rather than some being discharged straight to a care home. Analysis of 43 people who were not still at home 91 days after discharge showed that 19 were deceased, 3 had been readmitted to hospital and 21 had moved into residential care.

- In the absence of a written report the Chair asked for an update on the budget. The AD explained that the budget was being reviewed and it had been considered better to wait until this work was complete so that updated targets and savings could be presented to scrutiny. However he apologised that information had not been made available and it was agreed that an update with the latest figures would be circulated after the meeting. The AD had recently taken over responsibility for developing the Cost Improvement Plan (CIP) and this could be brought to the next meeting.
- There was a discussion about scrutiny of the adult care budget during which the following points were made:
  - Members set out a clear expectation that the Committee should be consulted on any in-year changes to the adult care budget, or the Cost Improvement Plan, which may require a Cabinet decision before a report goes to Cabinet.
  - There needed to be a process for consulting with scrutiny on any in-year budget changes in the same way that there is a process for formal consultation with scrutiny on the budget proposals. Without this there was a risk of Call In.
  - The Chair and Members set out a clear expectation that information requested by scrutiny would be provided in a timely fashion for the Committee to fulfil its scrutiny role effectively. Members were conscious that where things had gone wrong in other areas, Scrutiny Committees had been criticised in national reports for failing in their duty to pursue information and to give rigorous challenge.
  - The next Committee meeting should be timed to ensure all relevant information is available or to enable the Committee to comment on any proposals before being put to Cabinet. The Cabinet Member and officers should be invited to the next meeting to be held to account. The Chair undertook to meet with officers and the Cabinet member to discuss the timing of the next meeting.
  - The AD made it clear that there were no plans to make in-year changes to the budget and that he had been asked to develop the Cost Improvement Plan within the approved budget strategy. At this stage in the year the trajectory and savings profile were being reviewed to ensure plans the plans were in place to achieve the targets but there were no plans to change the base budget.
  - Members set out that even if there were no changes being planned to the budget for this year Cabinet would soon start the process of setting the budget for next year and an area that scrutiny would be looking at was whether enough was being allocated for adult care.

When there were no further comments or questions the Chair thanked the AD and SDM for their attendance.

**Resolved –**

- a) that up to date budget information be circulated after the meeting
- b) that performance and budget reports be brought to the next meeting

**HACSC-06 NHS Continuing Healthcare**

The Chair welcomed Ms Hammond, Deputy Executive for Commissioning and Planning (Integrated Care), Telford and Wrekin CCG and invited her update report on Continuing Healthcare following the independent case review. The AD remained for this item. The following points were highlighted in the presentation:

- The Midlands and Lancashire CSU had carried out the review of CHC cases
- The Council and CCG had jointly agreed 35 cases for the review
- The process had been agreed by the Council, CCG and CSU
- The outcome was that 1 patient was eligible for CHC, 6 joint packages of care had been agreed and a further 10 cases were being considered for joint packages
- The Council and the CCG had accepted the outcome of the review
- The budget implications were being worked through
- Performance against national benchmarks for Q4 2014/15 and Q4 2015/16 showed:
  - A significant increase in joint funded care packages from 4 to 27, (current ranking 83 out of 209), budget variance 28%
  - An increase in fast-track cases from 42 to 57 (69 out of 209)
  - An increase in standard packages from 33 to 44 (204 out of 209), budget variance 11%
  - A fall in Funded Nursing Care (FNC) from 252 to 204 (115 out of 209), budget variance 19%. The national rate for FNC has been increased by 40%. This would result in an additional £0.5m of cost for Telford and Wrekin CCG without a corresponding increase in its allocation.
- Detailed monthly KPI data was presented which showed that standard packages had increased from 44 at the end of March to 50 at the end of June and joint funded packages had increased from 27 to 44 over the same time. The figures showed that things were moving in the right direction.

The following additional information was provided in response to questions:

- The Deputy Executive clarified that the total CHC spend included an element for Funded Nursing Care. Whilst Funded Nursing Care was provided by the NHS it may be combined with other care funded by the local authority or by the individual if they were self-funding.
- Members sought assurance that the assessment process had been agreed by the Council and NHS, and that the Council believed assessments were being carried out correctly. The AD confirmed that the process had been agreed by the Council and the CCG Deputy Executive confirmed it had been agreed by the NHS. In terms of the Council's view that the assessment process was working, the AD said

progress had been made but local authority staff still needed to send more cases through to the CCG for consideration.

- The Chair noted that issues over CHC had arisen because Telford and Wrekin had fallen behind other areas in the level of CHC funding for standard cases and wanted to know how this would be accelerated by Social Workers putting more cases through. The Deputy Executive replied that the increase to 50 standard cases in June should take Telford and Wrekin higher up the national ranking - a small number of cases could have a big impact and they would know more when Quarter one figures were published. Training had been carried out with Social Workers and sessions were being arranged for those who did not attend the initial sessions. It was important to get the message out that the CCG was willing to take referrals. The Chair asked about the change process within the Council and the AD replied that there had been an exercise last week to question whether all relevant cases had been referred to the CCG and not all had been so there was still work to do but there was a good starting point.
- A Member commented that she was disappointed the numbers had not moved significantly and asked how family and carers were involved and whether robust processes were in place to ensure they were made aware of advocacy services and the appeals process. The Deputy Executive assured Members that robust processes were in place, that the service offered was Gold standard and that they worked well with patients and their families or carers. She was not aware of any outstanding complaints from families.
- A Member highlighted a case which had come up during the scrutiny review of a patient refused CHC because the assessor had based the decision on answers provided by the patient who could not judge their own capability and the family had not been involved although it was noted that this was not a recent case. Another Member commented on the importance of family and carers and highlighted the responsibilities placed on the NHS by the Care Act to involve families and carers.
- Members welcomed the progress to date and that a more robust entry system had been agreed going forward which it was hoped would address previous issues of 'cost shunting'.

In closing the Chair remarked that the committee had received some reassurance that there was a measure of agreement about the process but work still needed to be done to get people into the system. Performance was still not back to the national average and the committee would continue to monitor progress. The implications for the budget would also need to be considered.

**Resolved – that a report be brought back to a future meeting**

Cllr Sloan left the meeting.

### **HACSC-07 Telford and Wrekin Mental Health Commissioning Update**

The Chair welcomed F Sutherland, Head of Commissioning, Mental Health, Learning Disabilities and Children, Telford and Wrekin CCG to the meeting to present an update

on progress since the last meeting. Key points were highlighted as:

- The action plan had been developed into 5 work streams (reducing stigmas of mental health; promoting good mental health; improving access to secondary mental health services; development of an effective crisis pathway; improving the life chances for those with mental health illness issues).
- The event to raise awareness of mental health in the work place, led by the third sector, had been well attended with over 200 attendees and good feedback. Follow up work was being planned.
- The Council and CCG had signed up to Time to Change to promote good mental health in the work place and an action plan was being developed.
- The Wellbeing service (IAPT) had an action plan to improve outcomes. Access to the service and recovery rates had improved. The recovery rate had improved from 34% to 58%, above the national target of 50%. Waiting times were now being measured. 90% of clients had assessment to treatment within six weeks against a target of 75%. 97% had been assessed and commenced treatment within 18 weeks (a new measure). Waiting lists for Step 2 and 3 were coming down and would be eliminated by March 2017. There had been discussions about local delivery in Madeley and Woodside and the provision of evening services were being developed.
- MIND were providing a drop in service and listening / support sessions at Sutton Hill four days a week as the first phase of the 24/7 Hub. MIND were part of the crisis network and could link people into other support services. The service would be provided by a core of paid staff with volunteers and outreach locations and increased opening hours were being looked at.
- The crisis pathway was being scoped including the development of 'safe places' with the third sector, better use of section 136 capacity and early work with drug and alcohol services on detox provision and crisis support to reduce bed demand and out of areas placements.
- Work was being done on dementia and bed demand.
- The dedicated Social Worker at the Redwoods Centre was working well and had notably reduced delayed discharges.
- Commissioners and providers were developing a rehabilitation pathway to increase the independence of service users. The reconfiguration of the service involved the closure of the residential rehabilitation care at Ellen Court and to move clients to supported tenancies in the community. Consideration of any saving to the CCG could fund 'peer supporters' to support rehabilitation back into the community.
- A single telephone number had been introduced to access all mental health teams in Telford and Wrekin. All the Trust's teams will be moved to a single central base in Hall Court with a locality approach to mirror that of the authority.
- The autism diagnosis pathway was in place with Listen Not Label and Dudley and Walsall mental health trust were providing diagnoses.
- The ADHD pathway for adults had been developed and the service was due to start in Telford in September.

The following additional information was provided in response to questions:

- There were seven clients at Ellen Court. Two or three were ready to leave as soon

as suitable accommodation was found and the remaining clients were being supported and prepared. Ex-service users had been consulted about what had been useful so that positive experience could be replicated. The aim of the peer model was to support people through the process and ex-service users would be recruited as peer supporters in this model. Members emphasised the need to ensure people were supported to help them manage a tenancy and that their families were involved. Mrs Sutherland had not been directly involved with the consultation on Ellen Court but she understood from local authority commissioners that the clients were looking forward to the move and saw Extra Care as a stepping stone to independence.

- In terms of bed demand at the Redwoods Centre and if there was a waiting list, Members were informed there was some pressure but the provision had worked well for Telford. Demand from Telford was relatively low and there had been very few cases of clients needing the service who had not been accommodated. If a client had been placed out of the area and needed to be admitted to hospital, the admitting hospital notified the Telford crisis team who would try to relocate the client back to the centre.

The Chair thanked the Head of Commissioning for the report and noted the progress made. It was agreed a further update would be brought to the Committee at a future meeting.

#### **HACSC-08 Work Programme 2016/17**

A report on the Work Programme was tabled and the Chair invited comments. The Scrutiny Management Board had considered the suggestions and passed them to the Committee to consider for the work programme. The Board had agreed a benchmark of 6 meetings per Scrutiny Committee per year.

The following points were discussed:

- A new suggestion from the Senior Citizens' Forum about isolation of older people was noted
- Mr Parnaby drew Members' attention to the Healthwatch Youth Survey on CAMHS
- A new suggestion to consider support for carers was put forward
- The list of suggestions, including the new suggestions, was agreed as the work programme
- An indicative schedule of meetings was agreed for weeks commencing 10 October, 5 December, 13 February and 10 April. Dates would be confirmed after consultation with relevant officers.

**Resolved – that the suggestions set out in the report be adopted into the work programme with the addition of the suggestion about carers**

#### **HACSC-09 Chair's Update**

The Chair updated the Committee on the scrutiny of the commissioning of the CAMHS service by the Joint HOSC. He had been concerned about the lack of time for the JHOSC to scrutinise the service specification but the joint Chairs had written to the CCG raising a number of issues and following discussion with the Deputy Executive

for Commissioning the Chair was satisfied with the way the JHOSC would be involved moving ahead.

The Deputy Executive for Commissioning provided the following update:

- The service specification would be finalised this week following consultation with over 200 consultees and would be circulated to potential providers
- There had been a number of market engagement events targeting potential prime providers and other organisations including the NHS, third sector and voluntary organisations. There had been a lot of interest.
- The ITT would be issued on 8 August for bids by the end of September
- Bids would be evaluated during October by a panel including medical experts, a GP, a parent/carer, a teacher and four young people to achieve a balanced view
- The queries raised in the letter from the Joint HOSC Chairs had been addressed in the service specification or would be addressed through the commissioning process and contract negotiation
- An update on submissions would be shared with the Joint HOSC and there was still time to input into the process
- The Healthwatch Youth Survey on CAMHS would feed into the process.

There were no further point and the Chair closed the meeting.

The Meeting ended at 4.25pm

**Chairman:** .....

**Date:** .....

**BOROUGH OF TELFORD & WREKIN****HEALTH AND ADULT SOCIAL CARE SCRUTINY COMMITTEE – 11 OCTOBER 2016****EARLY HELP & SUPPORT SAVINGS UPDATE****REPORT OF THE DIRECTOR OF CHILDREN'S & ADULT SERVICES****Purpose of Report**

To provide the context and to outline the strategy for delivering Early Help and Support savings.

**Priorities**

In accordance with corporate priorities:-

- “Protect and support our most vulnerable children and adults”
- “Improve the health and well-being of our communities and address health inequalities”

... And the Council's co-operative values:-

- Openness & Honesty
- Ownership
- Fairness & Respect
- Involvement

**Strategic Context**

The overarching key strategic priorities are identified within the Health & Well-Being Strategy and the approach to achieve these priorities outlined within the Well-Being & Prevention Rationale.

The Council produced its commitment statement, (“the Statement”), Right Help, Right Time to Promote Independence, in April 2015, to be updated following the ‘Early Help & Support Restructure’ 2016. This document details the Council's approach to delivering social care services in Telford & Wrekin

“... to develop services for residents that help people live as independently as possible with minimal intervention ... where resources that are offered relate to the level of assessed needs a person might have.”

**“Promoting Independence** will be at the heart of social care in Telford & Wrekin”

Reflecting the national agenda of Think Local Act Personal (“Making it Real”) the Statement explains the Council's approach under a number of headings which we will use to align savings plans, the Cost Improvement Plan or CIP, to make sure that we are making savings in accordance with not only financial targets but in accordance with our long term strategies.

The main focuses of the **statements** are on the following areas:-

1. Information and advice
2. Community Based Solutions
3. Resources Focussed on Eligible Needs
4. Empowering Risk Management & Safe-guarding
5. Commissioning and working with Providers
6. Partnerships with Health Professionals
7. Spending Public Money wisely
8. Knowledgeable and Informed workforce
9. Valuing Carers

The Statement and the Local Account are documents that reference the delivery of the work areas and associated performance targets in more detail.

The Statement, and our performance monitoring systems, (Adult Social Care Outcomes Framework (ASCOF) – details a set of nationally agreed performance measures for Adult Social Services required by the Department of Health), informs the ‘Local Account’.

This is a retrospective document that explains how the Council has done against its plans in the previous year <https://www.gov.uk/government/publications/adult-social-care-outcomes-framework-ascof-2015-to-2016>

The Local Account is also informed by wider strategic objectives in the health sector including developing services within Commissioning Strategies which inform the development of the Strategic Transformation Plan (STP), the funding currently contained in the Better Care Fund and the Transforming Care Programme. As these develop the strategic context taking into account the integration of Health and Social Care will change and our plans will have to be flexible enough to deal with this changing context.

The Council’s broader strategic direction is encapsulated in “Being the Change”, a report published by the Managing Director in December 2015 that details how we will develop the organisation, services and senior management team to meet the challenges ahead.

This document operates on 4 core elements:-

1. Focussing on solving problems and promoting social responsibility and action to manage and reduce demand for services
2. Challenging and changing, reviewing and reimagining the way we do things
3. Reducing our dependency on government grants
4. Being a modern organisation with modern practices and where we always get the basics right

This year the Council has had the benefit of a Peer Review supported by West Midlands ADASS and their report is also informing our review of the Statement and our Cost Improvement Plan.

## The Early Help and Support Budget

Table 1 below sets out the proposed net budget for Early Help & Support in 2017/18 including approved changes to the budget. The developing Cost Improvement Plan includes detail of how the savings for 2016/17 are being delivered and the work streams which are progressing to deliver those savings, these are set out in table 4 below. The 2017/18 savings are also detailed in the Cost Improvement Plan and set out below, but there is further work required to determine the care activity budgets which will be reduced to deliver the purchasing savings required.

It is important to note that for both 2016/17 and 2017/18 a contingency budget has been included in the Council's budget strategy for the service area to drawdown. The contingency is provided as part of the strategy to change the way care is delivered and to cover the transition to a lower budget settlement for Early Help & Support. Table 3 identifies the current monitoring position and the current assumption that this contingency will be required in the current year.

**Table 1**

	Projected Starting Budget £000's	Savings in budget strategy £000's	Growth in budget strategy £000's	Projected Revised Budget £000's
Current net EHS budget-2016/17 including approved adjustments	42,013	(4,541)	2,993	40,465
<b>Contingency budget</b>			<b>2,500</b>	<b>2,500</b>
EHS Budget for 2017/18 including approved adjustments	40,465	(5,221)	1,820	37,064
<b>Contingency budget</b>	<b>2,500</b>			<b>2,500</b>

**Table 2- Numbers receiving care at the end of August 2016**-Table 2 provides information on the number of clients currently receiving care and supported by the Council. This gives some context in service terms to the budget set out below.

<b>Service categorisation</b>	<b>Older People<sup>1</sup></b>	<b>Physical/Sensory Disability</b>	<b>Adults with Learning Disability</b>	<b>Mental Health</b>	<b>Total</b>
Residential	125	8	97	23	<b>253</b>
Residential EMI(Elderly Mentally Infirm)	113				<b>113</b>
Nursing	144	13	6	8	<b>171</b>
Nursing EMI(Elderly mentally Infirm)	51				<b>51</b>
Home care/Community based support/shared lives	478 (includes 328,000 homecare hours)	102 (includes 97,000 homecare hours)	364 (includes 288,000 homecare hours)	46 (includes 40,000 homecare hours)	<b>990</b>
Direct Payments	58	105	99	9	<b>271</b>
Day care	36	21	20	3	<b>80</b>
<b>Total</b>	<b>1,005</b>	<b>249</b>	<b>586</b>	<b>89</b>	<b>1,929</b>
Purchasing Budget 16/17(£m's)	16.4	3.2	15.0	1.5	36.1
Purchasing Forecast 16/17(£m's)	19.1	3.6	17.6	1.8	42.1

The current reported monitoring position at the end of August is set out in table 3 below. This represents the latest projections of costs and income for the current financial year, and the resulting variation assumes use of the drawdown contingency in full. This position is an improvement on the overspend of just over £4m reported to Cabinet in July for the end of May position. However, at this stage it is unclear whether the reduction in projected expenditure has resulted from a sustainable reduction in the costs of care being provided.

### **Continuing Health Care (CHC) Update**

We have now completed work with the CCG to assess whether cases we currently fund should be subject to CHC and can confirm that some of the current cohort of cases are now being funded in their entirety by the CCG or through joint funding. We will bring further information along to the meeting.

<sup>1</sup> Excludes clients who are entitled to a period of reablement before leaving service or going on to a package of care and excludes clients in respite care

<b>Table 3 Monitoring position end August 2016</b>			
	<b>Budget £000's</b>	<b>Forecast Variation £000's (end of August, 2016)</b>	<b>Forecast variation £000's (end May 2016)</b>
Total position-Purchasing	42,188	5,337	6,211
Total position-Other	(1,723)	853	291
<b>Overall Total</b>	<b>40,465</b>	<b>6,190</b>	<b>6,502</b>
Offset by contingency	2,500	(2,500)	(2,500)
<b>Total budget provision</b>	<b>42,965</b>	<b>3,690</b>	<b>4,002</b>

### **Principles informing the development of the Cost Improvement Plan**

There are a number of key principles that have or will influence how we deliver the Cost Improvement Plan

- To provide the service in the context of challenging the cost of care, the number of people receiving different types of care and the length of time that care is provided;
- We will operate based on a long term cost improvement plan about how the service will operate in 2019/20 and have incremental targets in the intervening years to meet this service plan and we will manage both price and activity;
- We will manage a short term cost improvement plan (contextualised by the long term cost improvement plan) to deliver in year savings and savings in 2017/18
- We will consult and work with our service users about these plans and the future – generally and more specifically, as it may affect them, in plenty of time;
- The fulfilment of our statutory responsibility to meet assessed need is paramount and will not be compromised;
- We will work with our long term service users to plan for their long term future;
- We will work with the Care sector to have a high quality service and a sustainable and competitive market;
- We recognise that moving away from current residential accommodation might be difficult and could take time and might not be possible in some cases;
- For new entrants we will only use residential care where we have explored other options and have found that this is the only way to meet their care needs in a safe way; and

### **Short term**

We need to act now, notwithstanding our longer term plans. Below is a short summary of the total EHS savings plan for 16/17, this includes savings to be made from non-purchasing budgets, with detail of the Strategies in place to make sure that the savings are delivered. The numbers are aligned to the headings in the Statement, (see above). The 2016/17 savings demonstrates around £2.0m currently achieved or considered achievable, with a further achievement of £1.4m falling into 2017/18 from the latest restructuring of staff.

**Table 4**

<b>Savings No.</b>	<b>Description of Saving</b>	<b>Work Stream Description</b>	<b>Link to Statement</b>	<b>16/17 saving £</b>
1	Savings from operational re-structures	Restructures	8	1,075
2a,b and c	Managing long term placements (including LTSA)	Reduce spend on ALD, MH, and PSD through innovation- £1m/Implement housing cost savings through LTSA- £116K/Collaborative working with CCG to reduce spend on ALD- £200K	2,3,5,6	1,316
3	Review of SLA's	Review of SLA's with the Voluntary Sector	5,6	209
4a and b	Increasing use of direct payments and personal assistants	Increase use of Personal Assistants/Direct Payments-£195k/Review of needs as identified in RAS against current costs of care-£169k	2,3	364
5 and 9	Reducing admissions into residential care	Market engagement- restructure of procurement strategy and payment mechanisms	2,3	541
6	Transport review	Making the most efficient use of the Council's fleet services and reducing use of taxis- £80k/keeping the cost of transport within the service user's RAS- £190K	2,3	270
7	Savings on preventative services	Reduce Supporting People activity	1,2,3,4,5,6,7	595
8	Other purchasing etc			171
10	The right funding for the right care		3,6	

	<b>Total savings</b>			<b>4,541</b>
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## Target Led Approach – How Will We Monitor Progress

A new approach has been developed for ensuring that we spend within our approved budget. This is set out below:

- **Restructure of Early Help & Support** launched on 12<sup>th</sup> September (implementation date 1<sup>st</sup> December) - in addition to achieving the savings identified in 1 (and Table 4) above, the new service will focus upon the delivery of outcome designed to ensure savings targets are achieved whilst protecting or improving outcomes for service users.
- **Comprehensive Workforce Development Programme** will be in place to support staff work recruited to their new roles. This will include providing clarity over practice including how we will work with targets.
- **A predictive financial model is in place** – This has been developed and is now being used for predicting the impact of activities undertaken. This will assist the team in determining what actions they need to take to stay within budget. We have undertaken some work using the model to identify activity and price targets; we will share some of these with you next week for illustrative purposes.
- **Price and Activity Targets** – Whilst we continue to work on the existing cost improvement plan summarised above, **price, activity and duration targets** are currently being agreed in readiness for the new teams which will be in place from December. In reality targets will not be fully in place until April given the need for a comprehensive workforce development programme. It is anticipated that we will pilot this approach in the final quarter of 2016/17.
- **Project Management** – *A project manager has now been identified and is bringing a project discipline to the achieving outcome/cost improvement plan targets. This includes fortnightly project meetings, ensuring detailed project plans exist for each line in the plan and identifying and removing barriers to plans/implementation. Additional scrutiny is provide by a number of challenge sessions including 1) Managing Director Challenge 2) Senior Management Team Challenge 3) Member Challenge Session and 4) Scrutiny Briefing Sessions. A risk log has also been set up.*

We would welcome a discussion with the committee to understand how you would like to be more involved.

*Report Written by Assistant Director Governance, Procurement & Commissioning & Director of Children's & Adult Services October 2016*