



Telford & Wrekin
COUNCIL

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Tuesday 24 April 2018**

Time **2.00pm**

Venue **Meeting Room G3/4 Addenbrooke House, Ironmaster Way, Telford TF3 4NT**

Enquiries Regarding this Agenda:

Democratic Services Jessica Tangye 01952 382061

Media Enquiries Corporate Communications 01952 382407

Committee Membership: Councillors M Boylan, **A J Burford (Chair)**, S P Burrell, N A Dugmore, R Mehta, L A Murray, T J Nelson, H Rhodes, and E Clare, C-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 27 February 2018.
4. **Stability and Sustainability of the Domiciliary and Residential Care Market**
Shropshire Partners in Care (SPIC)
5. **Commissioning and Adult Social Care Improvement Plan; including Strategy for Adults with Learning Disabilities** Appendix B
To receive the report of the Assistant Director: Adult Social Care and the Assistant Director: Governance, Procurement & Commissioning
6. **Work Programme 2017-18/ 2018-19** Appendix C
7. **Chair's Update**

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 27 February 2018 at 2.00pm at The Wakes, Oakengates Square
Oakengates, Telford TF2 6EP

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

In Attendance: J Eatough – Assistant Director: Governance, Procurement and Commissioning, R Purvis - Team Leader Projects, Policies & Quality, Service Improvement & Efficiency, Adult Social Care, Damon Pope -Commissioning & Procurement (Vulnerable People) Team Leader, J Tangye, Senior Democratic and Scrutiny Services Officer TWC

HACSC-12 Apologies for Absence

Councillors L Clare

HACSC-13 Declarations of Interest

None

HACSC-14 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 3 October 2018 be confirmed and signed by the Chairman.

HACSC- 15 Commissioning and Adult Social Care Cost Improvement Plan 2017-18

The Chair welcomed the Cabinet Member for Children’s and Adults Social Care and the Council Officers to the meeting.

The Assistant Director: JE, Procurement, Commissioning & Legal presented the report that had been prepared to enable the Health and Adult Care Scrutiny Committee to consider the management of price in the Council’s commissioning strategy for the provision of care and support in adult social care. The report provided a clear definition of care and support including the provision of well-being care (day care services), personal care (domiciliary care) and the provision of accommodation. The four key strategic objectives that underpinned commissioning were presented and the factors that delivered savings and had an impact on the Council’s purchasing budget were outlined. The Committee heard that the main focus of the cost improvement plan was on managing demand away from high cost services or supporting the review of existing placements and providing alternative provision. It was noted that the support provided by unpaid Carers in the community continued to be reviewed and services re-commissioned for unpaid Carers to ensure they were offered assistance. The Council’s budgets and associated client numbers for 2017/18 were broken down in the table against the types of care provision. It was highlighted that the vast majority of expenditure for day care services was from the Council’s in-house service, My

Options and it was noted that the forecast for future planning was that the expenditure against this budget would reduce. However, this was dependent upon the success of community resilience projects. Teams were focussing on re-ablement / independent living focussed provision to encourage better outcomes for service users – enabling volunteering/ paid employment and independent living.

For supported living and extra care, service provision was being reconsidered in terms of developing community support, assistive technology and lower level preventative services provided by the landlord. The Committee heard that there was a bid submission to explore a Smart House; offering clients the opportunity to test and see how assistive technology solutions could assist them. The Cabinet Member, Cllr P Watling invited Committee members to visit Lakeside flats which were equipped with assistive technology.

For Personal Care (Domiciliary Care) procurement was managed through a system which meant that service providers applied to join a framework where any provider could bid for work against a capped cost, currently fixed at £14.10. To be on the framework, Providers had to evidence some basic quality requirements including robust quality and safety policies. The implementation of CM2000 allowed real time recording, therefore, only actual care delivered would be paid for and not care that was planned but didn't take place. It was noted that the Council had a statutory responsibility to ensure sufficiency of supply in the market but it was a tight sector and therefore a balancing act as essential services were needed for vulnerable people. Last year, 2016/17, no inflationary uplift was provided. This coming year, the Council would be working with providers to agree a reasonable, and mutually agreed uplift to support them to manage cost pressures from the cost of living wage.

Members noted that the Council had been negotiating individually with the providers to agree price "levelled" beds for a fixed term, giving both the Council and the provider certainty, enabling both to manage costs more easily and ensure greater sufficiency. This was enabling the Council to model better for future years' costs. It was reported that the Council continued to engage regularly and positively with SPIC – who had been briefed on this approach.

The Assistant Director reported that the increasing price of care had a significant impact on care expenditure in recent years. In the past the Council had agreed accommodation rates for older people, with uplifts applied as appropriate and in agreement with providers and SPIC. However, there was a significant number of providers of care who had not adhered to the rates agreed and had charged fees at higher rates. This had added a significant cost to the service particularly in recent years to Nursing and Nursing EMI accommodation and care because of the specialised nature of the service and the economics of supply and demand. The implementation of a system of price levelling was expected to have the same effect as the framework agreement for domiciliary care, which had reduced the volatility of the market and upward cost of purchasing homecare.

The budget strategy for 2018/19 had taken account of a Five Year model developed to

determine the impact of known pressures and opportunities around the delivery of Adult Social Care. This included a determination of the impact of the proposed price changes on the cost of care described in the report, and the estimated impact of the introduction of the system to measure actual delivery of care.

Members commented on the issue of sustainability and stability of the market. It was noted that there were some workforce issues in Telford & Wrekin around the continued availability of staff to support domiciliary and resident care. Even though there were differences in local markets, in general there was a high turnover of staff in the sector, up to 30%. Members discussed the employment conditions and types of contracts in the sector, noting that zero-hours contracts were widely used and pay was often low.

Members discussed the pressures on the market; on pensions as well as the cost of living wage and the demographic changes with growing numbers of people with dementia and an older population. It was suggested that a longer term plan for the budget rather than annual budget could be worth consideration to provide further stability for the Council and the market. The Assistant Director highlighted that movement in the market meant that it was questionable how useful longer term planning would be. The Council was trying to manage price but not unrealistically; a much higher rate was being considered than in previous years. The Council was also looking to the providers to manage their costs differently, such as increased investment in the hourly rate, particularly as the amount of hours of domiciliary care was expected to reduce as a result of transparent and more accurate recording of delivery of care. The Council was finding ways of doing things differently. By looking at outcome based care and incentivised delivery of care, for example, there could be more appetite for investment in enabling a client to attain independent living and any consequent dividends could be shared.

Members discussed price levelling and self-funding in the residential care market. It was noted that the Council accessed better rates due to its bulk buying purchase power, but that if the level was right, self-funders should not be paying too much more than the Council. Legislation directed that choice must be available for service users and this was where the Council went out to an open market. There was a mix of provision to make the market viable and sustainable which included top up and self-funders. Members agreed that it would be appropriate to ask SPIC directly about fee levels at the next meeting.

Members commented on the quality of care and asked if monitoring, such as on the spot monitoring was taking place and also how the Council received feedback from clients receiving care. Officers reported that a certain amount of data was requested from providers and there was also a quality monitoring officer. As part of the contract there was an opportunity to get feedback from providers and individuals they care for and as part of the contract management meetings, feedback was reviewed. When care packages were put in place social workers often had ongoing contact with the families and there was a minimum 12 month review of care packages with a range of professionals as well as families. Intelligence was also shared between different partners; the Safeguarding Adults Board and Clinical Commissioning Group; there were multi-agency meetings with CQC and Healthwatch, and the Council engaged with the Making it Real Board to look at care delivery. It was acknowledged that as a region, CQC had no concerns about quality of care particularly by comparison with national standards.

Members considered Direct Payments; the report highlighted that expenditure for domiciliary care was increasingly taking the form of direct payments to individuals to enable them to secure the care and support that suited them best. There were some efficiency savings from reduced administration and some savings in the cost of care, although these were not expected to be significant. It was acknowledged that the Direct Payments scheme was developing slowly, it was tailored to individual clients who had to be capable of establishing the level of care needed. Members noted that assistive technology would be key to supporting independent living and that it was becoming much more sophisticated. Members were mindful that it should be accessible to all, for example, phone lines/ internet access in all residences across the Borough and comprehensive/ uncomplicated terminology for new technologies. The Officers agreed that in order to survive and manage budgets, assistive technology had to be embraced but there could be challenges in introducing new concepts in assistive technology to people in care who were getting frailer. There were good examples of where it had worked and costs had been reduced, altogether better outcomes had been achieved. A centre for independent living would be considered soon – where assistive technology would be installed in the property for clients to test out, which included night time provision. Officers were working much more closely with Planning and Housing department colleagues on assistive technology.

Cllr Paul Watling, Jonathan Eatough, Damon Pope, Renu Purvis left the meeting 3.19pm

HACSC- 16 Chairs Update

The Committee considered items for the next meeting and how scrutiny should proceed with the work programme.

- The Committee agreed that it would be valuable to invite SPIC to the next meeting to listen to their perspective on price levelling, the fee level offered by TWC, and the stability and sustainability of the domiciliary and residential care market.
- The Committee agreed that they wished to receive the Cost Improvement Plan in the format that it had been presented previously,(at the meeting on 3 October 2017).
- The Committee required updates on Adult Mental Health and the Safeguarding Adults Board.
- New items exposed in this year's scrutiny meetings, which required scoping for a scrutiny review and work programming for 2018/19 included the reduction in demand for statutory Adult Social Care services; how the triage system provided by My Choice filtered out individuals; how successful was signposting and support in the community (part of Neighbourhood work). Consistent with this theme was primary care capacity and the additional pressures projected by the shift from acute services, the GP Forward View, the view of the CCGs and GPs.

The meeting ended at 3.31pm

Signed:

Date:

1. PURPOSE

1.1. To enable the Health and Adult Care Scrutiny Committee to consider the management of the Adult Social Budget and Services for Adults with Learning Disabilities (ALD).

2. RECOMMENDATIONS

2.1. That the Committee consider the report and agree any recommendations or further actions.

3. INTRODUCTION

Scrutiny have requested information with regards to the following:

- Performance and Savings relating to the Adult Social Care Budget
- Strategy for Adults with Learning Disabilities

4. Performance and Savings relating to the Adult Social Care Budget

Finance are currently working on year end therefore, this report relates to the budget position for Adult Social Care as at period 11; February 2018.

The attached **appendix 1** highlights movement in spend and income in relation to the budget..

5 Strategy for Adults with Learning Disabilities (ALD)

Work is underway with managing the ALD activity for Adults. The below table shows activity across ALD clients as at Period 11 (February).

Adults with Learning Disabilities							
Care Type	Budget (£000's)	Target		P10 Forecast (Jan 17)	P11 Forecast (Feb 18)	Variation in Activity P10-11	Variation to P1 (Apr 17)
Residential	3,432	Client Nos	60	69	67	-2	1
		Bed Days	21,900	24,730	24,609	-121	519
Nursing	183	Client Nos	6	5	5	0	-1
		Bed Days	2,190	2,208	2,208	0	18
Direct Payment	2,135	Client Nos	138	128	127	-1	-6
		Bed Days	50,370	49,440	49,524	84	875
Homecare	2,609	Hours	reduction of 2,735 hours	295,965	297,121	1,156	-2,661

The table below illustrates targets for 2018/19 and activity at Period 11, highlighting numbers of people and spend as at February 2018.

Care Type	2018/19 Target (People/Hours)	2018/19 Target Spend	Activity Period 11 (Feb 18)	Spend Period 11 (Feb 18)
Residential	41	£3,178,928	67	£5,404,951
Nursing	4	£153,630	5	£228,325
Direct Payments	138	£2,444,391	127	£2,388,582
Homecare	421,538	£6,679,164	297,121	£4,356,068

An ALD project group has been set up and meets monthly to ensure progress is tracked and monitored for all ALD activity. The project also includes monitoring of all day care clients in receipt of a service from My Options. Work is underway working with My Options to review all these clients and to develop enablement and independent living focussing on achieving better outcomes including opportunities for employment both paid and voluntary as well as promoting independence.

Commissioning are also looking at options locally to accommodate where possible, high cost out of county residential placements working with local housing and care providers.

The use of assistive technology and low level preventative support is also increasing with the use of the newly purchased GrandCare kits and the Just Checking kits, enabling people to live in the community independently to reduce future residential placements. This will further develop with the development of an independent living facility (by February 2019) which will showcase assistive technology and equipment use around a home promoting self-help and independence.

5 KEY INFORMATION

This report focuses on the management of the overall cost improvement plan for Adult Social Care and services for ALD clients.

6 FINANCIAL/VALUE FOR MONEY IMPACT

8 LEGAL ISSUES

This is an information report so there are no legal issues for members' consideration

Report prepared by: Assistant Director, Sarah Dillon, Adult Social Care and Assistant Director, Jonathon Eatough, Governance, Procurement & Commissioning

Appendix 1 – Period 11 (February 2018)

	17/18 Budget at P11	17/18 Projections at P11	17/18 Variance at P11	Comments
Purchasing Spend	44,453,400	49,315,798	4,862,398	The continued development of a cost improvement strategy for the next three financial years aimed at reducing expenditure by managing prices and demand, has led to a firm commitment to deliver to agreed activity targets. The monitoring position in previous reports has included a forecast saving based on the delivery of these targets for 2017/18. The increased projected variation on purchasing is because this assumption has been adjusted to reflect those savings with more certainty of delivery. A model is being developed with Senior Managers to forecast 5 year spending and income in comparison with anticipated resource. The model will include long term strategies and revise targets based on the latest intelligence available, and link to other strategic documents including forecasting demographic changes and interventions by the service to control demand and prices and deliver change.
Purchasing Income	(9,730,054)	(11,357,757)	(1,627,703)	Increased income projected due to higher levels of people being supported than previously modelled, this is linked to the increased costs above and is deducted to give a projected net variation
Grant Income		(2,518,526)	(2,518,526)	This is the agreed application of iBCF funding
Community Safeguarding & Social Work	2,633,332	2,489,127	(144,205)	Projections based on the current known structure costs and operating costs of the various operational teams giving an underspend in the Social/front line Workers teams resulting from vacant posts.
Service Improvement & Efficiency	2,158,623	2,060,919	(97,704)	Projections based on the current known structure costs and operating costs of the SI&E Team with most of the underspend being in the Business Support team due to staff currently being at bottom of grade and as a result of holding a vacant post in the Business Systems Support Team.
Community Early Help	977,087	555,097	(421,990)	Projections based on the current known structure costs and operating costs of the various operational teams and Children's Centres mainly Early Help/Family Practitioners. £264k of the underspend relates to Family Teams and Children's Centres.
EHS Directorate	162,264	107,698	(54,566)	
Non controllable	3,365,856	3,355,856	(10,000)	
	44,020,508	44,008,213	(12,295)	

Health & Adult Care Scrutiny Committee – 2017/18 Work Programme

Topics

Topic	Method & Timescale	Scoped? Y/N	Cabinet Members; Assistant Directors; Other Participants	Expected Outcome/ Impact
<p><u>Adult Social Care</u></p> <ol style="list-style-type: none"> Adult Care Performance, Budget and Savings (inc CHC) - related to Cost Improvement Plan (CIP) – Commissioning and Adult Social Care Cost Improvement Plan 2017-18 Stability and sustainability of the residential and domiciliary care market 	<p>Formal meeting 18/07/17 03/10/17 27/02/18 24/04/18</p> <p>Formal + Informal meetings to gather evidence</p>	<p>Adult social care fee rates - suggestion from SPIC 2017/18 Cost of Care report by JE, SB to meeting 27/03/18</p> <p>Specifically older people and people with learning disabilities strategy</p> <p>Quality, stability and sustainability of the market- SPIC viewpoint.</p>	<p>Children & Adults Early Help & Support</p> <p>Governance, Procurement & Commissioning</p> <p>Adult Social Care</p>	<p>Leading to a wider review of Adult Social Care- service user feedback – Ongoing scoping of wider project</p>
<p><u>Implementation of Suicide Prevention Plan</u></p>	<p>Circulated following HWB 14/06/17</p>	<p>Health Select Committee recommendation</p>	<p>Communities, Health & Wellbeing Public Health Clinical Commissioning Group</p>	<p>Draft Suicide Prevention Strategy was presented to HWB, 14/06/17. An action plan is being developed that will go back to HWB and will be circulated to HAC SC)</p>
<p><u>STP Neighbourhoods – Community Resilience incl:</u></p> <ol style="list-style-type: none"> Growing isolation of older people; Transformation of Primary Care/ GP services 	<p>Formal meeting 03/10/18</p>	<p>Update on the development of the Community and Neighbourhood Care Models</p> <p>GP model/ GP Five Year Forward View – managing the primary ‘care front door’ – within STP – <i>Not started</i></p>	<p>TWC T&W CCG Local Medical Committee</p> <p>GP Federation for Shropshire</p>	<p>Update provided but Committee have not been able to quantify the effect of projects implemented through STP Neighbourhood Work streams to support the acute services reconfiguration</p>

Future Fit Consultation	May 2018	Joint HOSC Recommendation on the FF consultation to be reported to HAC		
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Monitoring Activity

Due Date	Date Circulated	Topic	Assistant Director and Responsible Officer	Outcome
July 2017	July 2017 (WMAS only by Email)	NHS Quality Accounts – annually WMAS; SMHT, SATH, RJAH West Midlands Ambulance Service Performance Issues received NHS Independent Complaints and Advocacy Service	N/A	SMHT, SATH, RJAH not provided. No comments received. Not provided.
2017-2018	Updates received 26/07/16, 11/10/16, 13/02/17, 1/04/17, 18/07/17, 3/10/17, 27/02/18, 24/04/18	Adult Care Performance, Budget and Savings (inc CHC) - related to Cost Improvement Plan (CIP)	Governance, Procurement & Commissioning Adult Social Care	Ongoing progress- leading to wider scrutiny review which is being scoped for 2018/19
2017-2018	Monitoring of T&W Mental Health Action Plan 26/07/16, 6/12/16, 13/02/17.	Adult Mental Health Services & Commissioning Strategy	Children's & Adult Service; Early Help & Support	Not prioritised – to be completed before May 2018
Annual report to scrutiny	18/06/17 09/07/18	TW Safeguarding Adults Board Annual Report	Health & Wellbeing TWSAB	Ongoing