



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Tuesday, 26 February 2019**

Time **2.00pm**

Venue **Meeting Room G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT**

Enquiries Regarding this Agenda:

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Committee Membership: Councillors M Boylan, **A J Burford (Chair)**, S P Burrell, E A Clare, N A Dugmore, V A Fletcher, L A Murray, T J Nelson, and R J Sloan
Co-optees: Mrs J Gulliver, Mrs C Henniker, Ms H Knight 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 18 December 2018.
4. **Adult Social Care & Commissioning Improvement Plan 2018** Appendix B
To receive the report of the Assistant Director: Governance, Procurement & Commissioning; and the Assistant Director: Early Help and Support
5. **Unmet Needs Report** Appendix C
6. **Neighbourhood Working**
(a) To receive an update report Appendix D
(b) GP Perspectives update
7. **Chair's Update**

HEALTH AND ADULT CARE SCRUTINY COMMITTEE

Minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 18 December 2018 at 2.00pm in Meeting Rooms G3-G4, Addenbrooke House, Ironmasters Way, Telford, TF3 4NT

Present: Cllrs A J Burford (Chair), M Boylan and T J Nelson; Co-optees J Gulliver, C Henniker, H Knight and D Saunders

In Attendance: S Dillon– Assistant Director: Adult Social Care, D Williams – Service Delivery Manager: My Options, A Grewal – Team Leader Wrekin, H Cottrell – Senior Assistive Technology and Sensory Impairment Officer, S Worthington, Senior Democratic and Scrutiny Services Officer.

HACSC-17 Apologies for Absence

Councillors V A Fletcher and R J Sloan

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 16 October 2018 be confirmed and signed by the Chairman.

HACSC- 20 Adult Care Performance, Budget & Savings & Cost Improvement Plan 2018-19 – Adults with Learning Disabilities

The Chair welcomed the Assistant Director: Adult Social Care. The Committee had requested information focused on Adults with Learning Disabilities in terms of budget, performance and activity.

The Committee raised questions and the following discussion ensued.

The numbers of adults with Learning Disabilities in the Borough differed significantly from those accessing support.

The Assistant Director: Adult Social Care advised that the baseline projected figure for the number of adults in the Borough with Learning Disabilities was 4,000, however, approximately 700 residents had more complex needs, and had been assessed under the Care Act has been eligible for additional support. This was based on national criteria.

Members raised their concerns that this left a large number without any support.

The Assistant Director: Adult Social Care stated that many people received advice or support with transition or physical health issues. The service users accessing the service had significant care needs.

A discussion was held regarding admissions to residential care. Members acknowledged that residents should not be moved for the sake of being moved, but it was a balance and needed to be in the person's best interests. It was noted there were more options available now, such as two bed bungalows or flats with overnight support.

Members discussed the employment service offered.

The service offered a 12 week bespoke programme for up to 5 people at a time. The programme looked at confidence building and work experience placement. The second programme was currently underway, from the first programme, one person is currently in paid employment. It was noted that 2% of the population with ALD were currently in paid employment in the Borough, which, for statistical purposes, was 18 hours of paid employment per week. It was an aspiration of the Council to improve this number. It was noted that this figure did not include apprenticeships.

Members received a presentation and demonstration of assistive technology. It was noted that some of the technology demonstrated was currently available to only adults with learning disabilities, and not frail and elderly people, due to the funding it was purchased under. It was noted that this was a critical element of development and could greatly improve quality of life. A group of experts by experience were trialling Alexa.

Was there an issue with staff shortages in ALD?

The Assistant Director: Adult Social Care stated that the same pressures were present. The team worked closely with colleagues from health.

A discussion was held regarding respite care.

A member of the public stated that adults with learning disabilities were being pushed into existing services and that suffering was going on. Carers were not being involved in assessments.

The Assistant Director: Adult Social Care advised that if the service user had capacity to make decisions, then they would make their own decisions. Services available now were significantly different to what was available 40 years ago.

HACSC- 21 My Choice Report – July to September 2018

The Chair welcomed Caro Hart, Chief Executive, Citizens Advice Telford and Wrekin, to the Committee. The Committee received the report in respect of the My Choice Service.

The Committee raised questions and the following discussion ensued.

Members praised the effectiveness of partnership working.

What did My Choice do well with?

Ms Hart advised that the service took the pressure off Social Services for lower level services, which freed up Social Services to look at the more complex cases. My Choice sat well within the community and voluntary sector.

In what areas could the service do better?

Ms Hart stated that there were always areas that could be improved. Levels of customer care were good but not excellent. The Tiers could be more joined up, Tiers 1 and 2 had recently been co-located so this should improve.

What monitoring was in place?

Ms Hart stated that at Tier 1, customer satisfaction was monitored. At Tier 2, there was a case recording system, which was highly quality assured. A new ICT system had been implement, which would hopefully improve the situation.

It was noted that there was some confusion over the My Choice branding and some people were not aware that they needed to ask for My Choice. There was nothing in the contract in regards to publicity, however, agencies worked well together to signpost.

HACSC- 22 Chairs Update

Unmet Needs Survey.

The Chair advised the Committee that the full report for this project would be presented at the next Committee meeting. A workshop had been undertaken and approximately 50 representatives of community and voluntary organisations attended. A survey had also been produced to accompany the workshop and, to date, 43 responses had been received. The Chair highlighted that the report would provide transparency of what needed to be done.

Neighbourhood Working

The Chair advised that several members had met with local GPs who ran the neighbourhood areas to discuss what impact neighbourhood working had. The insights they had provided were invaluable, however, most GPs did not attribute some successes to neighbourhood working, and rather that they were areas of good practice.

Future Fit

The Chair advised that the JHOSC had met the previous day, as had the Future Fit Programme Board. Some Members of the JHOSC had raised concerns regarding the programme and noted that the majority of the population of Telford and Wrekin had raised their opposition to the preferred option.

The meeting ended at 16.25pm.

Signed:

Date:

1 Purpose

To enable the Health & Adult Social Care Scrutiny Committee to consider the management of the Commissioning intentions to support the Adult Social Care purchasing budget and performance.

2 Recommendations

For the Committee to consider and agree any recommendations or further actions

3 Introduction

The Committee have asked that this report focusses on Commissioning in terms of budget, performance and activity.

Understanding Commissioning – this means securing the services that most appropriately address the needs and wishes of the individual, working with operational colleagues, making use of the market intelligence and research and planning accordingly. Commissioning is a process that starts with understanding the needs of the end users of services. It is more than procurement, the simple purchase of goods. It involves four key activities as follows:

1. Understanding needs and desired outcomes – that requires up to date information about risk factors, needs, trends to understand what people need and what and where the priority areas are
2. Optimising resources – including money, community and user resource, assets. This could mean redesigning internal and external workforce to deliver a service or return for the end user, optimising public buildings in an area to collectively create best value for the community or building resilience or skills
3. Targeting – resources at those citizens in need, services that are a priority and at the right stage to have maximum effect on outcomes
4. Choosing the right mechanism – to best achieve the desired outcomes. The choice of mechanism range from more traditional approaches including procurement, service level agreements, performance management to a focus on pooling budgets, market management, partnership building, enhancing choice, harnessing voluntary and community resources and capacity, influencing partner spend and user decisions and behaviours.

To ensure that we apply a whole system approach, understanding what the issue is, what we are trying to do, being very strong on the analytical phase, planning and thinking about how we could address potential issues and to think about best mechanism to get a solution in place, we apply the **commissioning cycle** as illustrated below.



In Telford and Wrekin we are committed to working with existing and new providers, community groups and micro enterprises to ensure we have a diverse and sustainable market place that meets the support and social care needs of residents.

We have developed our Market Position Statement (MPS) which is currently under review. It provides an overview of our current situation, the local economy and the future plans for adult social care and ensuring links are made between the Children’s Sufficiency Statement detailing our overall market position and future plans.

Our commissioning strategy is:

1. To support preventative services to keep people independent in their communities
2. Where people require services, to work within existing budgets
3. Reduce the need for unnecessary or unreasonable high cost services

In order to do this, we concentrate on improving outcomes for people by commissioning as follows:

- **Quality** – the services provided meet the regulatory standards of our commissioning framework and Care Quality Commission (CQC) and improve outcomes and keep people safe
- **Sufficiency** – we have an accurate prediction of future demand to ensure we commission sufficient provision
- **Price** – we will pay a fair market price, taking account of our resources
- **Innovation** – working with our providers we will look for different approaches to meet diverse and developing needs

In doing this it will help us to focus on 4 key areas:

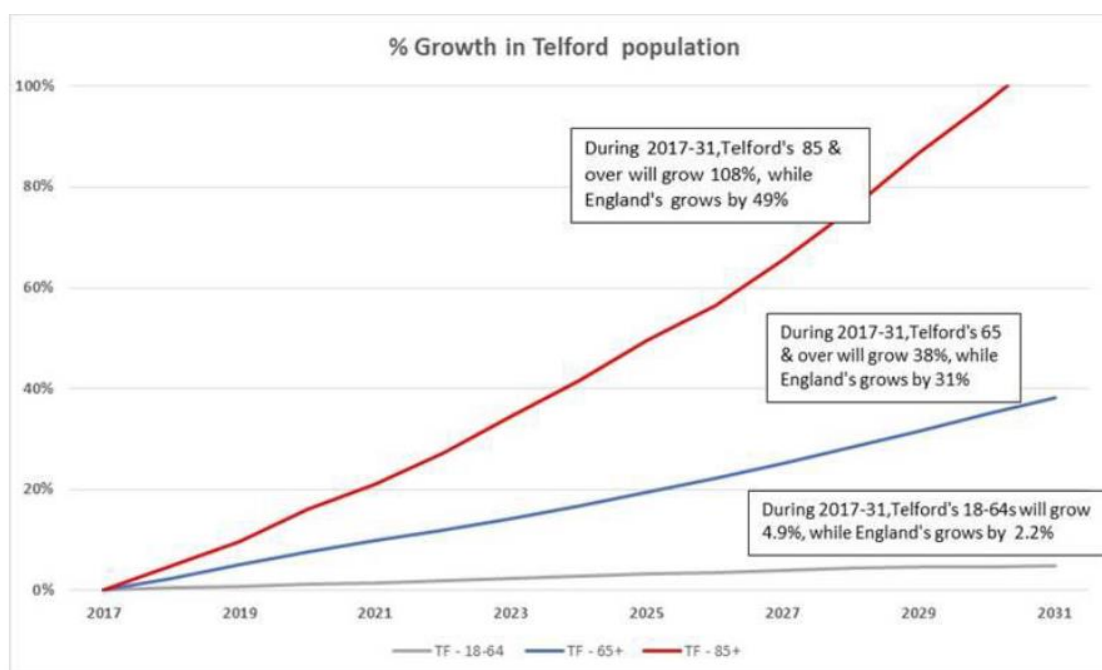
- Personal care and support
- Housing/accommodation
- Short term enablement services
- Wellbeing and preventative services

The 4 main markets that we will continue to work with are:

- Care and support
- Residential provision including EMI residential
- Nursing provision including EMI nursing
- Sheltered housing and supported living accommodation
- Community provision and day care

In addition to paid services, we also acknowledge the invaluable support provided by unpaid carers, who are the backbone of the care provision for family and friends within the community.

Population – the below highlights the expected growth of the population within the borough across all adults



Age	2017	2031
65 years	29,800	41,200
18-64 years	105,200	110,400
85 years	3170	6900

4 KEY INFORMATION

4.1 Quality

Domiciliary Care - We manage this for domiciliary care services through the Dynamic Purchasing System (DPS), this is our open framework for Providers to bid for care hours. We ensure that providers have robust quality and safety policies in place and that we check these at the outset and ongoing through contract management monitoring and reviews.

We are engaging with Providers at regular forums, the most recent being 10th December 2018 where we explored ideas regarding zonal working further to understand their views and ideas, and the winter plan. The feedback was positive and providers are continuing to come forward with suggestions on how this could work in Telford and Wrekin. The next forum will take place in February 2019. Work has begun on how we can engage with people who receive domiciliary care for their feedback and how they can become more involved in commissioning of services in the future. (Co-production.)

We are working with Providers to reduce care no longer required and to establish capacity that is not utilised, such as between the four key points in the day. Commissioning work to date is exploring replicating a pilot project, based on the success in the Vale of Glamorgan who have now (from 1st October 2018) rolled out a programme of outcome based domiciliary care, which has seen efficiencies in the delivery of care and produced savings to their Council, (although this was not the aim of the pilot). This was discussed with providers at the forum in December and is seen as a positive development to the way in which we currently work.

Capacity in the domiciliary care market, particularly regarding reablement directly from hospital is currently a serious risk in terms of sufficiency as demand is at unprecedented levels. Providers are struggling to recruit and retain quality carers which in turn leads a lack of capacity to deliver care meaning that people can stay in residential or hospital care longer than they need to. Although this is a national issue this lack of sufficiency in the market is particularly challenging at the current time in Telford & Wrekin. We have an action plan in place particularly focussing upon communicating a public message to encourage more people in Telford to become support workers as well as making sure that the system operates as efficiently as possible.

Commissioning work to date is exploring replicating a project, based on the success in the Vale of Glamorgan rolled out a programme of outcome based, zoned domiciliary care. The project enabled the provider for each zone to work directly with the people in the area they cared for to design their own care packages around what was important to them to meet their physical and wellbeing needs. The provider would then plan this in around the other people in the area they were caring for, linking with the community they were living in and by networking with other community groups. The aim was always to see outcomes improving but an unintentional outcome was a reduction in the number of care hours delivered resulting in efficiencies for the council whilst outcomes improved for the people having care. This project was discussed with providers at the forum in December and agreed as a positive and possible change to the way in which we currently work. This project is currently being progressed with providers with a view to phased implementation through 2019.

Additional support to the providers will be the targeted recruitment campaign. This will be a joint approach with SPIC and providers and link in with the national Department of Health and Social Care recruitment Campaign mid-February 2019.

Residential and Nursing - Our DPS also manages residential care and support and through this system and process the tender requirements and contract award, it is stipulated that providers cannot be CQC rated inadequate to be active on our system. We categorise providers as either residential, residential EMI, Nursing or Nursing EMI. To maintain sufficiency we do work with providers who are deemed inadequate to review action plans and carry out risk assessments for current people in these homes. We also have a plan for managing care home failures in place. We also have a partner wide group to monitor quality and share intelligence across Shropshire as a whole.

Our residential market is sufficient and the Council is a major purchaser but there private funders from in and out of the borough. There are undoubtedly pressures on the provider market ranging from costs of annual increase in the national living wage, employer pension contribution increases, increasing costs of regulation from the CQC, changes in the law and general inflationary pressures and we work with the market to ensure uplifts are reasonable.

Supported Living/Extra Care Accommodation – Extra Care is managed through the individual contracts held with the Extra Care Provider or through the DPS. Currently there are 7 Extra Care housing schemes in Telford and Wrekin and these are rated as good by the CQC.

4.2 Sufficiency

Domiciliary Care - In 2017 we commissioned 740,000 hours of personal care and support in the home, in 2018 this increased to 762,000 hours, which is approximately 3% increase.

We recognise that the volumes for personal care fluctuate throughout the year with the usual high demands being during holiday periods and over the winter months. We have also noticed however, that since 2017 we have seen a steady increase in the need for this type of care and this is expected given the reduction in residential care placements. We are now looking at ways in which we can help the care market to build more capacity as they consistently experience with recruitment. We will do this by running a marketing campaign as another route to finding staff through our recruitment channels

We continue to work with our adult social care colleagues on the neighbourhood working agenda. The neighbourhood working programme includes looking for community assets and solutions to provide care where actual regulated personal care is not required but more about social isolation. This is further complimented by also looking at digital and assistive technology solutions where a piece of equipment could support as appose to having a person undertaking the tasks such as night time carer and also reducing the need for double up care

We will continue to work and where possible encourage the provider market to meet our commissioning intentions going forward. Also, it is important to note that through the development of a more community led approach and the up-take of more direct payments, we would expect to see a decrease in the routine council commissioned hours provided going forward.

Residential and Nursing - Discussions are underway with care homes to agree a fixed costs for care for the next 2 years.

The needs of older people now accessing services has also increased significantly over the last 4 years. There is a higher level of need linked to dementia at both residential and nursing stages, with an average age of people coming into services being 83 years. People are older and frailer when accessing residential care because they have been supported at home with care and support for as long as possible, only accessing services nearer end of life.

In line with the strategy to support independent living there is an increasing need for the right accommodation with the right support for people with learning difficulties, mental health and physical and/or sensory disabilities. We spot purchase all beds for mental health and physical and/or sensory disabilities to meet specific needs. Our learning disability provision also includes block purchased arrangements.

In the West Midlands Region we are one of 2 two councils that support far fewer older people than might be expected, supporting more than 30% fewer people than our respective comparator averages. We have also achieved the most substantial reduction at 34%, to a level that is the second lowest in the Region, which is remarkable in view of our demography. This data also shows that we managing low admissions for older people entering residential and nursing care including those individuals leaving hospital care through supported living programmes

Supported Living/Extra Care Accommodation – The 7 Extra Care Schemes are owned by a range of landlords including Anchor, Bromford, Bourneville Village Trust, Sanctuary and Wrekin Housing Trust and the care is delivered in these Schemes by a range of domiciliary care providers. We are continually managing the usage of each scheme where the agreement is via a block contract agreement to ensure full utilisation of provision before consideration can be given to spot purchases.

We are developing an accommodation strategy, which will be delivered by Housing LIN under the housing work stream and this will be fundamental in influencing new specialist housing supply.

We have started our work programme on remodelling on the Extra Care block contracts and associated funding. This will be completed by April 2020. Conversations have started with providers and landlords and a full consultation will be undertaken after June 2019. In the meantime we will look to temporarily extend current contracts with no price increases.

For our Supporting People services, we have extended the floating support contract until July 2019, in line with the expiry of the Sheltered Housing contract. We are now working with providers to scope future service provision and the overall approach to remodelling work.

4.3 Innovation

We will continue to subsidise training for the care sector with Shropshire Partners in Care (SPiC) alongside the MAPA training with Shropshire Council. We will also continue to support Carer' resilience and well-being and commission further support for Carers including for future planning, emergency and planned respite.

Our work progresses with exploring the role of digital and assistive technology solutions and where it can support people through low level support such as medication prompts and well-being checking systems.

We work with the market to understand pressures and respond accordingly where possible such as providing access to specialist equipment that can be loaned/hired to meet specialist needs such as beds/hoists/chairs and digital/assistive technology solutions.

We explore and develop more extra housing and supported living schemes locally to meet specialist needs such as dementia care. This involves working with providers to remodel their services from residential to supported living accommodation.

We have also started to be part of the community hubs and neighbourhood working agenda to ensure that we are up-to-date with the needs of the community and being part of the digital transformation programme.

We are working with landlords to maximise the amount of housing management services that are provided to help people maintain their tenancies and remain independent

4.4 Housing and Accommodation

We are facilitating the provision of different housing types to meet the diverse needs of people in Telford and Wrekin, which will include discussions with investors and providers for all types of specialist accommodation across all age and ability groups.

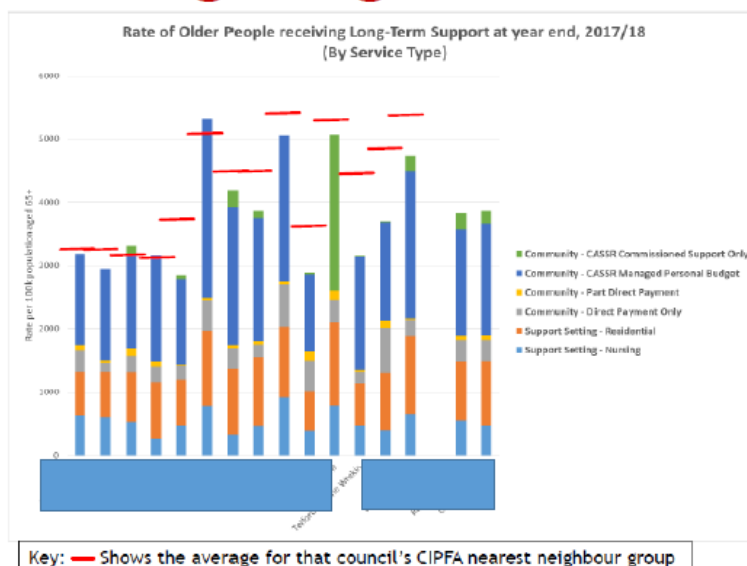
4.5 Data Analysis for West Midlands Region

The below information summaries data from the published ASC finance activity and outcomes return for 2017/18. This highlights councils that are outliers and suggesting some areas for further work, which will assist us in our future planning and address for local challenges.

Older People Receiving Long Term Care

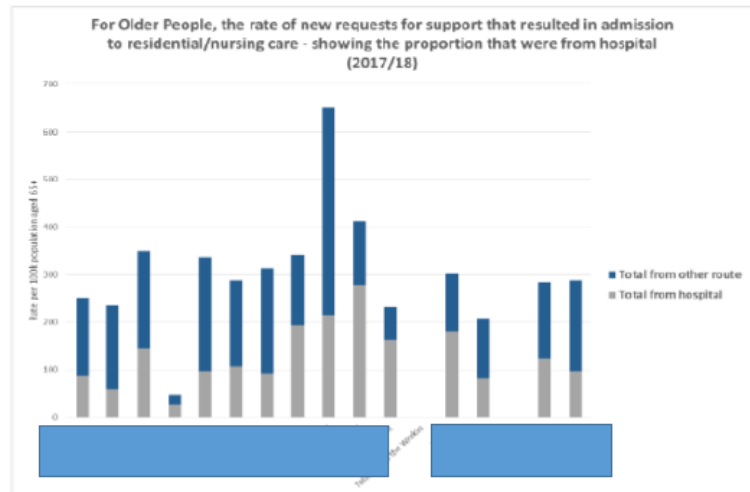
The rate of older people receiving long term support tends to correlate closely with levels of deprivation and this is the case in the West Midlands. The data proves that the West Midlands councils are managing the demand very tightly with almost no significant exceptions.

We are one of two councils that support far fewer older people than might be expected, supporting more than 30% fewer people than our respective comparator averages.



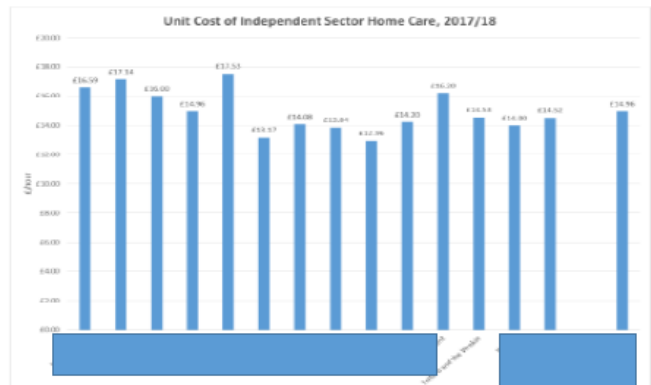
Older People, New Requests for Support

The SALT data relating to new requests for support allow consideration of people's routes into residential and nursing care. This data demonstrates that we managing low admissions for older people entering residential and nursing care including those individuals leaving hospital care.



Unit Costs – Domiciliary Care

The national average unit cost for independent sector home care was £16.04 in 2017/18 but with significant variation between regions and fees were increased by an average of 3% in this year. The data shows that home care rates in the West Midlands are relatively low in spite of average 3% increase in this year. It is important to note the fragility of this sector in many parts of the country

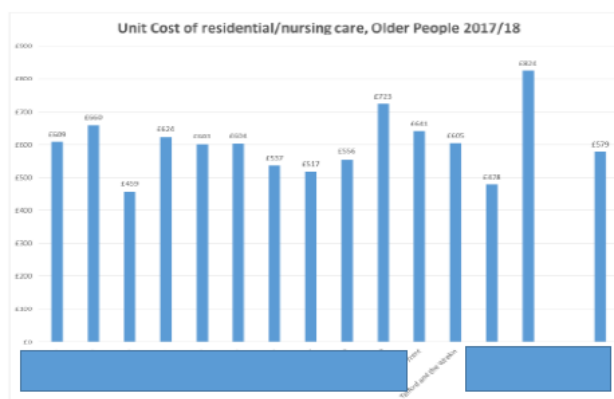


Unit cost of independent sector home care	2014/15	2015/16	2016/17	2017/18	% change since 2016/17	% change since 2014/15
	£14.34	£14.67	£15.53	£16.59	7%	16%
	£15.61	£16.03	£16.23	£17.14	6%	10%
	£14.12	£15.41	£15.59	£16.00	3%	13%
	£14.13	£12.57	£14.75	£14.96	1%	6%
	£15.13	£15.65	£16.81	£17.53	4%	16%
	£10.96	£12.78	£12.78	£13.17	3%	20%
	£12.54	£12.48	£13.80	£14.08	2%	12%
	£13.84	£13.84	£13.84	£13.84	0%	0%
	£12.17	£12.17	£12.96	£12.96	0%	6%
	£14.03	£14.25	£14.34	£14.20	-1%	1%
	£13.20	£13.58	£15.45	£16.20	5%	23%
Telford and the Wrekin	£15.05	£15.18	£14.77	£14.53	-2%	-3%
	£11.44	£11.95	£13.00	£14.00	8%	22%
	£13.46	£12.90	£13.75	£14.52	6%	8%
Average of West Midlands councils	£13.57	£13.82	£14.54	£14.98	3%	11%



Unit Costs – Residential and Nursing for Older People

The national average unit cost for residential and nursing care for older people was £614.98 in 2017/18, it increased by 6% in this year. This data shows that rates in the West Midlands are relatively low but with extreme variation from one place to the next



Unit cost of residential/nursing care	2014/15	2015/16	2016/17	2017/18	% change since 2016/17	% change since 2014/15
	£727	£604	£561	£600	8%	-16%
	£605	£471	£552	£660	20%	9%
	£468	£443	£452	£459	1%	-2%
	£579	£511	£527	£634	19%	8%
	£519	£542	£585	£603	3%	16%
	£543	£553	£571	£604	6%	11%
	£450	£506	£505	£537	6%	19%
	£484	£535	£495	£517	4%	7%
	£465	£479	£495	£556	12%	20%
	£551	£592	£654	£723	11%	31%
	£620	£575	£598	£641	7%	3%
Telford and the Wrekin	£473	£523	£548	£605	11%	28%
	£443	£443	£453	£478	5%	8%
	£478	£469	£492	£624	67%	72%
Average of West Midlands councils	£529	£518	£535	£603	13%	15%



Unit Costs - Adults in Residential/Nursing Care

The national average unit cost for residential and nursing care for adults aged under 65 years old was £1,225 per week in 2017/18, increasing by 3%. It is important to note that fees are individualised, which result in costs influenced because of this

Unit cost of residential/nursing care	2015/16	2016/17	2017/18	% change since 2016/17	% change since 2014/15
	£964	£804	£1,181	47%	22%
	£1,338	£1,525	£1,861	22%	39%
	£1,215	£1,280	£1,286	0%	6%
	£1,220	£1,119	£1,181	6%	-3%
	£1,374	£1,435	£1,543	8%	12%
	£1,119	£1,139	£1,225	7%	9%
	£1,505	£1,376	£1,265	-8%	-16%
	£1,238	£1,243	£1,318	6%	6%
	£1,137	£1,166	£992	-15%	-13%
	£1,468	£1,556	£1,640	5%	12%
	£839	£938	£964	3%	15%
Telford and the Wrekin	£1,252	£1,301	£1,467	13%	17%
	£863	£879	£848	-4%	-2%
	£1,216	£1,235	£1,229	0%	1%
Average of West Midlands councils	£1,196	£1,214	£1,286	6%	8%



5 FINANCIAL/VALUE FOR MONEY IMPACT – Our 5 year Strategic Model

The latest reported information is included below. This is a report to the 31st December 2018, with projected expenditure etc to the end of the year.

Finance & Performance. Our regular planning and monitoring continues to work really well ensuring that our information is up-to-date and accurate to provide the yearly projections on activity and expenditure against the ASC purchasing budget. **The latest information suggests £67k difference between budget and expenditure.** There has been a significant move in recent years in the profile of care provided to variant client groups, and undoubtedly the Council can evidence better value for money in that the expenditure is achieving better outcomes for people with less waste and increased efficiency. Our data quality is continually scrutinised to ensure we are measured accurately across the West Midlands Region against our Adult Social Care Outcomes Framework (ASCOF) measures

Description		Budget £	Variation £
Adult Social Care			
Purchasing - all client groups		50,658,955	1,561,020
Income generation:	Client contributions	(5,379,623)	(581,537)
	Health contributions	(1,074,526)	(171,452)
	Government Grant	(6,848,841)	(751,290)
Operational teams	Employee and operational expenditure	5,385,832	15,779
Variations under £50k		(317,069)	(5,004)
Total Adult Social Care		42,424,728	67,516

6 LEGAL ISSUES

Nothing to report on legal issues

Report Authors:

Jonathan Eatough, AD, Governance, Procurement & Commissioning

Tracey Smart, SDM, Finance

Version: v3 (up-dated 05-02-2019)

Approved 06-02-2019 (JE)



**Unmet Needs
in
Telford and Wrekin**

Initial Review



Foreword

The challenges facing Shropshire and Telford Hospital Trust and developments in the Future Fit consultation have occupied a significant proportion of our time as a Committee. Alongside our focus on the local Health economy however, I was keen that the increasing pressure on adult social care with its impact on local people should be further considered. An important role of the Scrutiny Committee is to hear from users or potential users of the services on how they are experiencing these pressures

In order to ensure the work was conducted by an organisation independent of the Council and the My Choice consortium, Healthwatch Telford and Wrekin (HWTW) was approached to lead the delivery of this project as part of its core offer.

The purpose of this study is to understand how well people are able to access local adult care and support services, how those services contribute to people's quality of life and what we can learn about needs that are not being met by either the statutory or the voluntary sector.

This project should be the start of the story; it helps us to understand what else we need to know, and we hope the information gathered supports the adult social care Market Position Statement and the Joint Strategic Needs Assessment in being more informed on forthcoming commissioning priorities. We will be seeking responses from key partner agencies on how they intend to utilise findings of this study. We hope that it is seen as a useful piece of work that facilitates further examination of care needs that are unmet in Telford and Wrekin at a time of restricted resources.



Councillor Andy Burford

Chair Health and Adult Care Scrutiny Committee (HASC)

Introduction

The Health and Adult Care Scrutiny Committee

The Health & Adult Care Scrutiny Committee (HASC) scrutinises and monitors the planning and performance of the Council's adult social care services and health service matters. Some Members of the Committee are also appointed to work jointly with colleagues from Shropshire Council to scrutinise health issues that impact on the wider health economy in both Shropshire and Telford & Wrekin (T&W).

The Committee membership included both elected Councillors and co-opted individuals with relevant knowledge and experience.

Healthwatch Telford and Wrekin

Healthwatch Telford and Wrekin (HWTW) is an independent consumer champion/patient voice, created to gather the views of people who live in T&W. Our aim is to provide our Communities with a stronger voice, in influencing and challenging how health and social care services are provided in T&W. HWTW routinely gathers the views of residents who use or have access to health and social care services and that feedback is then analysed allowing HWTW to inform the key groups who plan, manage and regulate the service with evidence-based comment.

HWTW engages with many statutory/voluntary organisations including the Local Authority, Care Quality Commission, Clinical Commissioning Groups), Providers, individuals and groups, to ensure that services are designed and structured to meet the needs of local people.

In addition, HWTW have a responsibility to carry out Enter and View visits to provider services offering health or social care activities. This responsibility is a statutory power enshrined in law under the Health and Social Care Act.

Who has been involved in this Review

The initial review involved support from HASC, HWTW, Shropshire and Telford & Wrekin Age UK (STW Age UK), Citizens Advice Telford & the Wrekin (CAT&W) and My Choice partners. The review team consulted with individuals and representative groups accessing or providing services through a survey questionnaire and a targeted workshop.

Outline

How people access social care and low-level support

Under the Care Act, Local Authorities are required to ensure that people who live in their areas can:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- obtain the information and advice they need to make good decisions about care and support;
- have a range of provision of high quality, appropriate services from which to select.

Local Authorities have adopted varying approaches that enable local people to access support and care. T&W Council commissions the My Choice Information Advice and Advocacy service, which is delivered by an alliance of voluntary organisations.

In the case of My Choice, adults with care and support needs are offered the information and advice they need to appropriately access carers services, welfare, community care, local services, personal budgets, and coping strategies. This involves a tiered approach in partnership between Citizens Advice Telford & the Wrekin (CAT&W) who run the phonenumber at Tier 1, together with several organisations including Taking Part (advocacy), STW Age UK, Alzheimer's Society, SIAS, and T&W Council.

At Tier 1 the individual's needs are initially assessed, after which they are signposted to the most appropriate Tier 2 organisation who can offer the relevant support, whether it be advocacy or advice. The Tier 2 level support offers assessors and advisors, as well as advocates, through STW Age UK, Alzheimer's Society and Taking Part. A trusted assessor is also available.

The Tier 3 level involves referral to the social care services at T&W Council. Despite this tiered approach there is concern that for those who need low level support the services currently offered are not appropriate, particularly with regards prevention. There is also a concern that within the population of Telford and Wrekin there are unmet needs.

What are Unmet Needs

An Unmet Need is not easy to define and as a result it is also difficult to measure. Indeed, levels of unmet need for adult social care are disputed, at least partly because of definitions.

The Department of Health and Social Care classifies unmet need in strict terms: "For there to be a significant unmet need out there, either one of two things must be

happening. Local authorities are not implementing the Care Act in the way that it was intended or expected to be, or the criteria in the Care Act are wrong, such that there would therefore be a lot of people who are not picked up in it. I do not think there is any evidence that either of those two things is in place”. (*David Mowat, February 2017, briefing by Minister for Communities, Health and Social Care*)

Local Authorities are required to understand the extent of unmet need for social care in their local areas. The King’s Fund identified that majority of local authorities do not have requisite monitoring arrangements in place (*The King’s Fund, November 2016, Unmet needs for health and social care: a growing problem*).

The IPSOS Mori Poll “Unmet Need for Care” (July 2017) offered independent research around unmet needs and which led to this review.

Research from Age UK estimates that right now 1.4 million older people are not receiving the social care they need. (*Age UK, Nov 2018, Why call it Care when Nobody Cares?*)

Some of the reasons why care needs appear to remain unmet are:

- Reaching crisis point before asking for help;
- Waiting times and the impact on people in terms of accessing timely information, advice and advocacy;
- A perception that access to services is difficult thereby delaying accessing support;
- Lack of awareness on what support may be available;
- Reliance on carers or informal support networks;
- Social isolation and low motivation to seek support;
- Low levels of awareness amongst professionals and potential users on what support may be available.

In November 2018, president of the Association of Directors of Adult Social Services highlighted the effects of cuts to social care and urged a ‘collective endeavour’ to tackle unmet need (*Glen Garrod, November 2018, ADASS Conference Speech, Manchester*).

Review Team

This initial review has been conducted by a reference group comprising:

Councillor Andy Burford- Chair of HASC

Dag Saunders - Lay member HASC

Hilary Knight - Lay member HASC

Caro Hart - Chief Executive, Citizens Advice T&W

Paul Shirley and Shobha Asar-Paul - HWTW

Barry Parnaby- Chair of the Carers Partnership Board has also supported the group in ensuring the effective consideration of carers needs.

Aim

The aim of the HASC survey was to examine:

- People's experience of accessing Adult Social Care (ASC) and how that support is helping them stay independent;
- How the local voluntary and community sector is supporting people's personal and practical support needs;
- What needs people are experiencing that are currently not being met and why this is the case.

It is intended that the results of the survey will be used to determine what is currently working well and what needs improving, together with recommendations to the Council and local partners.

Methodology

The methodology employed was to utilise both a comprehensive questionnaire and also a targeted workshop. The HASC working group designed a questionnaire which was also available on-line as well as being distributed in a hard copy format by STW Age UK, Citizens Advice T&W and My Choice partners. A total of **44** questionnaires were returned and in addition 3 individual respondents indicated their permission to include their case studies or selected quotations in the review document.

A Workshop was held on 21st November 2018 to consider the role of the community and voluntary sector. The workshop was attended by approximately 50 people largely representing voluntary and community groups in Telford and Wrekin focusing primarily on:

- how the local community and voluntary sector is supporting people's quality of life and enabling people to stay independent together with what the Sector is able to do well and what might need to improve?

Mapping information matrix was created to help steer the initial review, questionnaire and workshop and covered:

<p>My Choice Users: Local people’s experiences of using the My Choice Pathway- any difficulties; positives Are you telling us the right things? Is My Choice asking the right questions? Why people accessed My Choice Did they try and utilize services before My Choice- if not why not? Meeting needs for independence and resilience</p>	<p>What do we know/need to know? What percentage of clients receive what type of service? Percentage of people who receive no service and reason for that Are people telling us the right things? Level of demand for pathway and low-level services, profile of users Future plans for ASC/ local NHS</p>
<p>Carers perspectives Carers experiences of using the My Choice Pathway Is My Choice asking the right questions? Why people accessed My Choice Did they try and utilize services before My Choice- if not why not? Meeting needs for independence, well-being and resilience</p>	<p>Stakeholder perspective: COG; My Choice; Making it Real Group; Sr. Citizens Forum; CAB users My Choice staff perspective The spectrum of wellbeing services available to adults and older people What needs cannot be met in your opinion Level of demand Linking with social prescribing and the range of IAG services</p>

It is intended that this initial review will be presented to the HASC of 26th February 2019.

Findings

Community and Voluntary Sector Workshop - 21st November 2018

The findings of the workshop are summarised below:

Some organisations pick up people who would not qualify for acute services but have complex needs that are not being met. There is a big gap in support before people reach acute stage.

There is a real lack of services for people who are not acute but have severe problems resulting in their needs being left unmet. If they are suicidal the people can get help from Mental Health services, but this is time limited.

Also, there can be a long wait to access statutory services, so a range of services need to be offered.

Prevention and early intervention are very important and can help save on costly service provision when people's mental health becomes worse.

“A Male aged 28 years, Self-referral. Presenting issues of anxiety, depression, isolation with suicidal thoughts. Background: renting a room in a house-share, unemployed, with financial difficulties. Client approached IMPACT and decided to self-fund the counselling/psychotherapy service due to the long waiting lists with statutory services. Client was offered an Assessment appointment within 1 week and his therapy began the following week. There were no restrictions placed on the number of sessions available to him. Therapy continued on a weekly basis for 12 weeks, at which point significant improvements in his mental health and emotional well-being were evident to both the client and his counsellor. As his self-esteem and confidence grew, he began to socialise more and therefore feel less isolated. This in turn gave him the confidence to seek part-time work and get help with regard to his debts and financial difficulties. A planned ending was agreed and undertaken between the two parties. The client no longer had suicidal thoughts or depression. His anxiety was at a much lower level which the client was able to manage with strategies learnt during therapy/counselling sessions”. (Impact Counselling & Psychotherapy Services)

Young people with Autism, if very severe, will often get help but if less severe or high functioning, then no service is available.

There also continues to be a huge difference between young people transitioning from children to adult services. Prevention and early intervention were identified for young people as a key factor. Putting in services earlier may help prevent young people becoming an adult with more complex mental health problems.

People's experience of contacting social services are varied. Some found accessing adult social care (Social Services) can be very difficult. Those who contacted “My Choice” found they had been offered other forms of support instead which may not be suitable. Issues have been raised around My Choice being completely unsuitable for people with hearing issues.

Clients who have been referred to social services reported a long wait before social services contacted them. Clients have also found it hard to get in contact with social services and sometimes gave up.

Clients with Alzheimer's often found it hard to get in contact with social services through My Choice and sometimes gave up. They are often isolated and find it difficult to get out.

Other issues were raised around people not having an “allotted/named social worker” or having difficulties in contacting a social worker directly. People also reported social workers not returning calls, so people lose confidence and give up.

People also reported having several different social workers can be very disruptive. An increase in social workers is needed to offer more support, not just deal with crisis situations.

Some organisations and community groups are not effectively connected and therefore not able to sign post people appropriately. If other organisations are not aware, informed or kept up to date, then groups remain unsighted and unaware what they can offer people. This can be made worse if groups are reliant on different funding streams and need longer-term funding to establish good projects. If funding is not secured then services are reduced or stopped. A list of groups and relevant information needs to be kept up to date.

Groups have information and expertise that can be utilised by the council, so partnership working is essential. Commissioners may not understand how certain groups work as an organisation, or how much experience/expertise they may have.

Some General Practitioners are not aware of the voluntary and community support groups that are available. Care Navigators can play a vital role in signposting this support.

One visually impaired group reported difficulties in reaching out to people due to General Data Protection regulations (GDPR) sited as a reason. Social isolation of visually impaired has increased which can affect people quality of life, mental health etc.

Another support group spoke of their difficulties in finding regular meeting areas to welcome people on a drop-in basis. Affordable accommodation that people can regularly use is very important and without support, people can experience social isolation and loneliness that can lead to depression and other problems.

Costs and accessing British Sign Language interpreters (BSL) has created issues. Lottery funding was available for BSL training, but this is no longer the case. The lack of resources can impact on what support is offered.

Groups had become aware of some people in need who were not accessing services as they are unwilling to leave their home. Further research around this will be needed.

Transport is another key issue. There is often a lack of, or provision of unsuitable public transport and people cannot afford taxis. Those who do access taxis can have a varied experience, especially people with dementia can often find taxi drivers unsympathetic.

STW Age UK also highlighted that Occupational Therapy (OT) assessments for complex pieces of equipment e.g. stair lifts, adaptations to baths/showers, handrails etc., can take up to 3 months, and in some cases much longer. This means that older people are having to stay in hospital/care homes when they could be going home, and that older people are unable to manage at home and therefore must go into care when they don't want to/don't need to or end up returning to hospital. Older people's condition often deteriorates in hospital or care, making it more unlikely that they will go home.

Sometimes this means that older people will have to pay for the equipment/adaptations themselves if they can afford to do so, but many can't afford to do so.

Apparently, hospital discharges are still taking place without adequate care and support being put into place. This can result in older people being re admitted in to hospital. (Source: STW Age UK)

The role of volunteering is very important and can bring enormous benefit to people and the organisations for which they volunteer. This can also help to address depression, isolation and loneliness.

Questionnaire

The findings of the questionnaire are summarised below:

44 questionnaire responses were received. 13 people identified themselves as completing the survey on behalf of someone else, mainly family or partner. 50% of the people responding to the survey identified that they received social care and support in some form.

The main reason most people contacted adult social care through My Choice appeared to be around equipment, aids and adaptations for around the home. This was due to people not being able to manage their own personal care or had general mobility problems. People also contacted services to arrange general care/support.

When people were asked how easy it was to contact adult social care, this drew a mixed response from individuals, from very easy to deal with "My Choice" to several issues being raised, for example services being difficult to contact. However, My Choice and Council websites were good, and some people were able to get through on the phone.

People also reported they had to chase up contacts with social workers. Social workers visited but did not carry out actions as promised. Also, some people felt they were passed from "pillar to post" and left feeling that nobody wanted to help to them. People also reported calls had not been returned, or it took time for professionals to call people back - some people received no response on the phone. It had been recognised amongst some of people responding that adult social care staff are overworked and this can affect people's experience of contacting adult social care/My Choice.

One person said "***Unnecessary barriers are placed on parents. Social workers a couple of years ago turned up and messed the care package up causing me a great deal of stress***"

People also found they had to repeat themselves each time about their situation or give details, when contacting Adult social care/My Choice. This was due to getting different call handlers each time and there appeared to be a lack of consistency which can lead to increasing stress for people.

One person reported they tried to contact mental health crisis team but received no help until a week after contacting them. They only received help from the crisis team following a complete breakdown, so early intervention is very important.

However, one person who accessed a non-statutory organisation stated ***“I didn’t feel like a patient/victim like so many mental health professionals make you feel”***.

15 people (34%) stated they had been asked the right questions when trying to access adult social care. 8 people (18%) felt the service needed no improvement at all.

Those who did make suggestions for improvement sited

- a need for fewer organisations to be involved;
- people needed more information;
- there was need to improve communication between people and organisations; to improve on visiting times and to make them more reliable.
- One person reported they had seen 3 different social workers in a 12-month period.
- One person responding to the survey received no help from the crisis team and had a poor experience of the police.

When people where asked what support they were receiving, some responses stated they had support from aids or adaption which had been completed or underway. In one case this was on hold for some reason. Others noted formal care arrangements from carer support, varying from one day a week to daily.

It was interesting to note that in some cases these arrangements had been arranged privately or to supplement local authority care. The most common response was about getting help from carers, family or from friends.

Nearly all respondents viewed the support they received in a positive way, suggesting it helped improve day to day living and well-being.

Some examples of feedback included:

- ***“makes clients life easier”***
- ***“The support means everything”***
- ***“without it, impossible to live my life as I want”***
- ***“I wouldn’t be able to do any of these activities on my own”***
- ***”learn new things”***

It was interesting to note that most people responding to the survey stated that they had no more additional needs to be met.

However, those who did identify additional needs listed more help with stairs, a need for a shower/wet room or had problems with gardening and needed extra help.

Several respondents were not aware of any local voluntary groups. Those who did access support from groups, outlined valued support from Carer's Centre, Age UK and British Legion. Some organisations that are reliant on voluntary contributions remain vulnerable.

There seems to be a lack of knowledge on how small organisations can seek charity funding. One person attended a local support group run by the Alzheimer's Society, however this group had to stop due to a lack of disabled parking being available.

One person said there is *“a lack of coordination between people and resources are oversubscribed”*

Conclusions

This initial review involved a limited number of respondents due to short time scales allowed for design, development, prior to distribution and collection in what was a very tight two-week survey period.

The feedback received can be placed into several categories:

- People and groups experience of **Accessing** services is variable;
- People need to have good experience of **Contacting** professionals and services, which includes returning calls promptly and having an consistent individual point of contact;
- **Improved communication** between people and organisations is essential;
- **Prevention and Early Intervention** focussed high on the agenda for some people, especially around mental health, particularly for children and young people;
- People need to be **Signposted** to services appropriately and without unnecessary delay;
- Improve people's **Experience** of health and social care and My Choice. This includes people not having to explain themselves many times over to different professionals;
- Organisations need to have a greater awareness of what other groups can provide. This includes keeping **accurate information** which is current and up to date;
- **Long term planning and funding** for organisations or groups is needed to maintain services for people to access and be sustainable;
- Adequate, sustained and effective use of **Resources**.

This short timescale review indicates that there is clearly an element of unmet needs in T&W which could be adequately assessed with further detailed work.

Recommendations

It is recommended that the initial review findings be used to identify any specific made improvements.

It is further recommended that these initial findings be used as a basis for the acknowledged intention of Scrutiny Committee to investigate in more detail the user experience and where needs are not being met. Survey and enquiry work could include:

- How users and carers perceive the effectiveness of preventative work and early intervention including examples of good practice and the resources needed to make wide-scale improvements
- An enquiry into the long-term funding needs of voluntary and community organisations that have a declared role in delivering this preventative work
- A survey of individuals receiving few if any care-related services but who are identified as being potentially lonely, vulnerable or struggling to manage, to better understand how their lives could be improved (acknowledging that this is difficult work to plan and scope)
- A large-scale survey of users to understand issues of accessibility to services including multiple case studies and focus groups
- A large-scale survey of users to gauge satisfaction levels and issues with services received from My Choice, Adult Social Care and Home Care including ease of contact with staff and continuity of care

1. Background and Introduction

In 2015 the CCG and Council began work on a collaboration to design and deliver a programme called 'Neighbourhood Working' across Telford and Wrekin. The programme was adopted as part of the Shropshire, Telford and Wrekin Sustainability and Transformation Programme (STP). Neighbourhood working aims to develop a model of integrated working practice across community, primary and social care services which address peoples' personal goals and support the growth of vibrant and healthy communities which promote independence and effectively manage demand away from higher cost interventions. Outcomes will include:

- Communities will be connected and empowered
- People will stay healthier for longer
- Clinical outcomes will be optimised for people
- Services will be available closer to home for people
- People will feel supported during times of crisis (both physical and mental health)
- People and their carers will be supported at the end of their lives

Considerable progress has been made since 2015 against the following workstreams:

- Healthy Lifestyles
- Community Resilience
- Direct Care in the Community
- Speciality Review
- Primary Care Networks

The project is clearly able to demonstrate improved outcomes against each workstream.

Some lessons have slowed progress including:

- True ownership has not always been evidenced and hence sustaining progress may be difficult
- Competing national priorities have slowed progress. For example: discharge of complex people from our acute settings, payment by results and the conflict between focussing on a place-based approach for Telford and Wrekin versus a growing pressure to work across the STP footprint

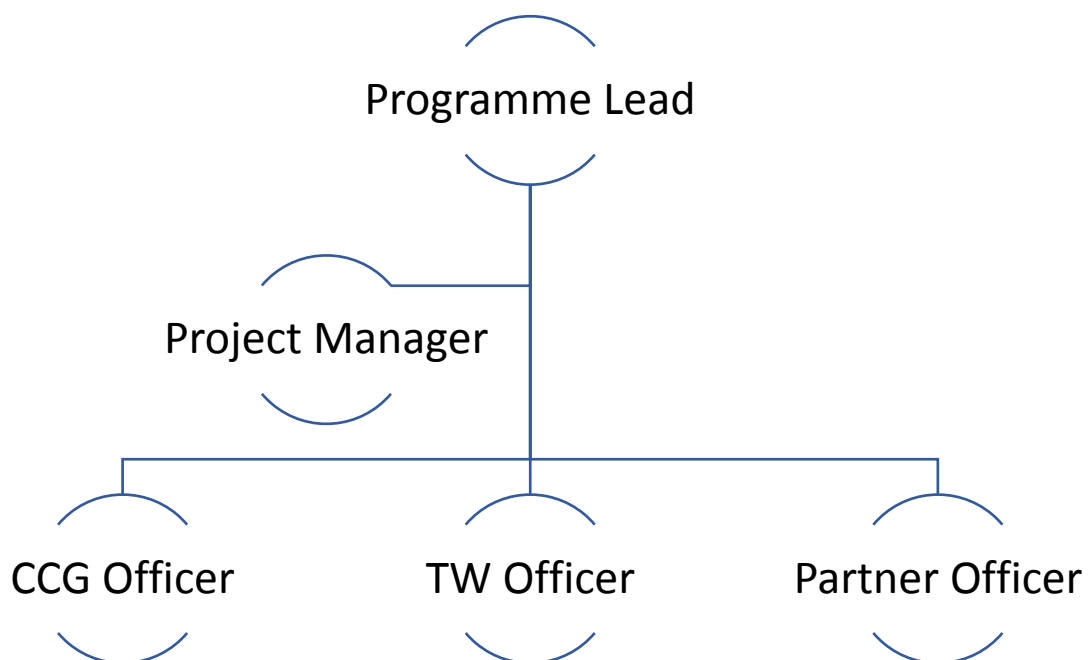
- The scale of change and resource needed to influence that change has been underestimated by some. The transformation required to influence culture, working practice, systems and processes is considerable. Senior leaders and front-line staff are so busy doing the day job they haven't the capacity to implement improvements.

All key strategic partners recently attended an event sponsored by the LGA and led by John Berwick aimed at identifying further emphasised support for our approach. There is increasing recognition across the STP that we need to focus and appropriately resource work in this area. The new STP chair has also indicated support for our place-based approach.

The question is how do we maintain momentum, ownership from the top of organisations and allow our communities and front-line staff to develop solutions capable of meeting the aims above, whilst recognising the role we play in a much bigger health and social care system with Telford and Wrekin at its heart.

2. Proposal

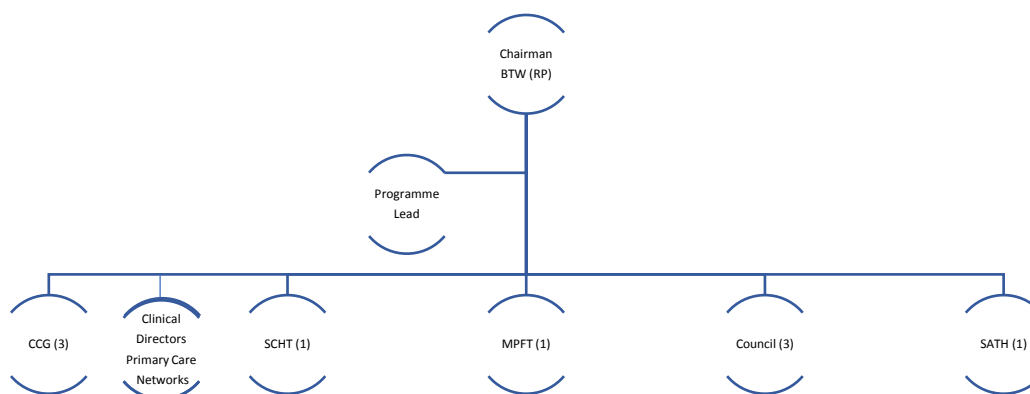
It is proposed that we establish an appropriately resourced and skilled programme team to support delivery of outcomes across each workstream. This team will also interface with STP wider system programme management. It is suggested that the following team be put in place:



It is proposed that the Programme Lead report into Sarah Dillon (Assistant Director and Tracey Jones (T&W CCG). Sarah and Tracey would be responsible for populating the structure above.

The Council and CCG would share the cost of funding the structure by making an in-kind or cash contribution to the project.

It is also proposed that governance be strengthened by adding wider system partners to the Neighbourhood Board or Telford Place Board. The following is proposed:



Initial tasks for the Programme Team will include:

- Review and update of Terms of Reference for the Programme Board
- Establish programme management infrastructure, ensuring that the project board remains focussed on progress against agreed projects
- Review workstreams and develop Project Initiation Document which sets out clearly agreed projects, project lead and timescale for delivery
- Develop working relationship with STP
- Establish success criteria

It is proposed that the Programme Lead reports into the Health & Wellbeing Board, CCG Board, STP Board and Council Cabinet and Council as required.

It is also proposed that a wider partnership group meet twice yearly to assist in shaping proposals.

Conversations have taken place with all key partners above who have indicated support for the programme and approach being taken.

3. Success Criteria

The programme Lead will present success criteria to the board for consideration. Consideration will also be given to how we measure success.

4. Funding and Timescale

The Programme Team once in place will identify funding required to support delivery of key projects. In line with expectations set out in the STP and Future Fit, by improving practice at a neighbourhood level we will see demand for higher cost interventions decrease hence releasing ongoing savings which make these changes sustainable. It will though be necessary to consider some one off (dual running) funding to support this complex transformation programme.

If the proposals above are supported it is proposed that we put in place the programme team and set up the first meeting of the expanded programme board.