ADULT SOCIAL CARE SCRUTINY COMMITTEE

Minutes of the Adult Social Care Scrutiny Committee held on Tuesday, 25th October 2011 at 2.30 p.m. in the Civic Offices, Telford, Shropshire

PRESENT:
Councillors C. Turley (Chairman), C. Mason, J. Seymour; Co-optee Maurice Viney.

Also Present**:** Cllrs. Liz Clare, Cabinet Member Adult & Social Care, V. Fletcher, D. White; Paul Taylor, Social Care Specialist; Stephanie Jones, Scrutiny Group Specialist.

ASCSC-7 MINUTES

The minutes of the meeting held on 27th September 2011 were agreed as an accurate reflection of the meeting.

Regarding the item on the Southern Cross homes, members received further assurance that the position continued to be monitored closely. Coverage Care had taken over as the care provider at the Christian Cottage Nursing Home at the end of September, and the transfer to the new provider at St. George's was on schedule for the end of October. There had been further quality improvements at St. George's and a meeting to consider new admissions will be held shortly.

ASCSC-8 APOLOGIES FOR ABSENCE

Cllrs. F. Bould, J. Greenaway, J. Loveridge.

ACSSC-9 DECLARATIONS OF INTEREST

None

ASCSC-10 PHASE 2 CARE & SUPPORT STRUCTURE PROPOSAL

The Social Care Specialist presented the key elements of the Phase 2 Care & Support Structure Proposal. The following points were highlighted:

- A new model of delivery for care services would have been put in place even without the grant cuts because fundamental changes were required to deliver the personalisation and "Putting People First" agenda.
- Extensive consultation had been carried out over the previous three years on how the service could be delivered and sustained to meet the personalisation agenda, increasing demand and with potentially less funding.
- The Phase 1 structure agreed in May 2011 had put in place the overarching structure in Care & Support with the emphasis on **personalisation, prevention, self-directed support, re-ablement** and **access**.
- Appointments had been made to the management posts agreed in Phase 1.
- The Phase 2 proposals concerned the 500-600 staff deployed across the new teams. The proposals had been launched on 13th September for a 90 day consultation period with staff, partnership boards, users and carer groups.

- Interim engagement sessions would be held with staff on 27th October and 17th November to give feedback on responses to date and to answer questions. Consultation would close on 12th December.
- All views put forward, including from scrutiny, would be considered and the final structure would be agreed by 6th January 2012. Recruitment to posts would take place from January to April.
- The background to the proposals was the £22m government grant cut to the Council over 3 years, the requirement to make 20% staff and 20% non-staff savings, a staff saving of £15.3m overall and **£2.045m** staff saving for Care & Support. This was coupled with an increase in the number of older people and increased cost of care which made current funding unsustainable.
- The phase 1 Senior management & commissioning review had delivered £265k savings and 31% reduction in staff and the Phase 2 proposals would deliver £1.516m savings and 12% reduction in staff making a total proposed saving of £1.781m which was short of the £2.045m target.
- Overall, there would be a reduction of 54.27fte posts from the Phase 2 proposals. Some of the reduction will be offset by unfilled vacancies and voluntary redundancy applications. It was hoped that by March 2012 all the lost posts would be consumed by vacancies but this could not be guaranteed.
- A key objective was to provide consistency across the service by rationalising job descriptions by moving from single specialist roles, such as the specialist Aspergers post, to embedding skills and knowledge across teams.
- There would be an increase in the number of posts in some areas and a reduction in others. The service would be refocused on rehabilitation and re-ablement and this area would be strengthened by additional investment from Section 256 money from the NHS. There should be a reduced requirement for on-going assessment and care management so this area would be reduced.
- There would be generic job descriptions for sets of workers in similar job roles, such as professionally qualified staff, social care officers, support workers and assistant support co-ordinators.
- The proposals around access were based on a single point of contact service.
- The hospital based team would be retained, but would cover admissions to all hospitals and not just PRH. This was especially important with the hospital reconfiguration and relocation of some acute services to RSH.
- Rehabilitation and re-ablement were the crux of the proposals and the service would be enhanced with staff, and use of equipment, and assisted technology.
- The Young People & Transition & Enablement team would bridge the gap between children and adult services for 14-25 years olds.
- The location of the Employment & Community Education team would be considered further during the consultation – the options were to remain in Care & Support or move to Employment & Skills.
- There would be 2 Assessment and Case Management teams for Adults and Older people to deal with longer term and complex needs. There was a proposed overall reduction of staff due to the projected reduced demand.
- The Self Directed Support Team would take on work previously done by social workers which could be done by non-qualified staff, freeing social workers up to deal only with cases requiring a qualified social worker.

- Personalisation Support & Service Provision would include a mix of services to help people find the care they needed through self-directed support, brokerage, and direct payments.
- The Service Provision would include the substance misuse team. This is not a community care service but a treatment service run by the Council jointly with the NHS. There are 3 funding streams: the National Treatment Agency, the PCT and the Council. Learning disability provider services would be part of this service area too.
- Adult Safeguarding had been partially addressed in Phase 1 and no change was proposed to the size of the service, though it should be noted that the service had now been realigned with the rest of adult social care services.
- Adult Mental Health Services had been excluded from the Phase 1 to enable discussions to take place with the Shropshire and South Staffordshire Mental Health Foundation Trust and ensure consistency of views with the Trust's service review. There was shared agreement on the need for integrated services and joint arrangements, but communication had become more difficult since the NHS providerreceived Foundation Trust status, and governance arrangements needed to be improved which are part of the proposals.

Members asked a number of questions and made a number of comments;

- *What does "assisted technology" mean and how will it make savings?*

  This means two things:

  - More efficient use of technology such as providing staff with laptops and electronic forms so information can be typed straight into the system during a home visit rather than taking notes then typing them up into notes and onto forms afterwards.

    Members suggested that notebooks would be a cost-effective and portable option, and that people must be comfortable with the member of staff typing during a visit.

  - It also means the use of technology in people's own homes to reduce the need for paid care. This includes technology such as automated pill dispensers, automated "reminder" systems, a variety of sensors, pendant alarms, etc some linked to a monitoring centre with access to rapid response services

- *What is the rationale for the Aspergers specialist post being cut, and how will the new structure fulfil the new responsibilities placed on local authorities by the national Autism strategy?*
  The Council has new responsibilities as a result of the Autism Bill and we are doing work with the NHS to put services in place to meet the statutory requirements and we welcome views of this part of the proposal. The proposals are not about getting rid of staff, but about developing these skills across all front line staff to give people access to those skills in line with the Autism Bill.

- *With regard to access, how will the new structure make it easier for people to know who to contact for help especially if they are in hospital?*
  The Home from Hospital team will remain based at PRH but will also be responsible for contacting patients from Telford & Wrekin who are sent to hospitals outside the borough. People will be able to access services through the hospital based team or through community care staff.

  There will also be one single point of contact to services, the Access Team which will have links into First Point. We also recognise the need to look at how we work with the community and voluntary sector so that people can be helped to help themselves without needing to contact social services and we are looking at having volunteers at First Point. The Council will also be responsible for commissioning HealthWatch which will provide advice, information and advocacy to the public.

  Members greatly welcomed and supported the plans for the single point of contact, but agreed that the number needed to be widely promoted to all members, partners and the public. Members felt that doctors' surgeries had a big role to play in making people aware of the number.

  Members suggested that there should be a trigger built into the system so that patients discharged from hospitals outside the area back home are flagged up to social services, whether the patient had been admitted for elective surgery or as an emergency.

- *Will HealthWatch be staffed by volunteers and how would they be trained if they are a separate organisation from the Council?*
  HeathWatch will have paid staff, although its exact remit is still unclear. Adult Social Care currently funds a number of advocacy agencies and is discussing with them how to rationalise these services with one front door, to provider the best service with the monies available.

- Members supported the Young People & Transition & Enablement role linking into children's services to support the transition of young people from children to adult services from 14-25.

- *How will consultation on the proposals be done with staff, partners and users?*
  There has been extensive consultation with partners, user and carers groups over the last three years on the service delivery model. A four page version of the proposals has been produced and a short bullet-point document is being developed which is easier for service users to understand. A series of consultation events is planned for families, carers, users, voluntary sector organisations, advocates etc. Engagement sessions are being held with staff on 27th October and 17th November to give feedback to staff on responses put forward to date and to answer their questions. This feedback can be given to scrutiny. There is also consultation with the unions.

- *Will the single point of contact operate out of hours?*
  The emergency out of hours team is very small and only deals with emergencies, but does operate 24/7. We do need to look at extended services over 7 days a

week and out of hours to meet the needs of our population but this has resource implications.

- *How will service changes be communicated to the public?*
  We are currently consulting with current users so that they are prepared for any changes and we want to reassure them that they are unlikely to see a change of service. New people would then enter the system under the changed services, i.e. a re-ablement programme before determining any personal budgets.

- *How the quality of service and provision be monitored?*
  There are 2 issues: to monitor the quality of care provision, and to ensure people have real choice. We need to widen the range of services offered and look at smaller providers. A post for a Micro-manager is included in the structure who would be responsible for identifying and developing the market with small providers.

  We do have quality monitoring officers who are responsible for monitoring the quality of the care received following assessment, which is mainly provided by independent care providers. The Care Quality Commission of course regulate and inspect care providers. LINk and in the future HealthWatch will have a role here too.

- Members suggested that the service needed to be linked to housing support. Further information about Extracare provision would be circulated following the meeting.

At the end of the discussion it was agreed that a further meeting would be held for the Committee to finalise its response to the proposals. Feedback from the staff engagement sessions would be provided to members.

ASCSC-11 FORWARD PLAN

It was agreed that the next meeting would be held at 2.00pm on 23rd November to agree the response to the Phase 2 proposals and the Caring for our Future Consultation.

The meeting ended at 4.00 p.m.

Chairman: .....

Date: .....

T&W Councils Draft Response to:

"*Caring for our future: shared ambitions for care and support"* – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.

1. **What is the engagement process about**

On 15 September 2011, the Government launched "*Caring for our future: shared ambitions for care and support"* – an engagement with people who use care and support services, carers, local councils, care providers, and the voluntary sector about the priorities for improving care and support.
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@pg/documents/digitalasset/dh_130455.pdf

The document sets out:

- **"What is care and support?"**

  Help that people need to live independent, active and healthy lives and be part of the community. This could include practical help and emotional support to undertake day to day activities that many take for granted. It is something that affects us all through a family member and many of us will need care and support sometime in our lives. It is provided by a range of people and organisations.

- **"Why do we need to change the care and support system?"**

  Society is changing and we need to ensure the whole system is sustainable for the long term. People want greater choice and control over their care and support. People's expectations are rising. Care is expensive, and people often face very high care costs without being able to protect themselves.

- **"What has the Government done already?"**

  Published a "Vision for Adult Social Care". Set out priorities for helping carers in the "next steps for the carers' Strategy". Asked the Commission on the Funding of Care & Support to look at options for reforming how people should pay for care and support

- **"What is the engagement process about?"**

  Over a 3 month period the Government will be seeking the views of people who use care and support services, carers, local councils, care providers, and the voluntary sector about how they improve the care and support system and what the priorities for change are.

They will use the recommendations of two independent Commissions and a Funding Review who have reported recently as the basis for the engagement process:

- The Law Commission recommendations for simplifying social care law – the law is outdated, confusing for people to know what they are entitled to and needs consolidating into a single, modern adult social care statute
- The Funding of Care and Support Commission (Dilnot) recommendations for reforming the way that people pay for care and support – the amount people have to spend on care over their lifetime should be capped but people should always pay towards their non care related living costs and the current means-tested system should be extended so that more people can get public help to pay for care
- The Palliative Care Funding Review – sets out how a fair and transparent funding system could be created, ensuring integrated care for people at the end of life

However the Government states that it wants to have a wider discussion about every aspect of the system hence this wider engagement exercise.

- **"How will the engagement exercise work?"**

To have this wider discussion the Government has set out 6 areas where they believe there is the biggest potential to make improvements to the care and support system

- **Quality – What are the priorities for promoting improved quality and developing the future workforce**?
- **Personalisation – What are the priorities for promoting increased personalisation and choice?**
- **Integration – How can we take advantage of the Health & Social care modernisation program to ensure services are better integrated around people's needs?**
- **Prevention – What are the priorities for supporting greater prevention and early intervention?**
- **Shaping local care services – What are the priorities for creating a more diverse and responsive care market?**
- **The role of the financial services – What role could the financial services market play in supporting users, carers and their families?**

The government sets out a number of questions against each of these 6 areas in a "Feedback Form"

- **"How you can tell us what you think"**

The Government has asked a key leader from the care and support community to help the government lead discussions around each of the 6 areas.

There is a feedback form that can be completed by individuals, organisations and returned by the 2nd December 2011 available at **www.caringforourfuture.dh.gov.uk**

- **"What happens next?"**

Following the engagement exercise the Government will publish the White Paper on Social Care and a "progress report" on funding reform in the Spring of 2012 .

2. Response to the Engagement Process

Specific comments:

1. **Quality – What are the priorities for promoting improved quality and developing the future workforce**?

a. Should there be a standard definition of quality in adult social care as quality can often be interpreted differently? What do we mean by it and how should it be defined? How could we use this definition to drive improvements in quality?

Comment:

b. How could the approach to quality need to change as individuals increasingly fund or take responsibility for commissioning their own care? How could users themselves play a stronger role in determining the outcomes that they experience and designing quality services that are integrated around their personal preferences?

Comment:

c. How could we make quality the guiding principle for adult social care? Who is responsible and accountable for driving continuous quality improvement within a more integrated health and care system?

Comment:

d. What is the right balance between a national and local approach to improving quality and developing the workforce? Which areas are best delivered at a national level?

Comment:

e. How could we equip the workforce, volunteers and carers to respond to the challenges of improving quality and responding to growth in demand? How could we develop social care leadership capable of steering and delivering this?

Comment:

f. How could we improve the mechanisms for users, carers and staff to raise concerns about the quality of care? How could we ensure that these concerns are addressed appropriately?

Comment:

2. **Personalisation – What are the priorities for promoting increased personalisation and choice?**

a. How could we change cultures, attitudes and behaviour among the social care workforce to ensure the benefits of personal budgets, including direct payments, are made available to everyone in receipt of community based social care? Are there particular client groups missing out on opportunities at the moment?

Comment:

b. What support or information do people need to become informed users and consumers of care, including brokerage services? How could people be helped to choose the service they want, which meets their needs and is safe too? How could better information be made available for people supported by public funds as well as those funding their own care?

Comment:

c. How could the principles of greater personalisation be applied to people in residential care? Should this include, as the Law Commission recommends, direct payments being extended to people [supported by the State] living in residential accommodation? What are the opportunities, challenges and risks around this?

Comment:

d. How could better progress be made in achieving a truly personalised approach which places outcomes that matter to people, their families and carers at its heart? What are the barriers? Who has responsibility and what needs to change (including legislative)?

Comment:

3. **Integration – How can we take advantage of the Health & Social care modernisation program to ensure services are better integrated around people's needs?**

a. What does good look like? Where are there good practice-based examples of integrated services that support and enable better outcomes?

Comment:

b. Where should services be better integrated around patients, service users and carers – both within the NHS, and between the NHS and local government services, in particular social care (for example, better management of long term conditions, better care of older people, more effective handover of a person's care from one part of the system to another, etc)?

Comment:

c. How can integrated services achieve better health, better care and better value for money?

Comment:

d. What, if any, barriers to integration should be removed, and how can we incentivise better integration of services at all levels?

Comment:

e. Who needs to do what next to enable integration to be progressed in a pragmatic and achievable way?

Comment:

f. How can innovation in integrated care be identified and nurtured?

Comment:

4. **Prevention – What are the priorities for supporting greater prevention and early intervention?**

a. What do good outcomes look like? Where is there practice-based evidence of interventions that support/enable these outcomes?

Comment:

b. How could organisations across the NHS and Local Government, communities, social enterprises and other providers be encouraged and incentivised to work together and invest in prevention and early intervention including promoting health and wellbeing?

Comment:

c. How could we change cultures and behaviour so that investment in prevention and early intervention is mainstream practice rather than relying on intervention at the point of crisis? How could we create mechanisms that pay by results/outcomes?

Comment:

d. How could individuals, families and communities be encouraged to take more responsibility for their health and wellbeing and to take action earlier in their lives to prevent or delay illness and loss of independence? How could we promote better health and wellbeing in society?

Comment:

e. How could innovation in prevention be encouraged, identified and nurtured?

Comment:

5. **Shaping local care services – What are the priorities for creating a more diverse and responsive care market?**

a. How would you define the social care market? What are the different dimensions we need to consider when assessing the market (e.g. type of provision, client group, size of provider, market share)?

Comment:

b. How could we make the market work more effectively including promoting growth, better information for commissioners (local authorities and individuals), improved quality and choice and innovation?

Comment:

c. Does there need to be further oversight of the care market, including measures to address provider failure? If so, what elements should this approach include, and who should do it?

Comment:

d. Looking to the future, what could be the impacts of wider reforms on the market? What possible effects would the following have on the market: the recommendations of the Dilnot Commission's report, the roll out of personal budgets and direct payments, and the drive to improve quality and the workforce?

Comment:

6. **The role of the financial services – What role could the financial services market play in supporting users, carers and their families?**

a. In the current system, what are the main barriers to the development of financial products that help people to plan for and meet the costs of social care?

Comment:

b. To what extent would the reforms recommended by the Commission on Funding of Care and Support overcome these barriers? What kinds of products could we see under such a system that would be attractive to individuals and the industry?

Comment:

c. What else could Government do to make it easier for people to plan financially for social care costs?

Comment:

d. Would a more consistent system with nationally consistent eligibility criteria, portability of assessments and a more objective assessment process support the development of financial products? If so, how?

Comment:

e. Would the reforms recommended by the Commission on Funding of Care and Support lead to an overall expansion of the financial services market in this area? How would this affect the wider economy?

Comment:

f. What wider roles could the financial services industry play in, e.g.:

– raising awareness of the care and support system

– providing information and advice around social care and financial planning

– encouraging prevention and early intervention

– helping people to purchase care, or purchasing it on their behalf

– helping to increase the liquidity of personal assets

Comment:

Adult Social Care Scrutiny Committee
Forward Plan 2011/12

MEETING DATE	AGENDA ITEM	LEAD MEMBER/ OFFICER	ADDITIONAL ATTENDEES
27th September 6.00pm Scrutiny Meeting Room	Rehabilitation and Re-ablement Strategy Southern Cross home update	Cllr. Liz Clare Karen Kalinowski Christine Harrison	
25th October 2011 2.30pm Scrutiny Meeting Room	Phase 2 Care & Support structure proposal	Cllr. Liz Clare Paul Taylor	
23rd November 2011 2.00pm Committee Room 3	Response to Phase 2 Care & Support structure proposals Response to "Caring for our Future" consultation		
December 2011	Adult Safeguarding Annual Inspection Report		
Jan/Feb 2012	Impact of withdrawal of CHC funding		
March/April 2012	Re-ablement Strategy update		

Forward items
PCT clusters and local arrangements – joint with Health Scrutiny Committee
Clinical Commissioning Group – meeting with GPs to hear their views – joint with Health Scrutiny Committee
Public Health – expectation on local authority and allocation of resources – with Health and CYP Scrutiny Committees
WMAS – Estates and Make Ready update, CMS system for dealing with 999 calls – with Health Scrutiny Committee
Discharge of patients – report on Senior Citizen's Forum/LINK survey to identify issues for further work
Inspection regime for care homes – CQC