



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date **Monday 9 July 2018**

Time **2.00pm**

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

Enquiries Regarding this Agenda:

Democratic Services Stacey Worthington

01952 382067

Media Enquiries Corporate Communications

01952 382407

Committee Membership: Councillors M Boylan, **A J Burford (Chair)**, S P Burrell, E A Clare, N A Dugmore, A D McClements, 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 24 April 2018.
4. **Work Programme 2018/19 and Terms of Reference Report** Appendix B
To agree the Work Programme 2018-19; and the Terms of Reference for the Health & Adult Care Scrutiny Committee in accordance with the delegation from Council on 24 May 2017
5. **Adult Care Performance, Budget & Savings & Cost Improvement Plan 2018-19** Appendix C
To receive the report of the Assistant Director: Governance, Procurement & Commissioning; and the Assistant Director: Early Help and Support
6. **Unmet Needs Survey** Appendix D
7. **GP Forward View**
8. **Chair's Update**

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

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

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

HACSC-17 Apologies for Absence

Cllrs Raj Mehta, Hilda Rhodes, Nigel Dugmore

HACSC-18 Declarations of Interest

None

HACSC-19 Minutes

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

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

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

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

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

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

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

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

The Committee raised questions and the following discussion ensued.

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

supporting the development of staff and services for older people.

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

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

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

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

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

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

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

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

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

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

funding model and way of rewarding staff was needed.

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

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

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

Mandy Thorn left the meeting at 3.12pm

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

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

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

across ALD clients.

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

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

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

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

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

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

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

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

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

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

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

HACSC- 23 Chair’s Update

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

The meeting ended at 16.10pm

Signed:

Date:

TELFORD & WREKIN COUNCIL

**HEALTH & ADULT CARE SCRUTINY COMMITTEE –
9 JULY 2018**

WORK PROGRAMME 2018/19

**REPORT OF THE ASSISTANT DIRECTOR: GOVERNANCE,
PROCUREMENT & COMMISSIONING**

1.0 PURPOSE

- 1.1 To enable the Health & Adult Care Scrutiny Committee to consider and agree the Committee’s work programme for 2018/19.

2.0 RECOMMENDATIONS

- 2.1 That the Committee agree its Terms of Reference (Appendix 1)
- 2.2 That the Committee agree items for the 2018/19 work programme (Appendix 2); and
- 2.3 That the Committee agree meeting dates for the remainder of the 2018/19 municipal year.

3. SUMMARY IMPACT ASSESSMENT

COMMUNITY IMPACT	Do these proposals contribute to specific Priority Plan objective(s)?	
	No	
	Will the proposals impact on specific groups of people?	
	No	Borough Wide
DELIVERY DATE	The 2018/19 work programme should be delivered in-year before the pre-election period begins.	
FINANCIAL/VALUE FOR MONEY IMPACT	Yes/No	Scrutiny has a role in ensuring that local government is effective and accountable. This includes undertaking reviews and challenging and monitoring performance. There is provision for the cost of supporting the Scrutiny function in the 2018/19 budget and the work programme will need to be managed within those resources, any variance that arises will be reported as appropriate as part of financial monitoring. The financial implications of any recommendations made by Scrutiny should be considered as part of reports as relevant.

		Scrutiny also plays an important part of the budget consultation process which is reflected in the work programme and is a key piece of work which feeds into the Council's overall budget strategy TS – 8.6.18
LEGAL ISSUES	Yes/No	Overview & Scrutiny for local authorities was introduced as part of the modernisation of local government in Section 21 of the Local Government Act 2000. It required every local authority to have at least one O&S committee, to: hold the Executive to account; undertake policy development and review; monitor and improve performance; investigate issues of public concern; and carry out external scrutiny including the NHS. Establishing a work plan, and resources as set out in this report will assist O&S to effectively meet its objectives. SAD – 14.05.18
OTHER IMPACTS, RISKS & OPPORTUNITIES	No	
IMPACT ON SPECIFIC WARDS	No	Borough-wide impact.

PART B) – ADDITIONAL INFORMATION

1.0 BACKGROUND INFORMATION

- 1.1 The Terms of Reference for the Health & Adult Care Scrutiny Committee is attached at Appendix 1. On 24 May 2018, Full Council delegated authority to each Committee to approve its own Terms of Reference.
- 1.2 The suggestions shown in Appendix 2 were considered by the Scrutiny Management Board on 5 June 2018 and referred to the Health & Adult Care Scrutiny Committee to decide which issues should be included in the Committee's Work Programme. In making decisions about the work programme, the Committee should consider any feedback from both Senior Managers and Scrutiny Management Board and the following "Criteria for Scrutiny":-
- How far scrutiny can realistically change or influence things;
 - The extent to which residents or businesses are affected by the issue;

- How well the Council and Partners are performing in the area; and
 - What else is happening to avoid duplication or wasted effort.
- 1.3 Scrutiny Management Board allocated a baseline of four formal meetings during the municipal year for scrutiny of items on the Health & Adult Care Scrutiny Committee's work programme. This allocation does not include informal or sub-group meetings which may be held to gather evidence as part of a review, briefing meetings or regional/external scrutiny meetings.
- 1.4 The work programme needs to be flexible to allow for important issues which emerge during the year to be scrutinised. However, if a new topic is added to the work programme, consideration must be given to removing an existing item to avoid the workload becoming unmanageable and losing focus.
- 1.5 The Committee should be mindful that 2018/19 is an election year and any reviews will need to be completed by the end of December 2018 at the latest to enable preparation and agreement of final reports to Cabinet before the pre-election period begins in March 2019.

2.0 PREVIOUS MINUTES

- 2.1 None.

3.0 BACKGROUND PAPERS

- 3.1 Scrutiny Handbook.

Report prepared by Stacey Worthington, Democratic & Scrutiny Services Officer. Telephone 01952 382067

HEALTH & ADULT CARE SCRUTINY COMMITTEE TERMS OF REFERENCE

1. The group will be made up of 9 elected members of the Scrutiny Assembly, appointed at Annual Council in line with the political balance of the Council. The Committee may include Co-opted scrutiny members but they must not exceed 50% of the number of elected members. Vice-Chairs may be appointed by majority decision of the Committee.
2. In addition to standing co-optees, the Committee may appoint additional co-optees for one-off reviews to supplement the skills, knowledge and experience of the Committee on that particular issue.
3. The Committee will be the main mechanism by which Scrutiny members will scrutinise and monitor the planning and performance of the Council's adult social care services and health services matters under the Health and Social Care Act 2012. Full Council has delegated the health scrutiny powers to this Committee.
4. The Committees takes the key role in:
 - a) Monitoring the performance of NHS Trusts whose services effect local people;
 - b) Acting as the statutory consultee on NHS proposals for substantial variation in service and responding to these NHS consultations.
 - c) Participating in a Joint Health Overview and Scrutiny Committee with elected members from Shropshire Council to scrutinise and respond to NHS proposals that apply to both areas;
 - d) Responding to referrals from Health Watch regarding health services;
 - e) Monitoring the Council's performance in relation to social care service for adults;
 - f) Responding to referrals from Healthwatch regarding Adult Care Services
 - g) Scrutinising proposals for the provision of adult care services and the impacts of any proposed changes to services;
 - h) Scrutinising adult care services that are of concern to local people.
5. If the Chair and Vice Chair are unable to attend a meeting the members present will elect a Chair for the meeting.
6. Relevant Cabinet Members, Corporate Directors, Assistant Directors and Service Delivery Managers and representatives from NHS commissioners and providers will attend the Committee at the request of the Chair. Representatives from partner organisations may be invited to attend.
7. The meetings will follow the principles of scrutiny i.e. no party whip will be applied and a constructive, evidence based approach will be used.

8. The Committee will consider matters referred by the Scrutiny Management Board, and will exercise discretion as to whether a suggestion falls within the remit of the Committee to scrutinise.
9. Scrutiny Committee meetings will be held in public, unless matters exempt under legislation is being discussed, or the Scrutiny Committee is meeting with vulnerable groups to hear their views and it is not appropriate for these meetings to be open to the public. The Scrutiny Committees may appoint sub-groups to carry out investigative work as part of a review, and these may be held as informal meetings, but evidence gathered in this way will be brought back to the overseeing Committee in a public forum. In case of dispute, the Monitoring Officer will advise on the rules of exemption.
10. From time to time members, as part of the work of the Committee, may become privy to information of a sensitive or confidential nature, if this happens members must maintain this confidence. Members are unable to request personal/confidential information from Officers about an individual or family.
11. The meetings will be administered by Scrutiny Services and Democratic Services. Frequency of meetings will be agreed by Committee members as deemed necessary to carry out the work programme.
12. A short report on the work of the group will be provided by the Chair to the Scrutiny Management Board as appropriate.
13. The Chair of the Committee, or his/her representative, will provide and present reports and recommendations of the Committee to the Council's Cabinet or other partner organisation when necessary.
14. The Committee will set its own work programme. The main task of the Committee will be to scrutinise the planning, provision and operation of NHS health services and to scrutinise the performance of the Council's adult social care services that are provided to people in Telford & Wrekin However, members can look at any other issues within these service areas. The following points should be taken into consideration when considering the work programme each year:
 - areas where significant change is proposed and the potential impacts
 - performance in areas where significant change has been implemented;
 - areas of financial overspend;
 - areas receiving a high level of budgetary commitment;
 - areas where there is a high level of user dissatisfaction;
 - reports and action plans produced/agreed with external inspectors;
 - areas that are key issues for the public or have become a public interest issue covered in the media.
15. The quorum required for a meeting is 3 elected members.
16. Three elected Members and 3 co-optees of this Committee will also be expected to take part in the Joint Health Scrutiny Committee set up with elected members and co-optees from Shropshire County Council to scrutinise

substantial variations or developments in service that cut across both local authority areas. Separate terms of reference apply to the Joint Health Overview and Scrutiny Committee which have been agreed with Shropshire County Council.

Appendix 2

Health & Adult Care Scrutiny Committee – 2018/19 work programme

Key:-

* New Suggestion

+ Resubmitted from the 2017/18 work programme

Ongoing review or monitoring

	Issue / Topic	Purpose	Status / Source if New	Service Area	SMT Feedback (if any)	SMB Feedback (if any)
*	Supporting alternatives to statutory care provision.	Almost all VCS organisations have been told their funding will cease in March 2019. What impact assessment has been done to ascertain the impact of this on the most vulnerable people in the borough? What plans does the Council have to replace the services the VCS provide? If none what effect will this have on vulnerable people?	New – From Scrutiny Co-Optee	Adult Social Care		
*	CAMHS – Emotional Health and Wellbeing Service – links with SEND/EHCP Process		NEW – From Parent/Carer Forum	Education & Corporate Parenting		

	Issue / Topic	Purpose	Status / Source if New	Service Area	SMT Feedback (if any)	SMB Feedback (if any)
*	Social Care – criteria for access around eligibility under C&F Act		NEW – From Parent/Carer Forum	Adult Social Care		
*	Transition into adulthood using Preparation for Adulthood principles as guidelines		NEW – From Parent/Carer Forum	Adult Social Care		
+	STP Neighbourhoods – Community Resilience including transformation of Primary Care/ GP Forward view	To quantify the impact of projects implemented through STP Neighbourhoods to support the acute services reconfiguration	Work begun 2016/17 Resubmitted	Adult Social Care, Public Health, NHS		
	Quality of adult social care provision	In depth review of quality of social care services to identify where there is unmet need.	Scoping started 2017/18 – continuation	Adult Social care		
	Adult Care Performance, Budget and Savings (inc CHC) - Cost Improvement Plan (CIP)	Monitoring in relation to individual strategies – Older People and Adults with learning disabilities.	Continuation of work started 2017/18	Adult Social Care		

	Issue / Topic	Purpose	Status / Source if New	Service Area	SMT Feedback (if any)	SMB Feedback (if any)
	Implementation of Suicide Prevention Plan	Draft Suicide Prevention Strategy was presented to HWB June 2017. Local Action Groups report back to HWB/ updates circulated to HAC SC	Monitoring (Health Select Committee recommendation)	Public Health		
	NHS Quality Accounts – WMAS; SMHT, SATH, RJAH NHS Independent Complaints and Advocacy Service	Monitoring	Ongoing	NHS, WMAS		

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 9th July 2018

COMMISSIONING AND ADULT SOCIAL CARE IMPROVEMENT PLAN 2018-19

REPORT OF THE ASSISTANT DIRECTOR: ADULT SOCIAL CARE

1. PURPOSE

- 1.1. To enable the Health and Adult Care Scrutiny Committee to consider the management of the Adult Social Budget and Statutory Services.

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:

- High level report on performance and savings relating to the Adult Social Care Budget

4. Performance and Savings relating to the Adult Social Care Budget 2018/19

Variations are measured against the 5 year plan strategic model. This model is used in Adult Social Care to reflect our work implementing the Strengths and Community Asset approach. This particularly includes working to build independence and a move out of residential care into supported accommodation and Extra Care schemes wherever this is possible.

There is particular pressure on the budget due to the increasing demand following hospital discharge, reablement and the high cost of Adults with Learning Disability community support and residential placements both out of county and locally. Where individuals are not yet ready for a move to supported living work is underway with Commissioning to identify local resources to help reduce the cost of these placements as appropriate and relevant.

We are also in positive and successful negotiations with the CCG in receiving contributions to clients with a partial health need or full health funding in addition to the ongoing CHC work that has been previously discussed.

Our early intervention, prevention and front door services also show that less people are entering long term paid support services. Last performance year ending 31/3/18 there was a 5% reduction in the amount of those requiring a personal budget to meet their needs. We are maximising the use of assistive technology and equipment where possible and working closely with housing partners to use most appropriate accommodation to meet individuals need and promote their independence. We also continue to work closely with NHS partners and the community and voluntary sector through our neighbourhood programme to maximise the use of wider Telford system resources.

5 KEY INFORMATION

Appendix 1 below illustrates the Adult Social Care Budget Summary as at Period 2 (May 2018)

Appendix 2 shows the number of complaints received in Adult Social Care during May 2018, we are monitoring these on a monthly basis ensuring that all learning outcomes are shared across the service.

Appendix 3 is the Adult Social Care Vision and Charter, which has been co-produced with the Making it Real Board

Appendix 4 – The activity so far shows that 66% Contacts exited without requiring long term services; 20% from first contact, 26% following assessment and 20% following enablement. Compared to this time last year (31-05-2017), we are providing less long term services; 93 people required long term services from the original 555 contacts received compared to last year's position of 102 people.

6 FINANCIAL/VALUE FOR MONEY IMPACT

7 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

Appendix 1 – Period 2 (May 2018)

2018/19 Revenue Budget Variations over £50,000				
		Budget £	Variance £	
Purchasing - all client groups		40,359,221	(70,000)	Although there is some pressure relating to the purchase of block care packages for ALD residential clients, projections for other client groups are currently showing the benefits of Social Care Interventions and a reduction in the overall cost of care required. Projections will be refined as further information becomes available and the position will be updated in the next report.
Income generation:	Client contributions	(5,379,623)	121,000	It is difficult to forecast the level of client contributions for the year as they are means tested based on capital wealth and income of the client being cared for . The estimates based on current known information is that the level of income will be less than anticipated at budget but this will change throughout the year.
	Health contributions	(926,000)	(50,000)	Continued successful negotiation with the CCG in receiving a contribution to clients with a partial health need or full health funding in a few cases
Service improvement & Efficiency Team	Employee and operational expenditure	2,254,379	(70,728)	
Community Early Help Team	Employee and operational expenditure	75,709	(75,709)	
Variations under £50k		6,028,045	145,437	
Total Adult Social Care		42,411,731	0	

Appendix 2 – Number of Complaints received during May 2018

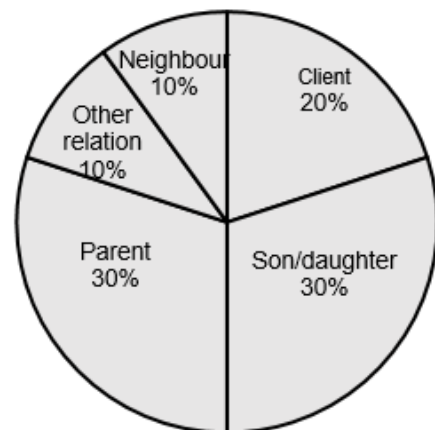
May 2018 - 7 complaints and 3 enquiries: 10

Type	Occupational Therapy	Community Early Help	Community Social Work, Hadley/Lake side	Community Social Work, Wrekin & Transition	Total
Adult Statutory	1	1	2	2	6
Corporate				1	1
MP Enquiry		1			1
General Enquiry	1				1
Cllr Enquiry		1			1
Total	2	3	2	3	10

Themes

- Actions of SW/communication
- Changes of worker
- Lack of contact/difficulty contacting
- Lack of support or service
- Referral processed incorrectly
- Direct Payments suspended without notification
- Envt. health concerns
- Case decisions - reduction in care, discharge, Shared Lives

Who complained?



Our Adult Social Care Vision

All that we do is based on Building Independence to Enable People and their Carers to Live well in Telford

Our Priorities

We will:
Be inspirational and creative to enable people to achieve their full potential by using the resources in Telford effectively for local people and their carers.

How:

- Value staff and their professional development
- Develop and create options for people in need of care and support
- Use the resources we have equitably and fairly and always think “independence”
- Make the best use of digital technology including Occupational Therapy and Assistive technology

We will:
Continue to improve the quality of our service to enable People to achieve the things that matter to them most including supporting people to live a life free from abuse.

How:

- Learning from feedback in a positive way to make sure we continually improve
- Continue to check and challenge the quality of our practice and that of our partners
- Put the person at the centre of our safeguarding practice

We will:
Listen and work in partnership, sharing decision making with people who use our service and their carers. We will work well with other organisations that support people living in Telford.

How:

- Implement the MiR and staff ASC Charter
- Continue to involve staff in order to develop e.g. The Practitioners Forum
- Enable local ASC forums, the MiR Board and Carers Partnership Board to actively shape the development of ASC in Telford
- Work closely with the NHS and other key partner organisations to deliver an integrated and seamless service for the people of Telford through the Neighbourhood Programme

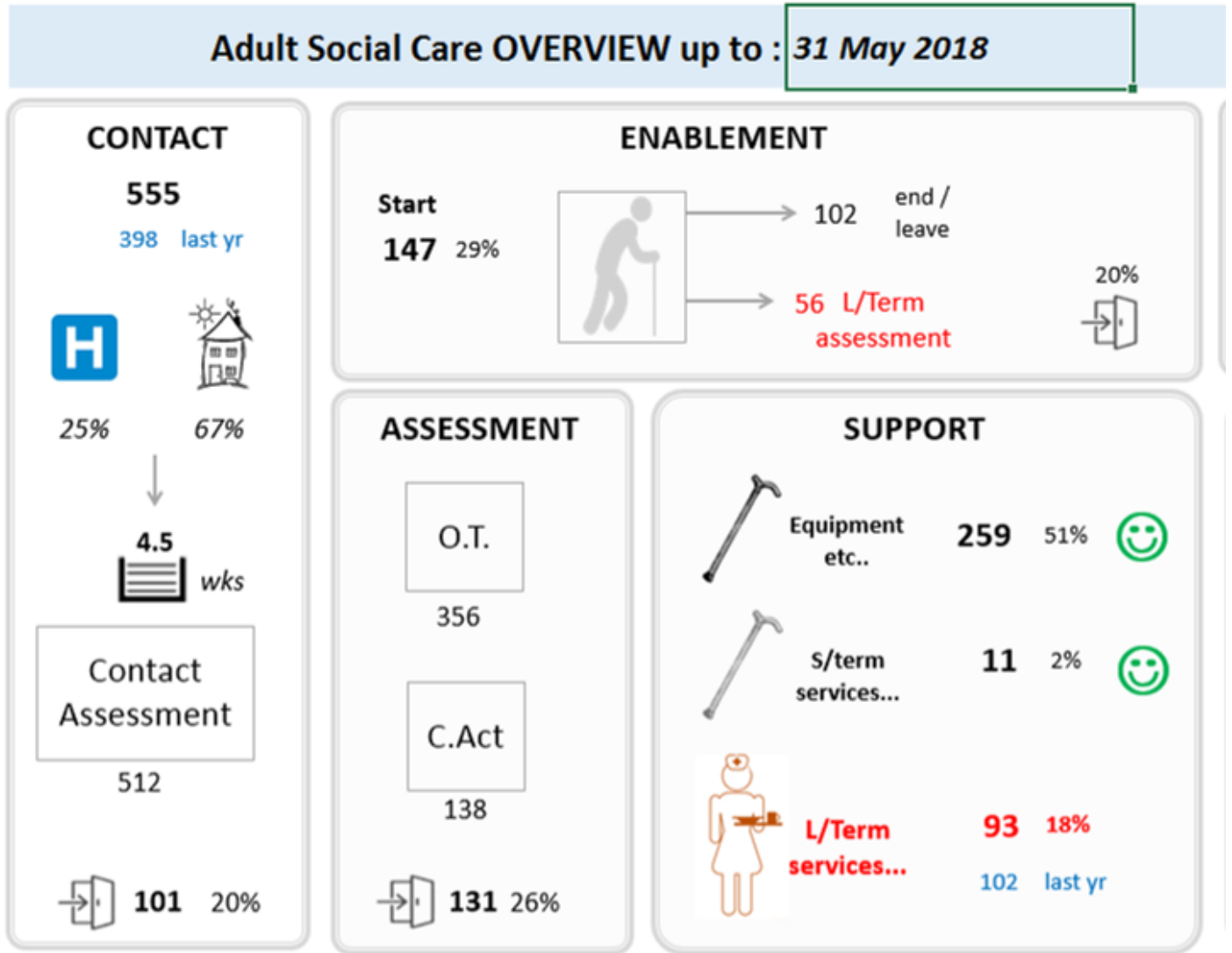
We will:
Help people to use their local community resources to build upon their strengths to live well and enjoy dignity, rights and choices.

How:

- Work closely with Telford & Wrekin Community Participation Team to ensure we make full use of local community networks
- Provide accessible advice and early conversations through development of community based hubs, Live Well Telford Website and Family Connect
- Ensure people are at the centre of our work and have aspirational strength based conversations that really promote independence

Our Adult Social Care Charter

- We will always promote independence
- We will listen with empathy and understanding
- You will know who to contact and we will always get back to you
- Our conversations will be honest and personal to you we won't just tick boxes
- We will respect your decisions and be honest and open



Report for: Health and Adult Care Scrutiny Committee 9th July 2018

Introduction

As part of its review function, the Health and Adult Care Scrutiny Committee has identified as a key project the My Choice pathway and how well it is able to support people's independence and reduce the need for high level intervention.

This paper outlines the scope and the project plan for this piece of work.

It is proposed that the project will be completed in December 2018.

Title of project:

Customer experience of My Choice Pathway in supporting people's independence.

Objectives:

- To understand how well the ASC pathway is meeting people's needs.
- To understand how the local voluntary and community sector is supporting people's needs
- To understand what needs people are experiencing that are currently not being met and why this is the case.

Project sponsor: Councillor Andy Burford - Chair Health & Adult Care Scrutiny Committee

Project reference group:

Councillor Andy Burford

Dag Saunders- Health & Adult Care Scrutiny Committee

Lyn Brayne- Citizens Advice Bureau (My Choice)

Hilary Knight- Health & Adult Care Scrutiny Committee

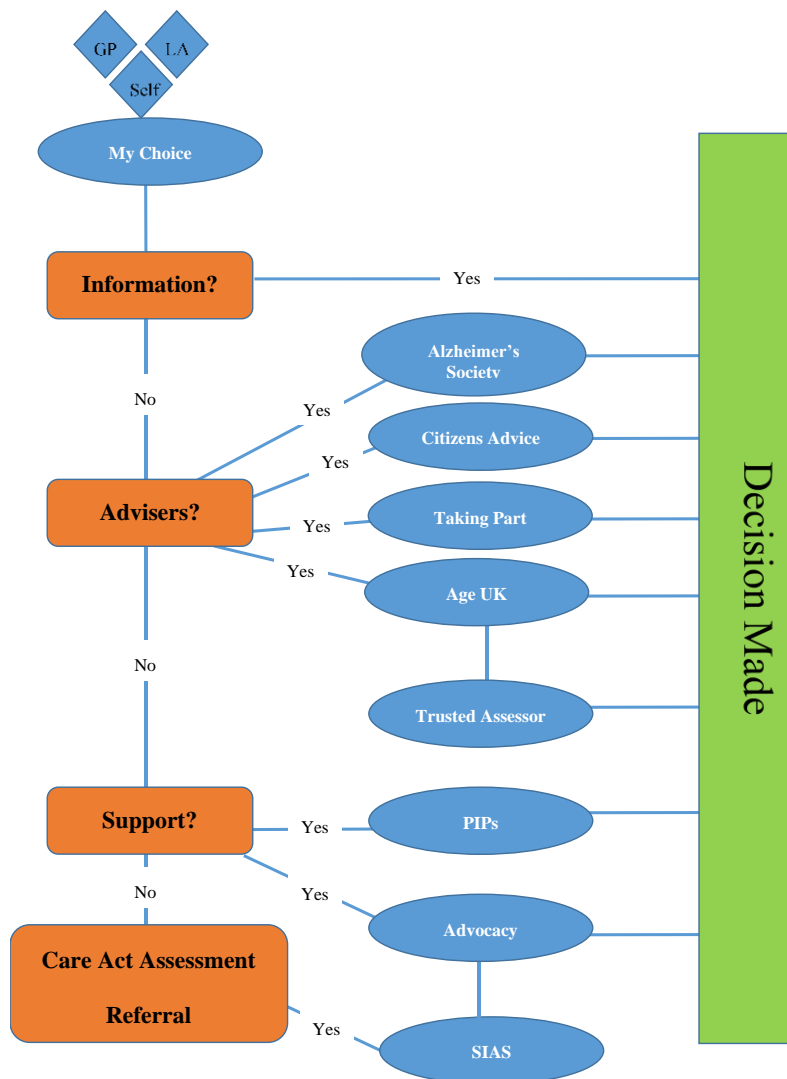
Shobha Asar-Paul- Healthwatch Telford and Wrekin

Suggested Areas affecting My Choice outcomes

- Reaching crisis point before asking for help
- Waiting times and impact on people accessing timely information, advice and advocacy
- Perception that access to services is difficult
- Social isolation and low motivation to seek support
- Low levels of awareness amongst professionals and potential users on what support may be available.

Background

My Choice Information Advice and Advocacy service offers adults with care and support needs the information and advice they need on accessing carers services, welfare, community care, local services, personal budgets, and coping strategies. It involves partnership between Citizens Advice Bureau, who run the phoneline at Tier 1, and a number of organisations including Taking Part (advocacy), Age UK, Alzheimer’s Society, SIAS, and Telford and Wrekin Council. At Tier 1 the individual’s needs are assessed and they are then signposted to another organisation who can offer the relevant support, whether advocacy or advice. This Tier 2 level support offers assessors and advisors, as well as advocates, through Age UK, Alzheimer’s Society and Taking Part. A trusted assessor is also available. Tier 3 involves referral to the social care services at Telford and Wrekin Council. There is concern that for those who need low level support that the services currently on offer do not provide this, particularly with regards prevention. There is also worry that there are unmet needs within the population of Telford and Wrekin. Below is a representation of how the current service works.



Methodology

Due to limited resources we are planning to use a more flexible approach as to how we undertake this review, utilising a range of partners and volunteers to work through the methods identified below. The Making it Real Group and Healthwatch Telford and Wrekin will provide core capacity. We will use the guidelines and tools available that provide mechanisms for the mandated monitoring of IAG services and will draw on them in developing the surveys and scripts for this study (e.g. Seeing the Benefits from Think Local Act Personal https://www.thinklocalactpersonal.org.uk/_assets/Resources/CareAct/TLAP_BrokerageArtwork_3_Final.pdf)

Potential Methods

Context and Best Practice

Reviewing the evaluation of unmet needs in communities.

Observation

Observing the implementation of the My Choice pathway to better understand its current use.

Service Evaluation

Evaluation survey of all current users at point of exit from My Choice service.

Example Survey Questions

- Are you satisfied with your experience with My Choice?
- Did you get the information, advice or advocacy that you needed in a timely manner?
- How did you find out about My Choice?
- *These are based on questions asked by Lancashire's Connect4Life service. Alternatively, the Adult Social Care Outcomes Toolkit might be useful.*
- Through My Choice, how involved or connected with your local community do you feel now e.g. through joining a new group?
- Following your involvement with My Choice, how happy and satisfied with your life overall do you now feel, compared to previously?
- Following your involvement with My Choice, how would you rate your physical health and wellbeing, compared to previously?
- Through My Choice, do you feel that you now make a greater active contribution to your community, compared to previously?
- Through My Choice, do you feel that there has been a benefit to your family?

Brand Awareness Survey

Patient groups and local population will be asked about their use and awareness of the My Choice service and how their needs are met for information, advice and advocacy in Telford and Wrekin.

Example Survey Questions

- How familiar are you with information and advice services?
- How familiar are you with advocacy services?
- Where do you find information and advice about health and social care?
- Online
- Phone
- GPs, etc
- Have you ever required advocacy services?
- Have you heard of My Choice? Taking Part? Age UK? Alzheimer's Society? SIAS? Citizen's Advice?
- Do you think _____ is accessible for your needs?

Focus Groups

Patient groups asked about their use of information, advice and advocacy services as well as what they would want from this service.

Mystery Shopping

The My Choice service will be accessed and evaluated by mystery shoppers.

Shobha Asar-Paul
Managing Director
Healthwatch Telford and Wrekin
01952 739540