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Adult Care and Well Being Overview and Scrutiny Panel Wednesday, 27 September 2017, County Hall, Worcester - 10.00 am

Minutes

Present:

Mrs J A Brunner (Chairman), Mr T Baker-Price, Mr A Fry, Mr P Grove, Mr P B Harrison, Ms P A Hill, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Also attended:

Kathy McAteer, and Bridget Brickley, Worcestershire Safeguarding Adults Board

John Taylor, Healthwatch Worcestershire
Sandra Hill, Speakeasy N.O.W

Richard Keble (Assistant Director of Adult Services), Rachel Fowler (Locality Manager), Ann McDowall (Locality Manager), Sheena Jones (Democratic Governance and Scrutiny Manager) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

A. The Agenda papers (previously circulated);
B. Presentation handouts for item 6 (circulated at the Meeting)
C. The Minutes of the Meeting held on 16 March 2017 (previously circulated).

(Copies of documents A and B will be attached to the signed Minutes).

248 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Cllr Rob Adams, Panel member, and from Cllr Adrian Hardman, the Cabinet Member with Responsibility for Adult Social Care.

249 Declarations of Interest

None.

250 Public Participation

None.

251 Confirmation of the Minutes of

The Minutes of the meeting on 16 March 2017 were agreed as a correct record and signed by the Chairman

the Previous Meeting

252 Worcestershire Safeguarding Adults Board

The Worcestershire Safeguarding Adults Board (WSAB) Independent Chair, Kathy McAteer and the Board's Manager, Bridget Brickley had been invited to provide an overview of the WSAB's role and the Annual Report 2016/17.

The Council's Assistant Director of Adult Services was also present.

The Independent Chair highlighted the key messages from the presentation which had been included in the agenda papers, and focused on the WSAB's work this year and what it revealed about safeguarding.

Although WSAB had existed for many years, this was only the Board's second year as a statutory body and many changes had been needed in terms of its functionality. The statutory requirements for safeguarding boards were set out in the Care Act 2014, section 42.

The Board's role was to protect adults in its area who:

- had needs for care and support (whether or not the local authority is meeting any of those needs) and;
- were experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs were unable to protect themselves from either the risk of, or the experience of abuse or neglect

Other organisations may also look at issues affecting adults more broadly, for example Trading Standards could look at doorstep scams affecting older people.

The key priorities for 2016/17 had been to:

- improve communications with public and partners – development of an website and app had been the main focus of work which was due to be completed by the end of the year. It was best practice to have an independent website, rather than the current arrangement of a webpage linked to the Council's website. The first shared learning event had also taken place
- check Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were understood and properly used – progress had been made although this area continued to be a significant

risk

- improve how WSAB listened to adults with care and support needs – it was hoped to establish a reference group by the end of the year
- build on work with other boards (Worcestershire Safeguarding Children's Board, Health and Wellbeing Board, Community safety Partnerships). The new website would combine adults and children's safeguarding
- work with partners to identify risks for adults – this had been a huge area of work to introduce a regular flow and analysis of safeguarding data for the WSAB, which was proving very useful
- continue to improve community awareness and approve a Prevention Strategy
- complete work from year 1

A lot of work had been put into the ambitious priorities, to get the foundations in place. Overall good progress had been made, with some slippage, for example as a result of changes in partner representatives which affected momentum, and also the WSAB team's administrative resources were very small.

Five Safeguarding Adults Reviews were started during 2016/17, of which one was published and four carried over. Mental capacity continued to be the main theme, with some evidence of inconsistent practice in its assessment, which had fed into the WSAB's 2017/18 priorities. The number of reviews and the lessons learnt were in line with other Boards. All reviews had action plans with target dates for completion, which were monitored by the WSAB's Performance and Quality Assurance Group.

Safeguarding data was collected every quarter, where possible using organisations' existing reports.

Looking at activity trends, anyone could raise a concern. Slightly fewer concerns had been raised than in the previous year (2342 compared to 2653), with 15% meeting the threshold for a full investigation, a slight improvement on the previous year. The national benchmark was 25%.

Awareness about inappropriate referrals was being addressed; sometimes a referral was more about quality of care which may be better dealt with through other means.

Types of abuse were in line with the national picture.

Concerns about women outnumbered men in all age groups, though less so in the 65-74 age group, with older women most at risk, which reflected Worcestershire's demography. Reporting patterns continued to indicate under-reporting in black and ethnic minority (BME) groups and engagement work was ongoing.

The new approach was to ask people what outcomes they wanted from a Section 42 case and the second year of this approach showed an improvement, which was reassuring.

Looking forward to 2017/18, the number of priorities had been reduced to four, to enable a focus on definitions of Section 42 and enabling other concerns to be directed in the appropriate direction.

Main discussion points

- Interpretation of the threshold for Section 42 had been debated nationally and Worcestershire's interpretation was not out of line with other areas.
- The sub-group structure was clarified; each was set up around three strategic objectives and had a Board member as sponsor. Each sub-group set action plans and produced quarterly reports, had a Chair, Vice-Chair and sub-group members. Sub-groups were involved in planning and prioritising the Board's business plan for the year.
- The Panel requested details of current Board and sub-group membership (names and organisations) and the sub-groups' terms of reference – these were not published on the website because of capacity issues in keeping the information updated. Newsletters were available on the website.
- Board minutes were not published because of the amount of confidential information, however a newsletter had been introduced and this could be circulated to Panel members if they wished.
- Board membership had been reviewed over recent years and the Care Act set out a list of appropriate members. Capacity was a factor – housing was now represented by Nina Warrington of the Worcestershire Housing Strategic Group, but this had taken time to secure.
- The Board manager met quarterly with district councils to discuss safeguarding issues.
- Panel members suggested that district councils' recent reports on homelessness would be of interest to the Board.

- This year Board members' attendance at meetings had started to be recorded and would be published.
- Board membership did not include anyone from BME communities, however the Board was very mindful of the county's diversity. One problem was a lack of multi-faith forums and the fact that community representatives were often male meant that a more informal way of engagement was needed. For cultural reasons, BME communities tended to looked after their own family members and did not know how to access services.
- Panel members pointed out that councillors could help build links with community groups, for example with women's groups at mosques.
- The prison sector was not represented on the Board, as Hewell Grange prison felt an established link was more appropriate – this was in line with other areas.
- Monitoring of Deprivation of liberty safeguards (DoLS) in care homes was raised and the Assistant Director of Adult Services advised that monitoring took place by the Council, Care Quality Commission and the Clinical Commissioning Groups.
- Public awareness about Power of Attorney was raised, and the Panel was advised that social workers asked about this as part of initial assessments, although it needed to be the decision of the individuals involved. The Council's website included information.
- Professional curiosity was important, since serious case reviews often revealed that not enough questions had been asked.
- Resources were an issue, and the Board had adopted a project management approach in order to target work where it was most needed. Other actions included using virtual networks to cascade information to partners, clarifying governance and roles, and also working with other agencies and the voluntary sector to identify additional capacity.
- Support for the Board had been boosted by the addition of a part-time Board Manager and an administrative role.
- Any concerns were shared across the Board's sub-groups and individuals; it was not just a matter of collecting data.

Comments were invited from the representatives present

from other organisations present.

John Taylor from Healthwatch Worcestershire queried the fact that 519 concerns were recorded from an unclassified source and the Board Manager would check this operational query with the County Council, which may be a data error.

Regarding concerns about the potential for people to "fall through the gaps", the Board Manager found that the Board's links to service user and carer representatives worked very well.

Sandra Hill from Speakeasy N.O.W agreed that an informal, conversation approach was often the most informative. She would welcome inclusion of her organisation on the Board and be happy to attend meetings – it was confirmed that links were being developed with Speakeasy NOW and also Onside (which provided independent advocacy).

It was agreed that the discussion had been mutually helpful. The Panel requested some further information and would then consider whether any further work was needed.

The following actions were agreed:

- details to be forwarded on current Board and sub-group membership (names and organisations) and the sub-groups' terms of reference
- business objectives for the year to be forwarded and sign-up link to newsletters
- the Panel would be interested in receiving more information about learning briefs and events
- consider a session on care home monitoring for the Panel's work plan

The Panel agreed the following comments be forwarded to the Cabinet Member for Adult Services:

- More public information on power of attorney would be helpful; there was some information on the Council's website but several members felt there was a lack of general awareness.
- It was concerning that the work of the Safeguarding Adults Board was affected by lack of capacity.
- A nominal budget for training should be provided for the Safeguarding Adults Board.

253 Social Work with Adults: Strengths-based Approach

Richard Keble, the Council's Assistant Director of Adult Services had been invited to provide an update and evaluation of the Three Conversations (3C) programme for social work in Adult Services, and summarised the main points of his presentation.

Two Locality Managers of social work teams were also present, to provide feedback on the new approach.

The new model was about people, conversations(s), promoting independence and building on strengths; the focus was on enriching people's lives, not providing services.

The three conversations involved in this new model were:

- Conversation 1: Listen and connect – Listen hard. Understand what really matters. Connect to resources and supports that help someone get on with their chosen life, independently.
- Conversation 2: Work intensively with people in crisis – What needs to change urgently to help someone regain control of their life? Put these into an emergency plan and, with colleagues, stick like glue to help make the most important things happen.
- Conversation 3: Build a good life – For some people, support in building a good life would be required. What resources, connections and support would enable the person to live that chosen life? How did these need to be organised?

In April 2017, the model had been introduced with two innovation sites for Older People's Teams (Pershore and Upton, Redditch Central), and from August the Young Adults Team started as the third innovation site. The Acute Hospital Teams were due to go live in October. An integrated health and social care approach in Malvern, with the GP Practice and Worcestershire Health and Care Trust, was targeted to go fully live in December. Redditch South and Droitwich, Ombersley and the Rural Older People's Teams had been identified as the next to prepare for innovation. Roll out needed to be gradual, to allow time for development and support.

Processes had been mapped and were being standardised. A Communications Plan had been developed and local services were being mapped. Neighbourhood offices were being identified. Each team had a separate space to reflect, learn and support each other, teams took direct calls and there were new,

simplified records.

Feedback from the public and staff was shown to the Panel, which was very positive and indicated support from service users and staff.

The majority of staff reported that people and carers were receiving less funded long-term on-going support with the new approach. Cost analysis continued, and costs of care were similar in 3C and non-3C teams, however the long-term package conversion rate for the 3C model was currently more than 50% lower.

Over four months, nearly 600 people had been worked with; the term 'cases' was no longer used. The Panel was shown a graph which showed that 70% of people only needed the 'Conversation 1' stage to have a positive effect (519, compared with 115 Conversation 2's and 48 Conversation 3's).

With the 3C model, most conversations started immediately (with an average wait of 2 days), which was an important factor in keeping people independent. Previously, the average wait for assessment was 45 days, during which an interim care package may be put in place, which could affect people's ability to regain independence.

The Panel heard from Locality Managers Rachel Fowler (Pershore and Upton) and Ann McDowall (Redditch Central), whose teams were innovation sites for the 3C model.

They felt that the new model was 'fabulous', 'empowering' and meant they were 'doing social work the way it should be'. The previous way of working had involved so much managing, prioritising, people waiting and had generated assumptions that a care package was needed. The new approach cut this out; the teams were the first point of contact and stuck with the person, with immediate conversations about what had changed, what had prompted someone to call. The Locality Managers felt much more engaged and part of their communities, and worked closely with partners including GPs and Primary Care colleagues. The public felt more reassured and were pleased not to be passed on to someone else.

Rachel gave an example of a lady in her 80s with early dementia, whose family and GP had noticed becoming withdrawn and aggressive. Over a number of conversations and visits, the social worker was able to

discover that the lady had been an actress and pianist, that she was not at risk, but needed to reconnect with these interests to improve her wellbeing. The social worker arranged for the lady to play piano at a residential care home, and also to join an acting class. Support had been person-centred, and accessed local services, without assumptions being made or being risk averse.

Ann told the Panel about a lady who had been referred by her district nurse with concerns about her back as she was sleeping downstairs on the floor. This would previously have been responded to by completing a 27 page assessment, identifying a care need and perhaps bringing the lady's bed downstairs. Instead the social worker was able to gain the lady's confidence and through a number of conversation 1s, discovered that the obstacle to the lady using her stair lift to sleep in her bed upstairs, was a large wall unit in the lounge which she could not get past in her wheelchair. The solution was to hire a local handyman to remove the wall unit and add an additional wheelchair at the top of the stairs.

Staff had access to procurement cards to address care needs, however were also encouraged to ask people whether they were able to pay themselves..

The Panel asked a number of questions of the Locality Managers – the main points were:

- It was a very different way of working, but one which felt the natural because of the principles behind the 3C model. The transition had taken some staff longer than others, but introduction of the new ways of working had been helped by staff being able to sit together with their manager.
- Staff feedback was positive, including those from other local authorities.
- Teams worked closely with GP surgeries and health teams, with some having a GP desk presence, depending on the available space.
- The Panel would be provided with details of GP Clusters and how they mapped to the geography of the County.
- Many staff members were local to their areas, which helped build knowledge of local services and gave them added incentive to find more. Services were also being mapped out and providers invited in.
- Managers had more oversight of their team's work.
- There were strong links with the Carers

Association.

- Links with councillors would be mutually beneficial, both in building information about local services and also in developing councillors' understanding about the new way of working.
- A Panel member acknowledged that budget pressures may have played a part in requiring the Council to find ways to work differently, but the result here was positive.
- Where solutions were offered through working at Conversation 1 or 2, what happened when those involved believed that a higher level of intervention was required (Conversation 3)? The social workers advised that this would be addressed by talking to those concerned to understand the barriers and needs involved.
- While the need to go beyond the first stage of conversations (Conversation 1) had reduced, assurance was given that crisis response (Conversation 3) would be readily actioned where required and that in these instances sticking with the person concerned was even more necessary. The Assistant Director pointed out that the model actually freed up capacity for staff to react to crisis cases.
- Work was in hand to ensure that relations with providers were outcome-based, however the model was already building links with the voluntary sector and supported the way in which the Council commissioned.
- Capacity within the community was not seen as an issue, and there were examples where the new approach had encouraged more people to volunteer.
- The model was being rolled out across teams and it was hoped to start the process for the 16-25 year old learning disability sector by the end of March.
- On occasion a member of staff would need to pass on a person's case if other expertise was required, but this would be carefully explained.
- Most staff were permanent and there had been no reduction in the number of qualified social worker staff as a result of the new model. There were quite a lot of staff at lower levels (25%) but it was important to keep social workers (75%) involved.

Comments were invited from the representatives of other organisations present.

John Taylor from Healthwatch Worcestershire talked

about the organisation's work alongside the Council, to gather experiences. Feedback from social workers was very positive and the public were thrilled to be able to speak to the same person.

He highlighted the need to recognise the role of the voluntary and community sector, and its capacity to address the volume of level 1 conversations, which may need a back-up plan. The Assistant Director gave reassurance that the model was all about conversation and understanding what was required, not a signposting service. The Council had created a culture previously whereby the public expected it to step in, when this was not always the best solution.

Sandra Hill from Speakeasy N.O.W was really looking forward to the new way of working for those with learning disabilities, which would be easier with some than others.

The Panel found the new approach refreshing, exciting and sensible and the Chair thanked the Locality Managers in particular for attending, which had made the discussion more meaningful.

The following outcomes were agreed:

- Healthwatch report to be circulated when available
- further updates on the 3 Conversation Model to be arranged
- Panel members were invited to contact the Locality managers to arrange to visit
- Locality Managers invited any suggestions from councillors about local services and ways of working

The meeting ended at 12.30 pm

Chairman ……………………………………………