

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 21 March 2018, County Hall, Worcester - 10.00 am

Present:

Minutes

Mrs J A Brunner (Chairman), Mrs E B Tucker (Vice Chairman), Mr R C Adams, Mr T Baker-Price, Mr P Grove, Mr P B Harrison, Mr R M Udall and Ms S A Webb

Also attended:

Health Overview and Scrutiny Committee members:
Mrs A Hingley, Mrs M A Rayner, Mr C Rogers and Mr R P Tomlinson

Mr J H Smith, Cabinet Member with responsibility for Health and Wellbeing

Jo Ringshall, Healthwatch Worcestershire
Carole Cumino, Worcestershire Association of Carers

Dr Frances Howie (Director of Public Health), Avril Wilson (Interim Director of Adult Services), Elaine Carolan (Strategic Commissioner - Adult Services), Frances Kelsey (Interim Lead Commissioning 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 items 5 and 6 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 10 and 22 January 2018 (previously circulated).

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

270 Apologies and Welcome

The Chairman welcomed everyone to the meeting, including the HOSC members who were attending in particular for the agenda item on 'Preventing Loneliness and Isolation'.

Apologies had been received from Councillor Andy Fry.

271 Declarations of Interest

None.

272 Public Participation

None.

273 Confirmation of the Minutes of the Previous Meeting

The Minutes of the meetings on 10 and 22 January 2018 were agreed as a correct record and signed by the Chairman.

274 Preventing Loneliness and Isolation

In attendance for this item were the Director of Public Health and the Cabinet Member for Health and Well-being.

The Director had prepared a presentation (available on the Council's website), and highlighted the main points for preventing loneliness and isolation, which included the context and approach, key facts about the effects on mental and physical health, potential answers, Worcestershire Health and Well-being Board's Loneliness Plan 2015-2018, examples of progress and the Reconnections Service.

As a county, Worcestershire was generally healthy but with a big demograph of older people, who were living longer but spending more years in poor health, especially in socially disadvantaged areas. A great deal of work was being done but this situation was not yet changing. Reducing loneliness was a key factor in addressing the health challenges facing Worcestershire's older population.

In 2014 the Health and Well-being Board held a loneliness event, which formed the basis for the Loneliness Plan 2015-2018 (included in the agenda). The work being done looked at triggers, how to identify and tackle loneliness; preventing loneliness in the first place was not yet included.

Research showed that a lack of social connections was bad for people's mental and physical health, and that loneliness increased the likelihood of premature mortality by 26%. Lonely individuals were more likely to visit their GP, go into residential care and use accident and emergency services.

One answer lay in looking at communities and focusing on what mattered to an individual rather than 'what is the matter with you?'. The three aims of the Plan included empowering residents and communities to maintain their connections, improving access to activities and services

and raising awareness of isolation, identification, risk factors and local opportunities for prevention and intervention.

All approaches to tackling loneliness relied on having active communities and the Director set out areas of progress relating to:

Reconnections - a new service run by Age UK Herefordshire and Worcestershire, this was an example of progress which the Panel may want to look at further. The service used innovative social impact bond funding and was progressing well. The model involved a core team which recruited and attracted volunteers to reach lonely people and reconnect them with their communities, building on their personal strengths, and was measured against scores from the University of California, Los Angeles (UCLA).

So far, Reconnections had supported over 1000 older people with needs and severity of loneliness higher than had been anticipated, but referral levels had been lower than expected. Reconnections appeared to provide value for money, but more thinking may be needed and it was resource intensive.

Social prescribing – for a pilot period paid social prescribers were being recruited, who would be based in GP surgeries to support people who needed social intervention.

Rural communities programme – led by Wychavon District Council, this work was routed very much within communities, with a project to identify and train the 'go to' people, who could spread the word about local services and assets.

Volunteer roles – this involved thinking more widely about volunteer roles, since while Worcestershire had higher than average volunteer levels, more could always be used.

The Loneliness Plan was due to be refreshed during 2018.

The Chairman invited discussion.

Main discussion points

- Panel members were very interested in the principles behind the work on loneliness and were

keen to help - the Director would welcome collaborative work.

- Panel members were keen to know areas of need and progress and asked about data and mapping across their own divisions, however they were advised that this information could not be disaggregated to a local level. The Cabinet Member for Health and Well-being suggested some information may be available through district councils.
- Several members would welcome training, skills and a 'toolkit' to enable them to help within their own communities.
- Social prescribers and Reconnections were putting together community directories and members pointed out that they could help with this.
- A member asked whether loneliness was now a bigger issue in towns, since recent evidence suggested to him that people in rural communities felt able to get involved in growing initiatives, such as community shops. The Director explained that specific data on this was not available, however in her view age was the key driver. However it was certainly possible to be lonely in towns, and it was important to understand the factors behind it and to think about the physical environment.
- A member reported that dropped kerbs had made a big difference to enabling disabled residents in her community to go out and the importance of footways being suitable for the elderly was flagged up.
- In response to a question about prevention, the Director referred to areas such as understanding the impact of generational changes, since over time people gradually sank into a way of life which was isolated.
- Members referred to other vulnerable groups, for example those who were divorced, disabled or from ethnic minorities.
- For one member, older children who had been caring for elderly parents were a key group, in particular when the parent died, which may bring about complete change, for example in their housing – some social landlords' policies were a concern. The Director agreed it was important to raise staff awareness across the system to identify individuals at risk of becoming lonely, including those living with others.
- On the subject of crime, the Director felt it was helpful to talk about the fact that fear of crime was

often the issue; there was a need to make people feel safe.

- Members asked about engagement with parish councils and learned that they were well connected with the Directorate's work and were very keen to be involved.
- It was explained that the UCLA scores were a set of statements designed to measure wellbeing, which it was important to monitor – and it was agreed to provide further details of the UCLA scoring to the Panel.
- How sustainable was the Reconnections service, given the rise in referrals? The Director was less concerned about this, since the referral process was robust, a good model and funding had attracted national attention. However in respect of prevention work, the Director felt it was important to do fewer things, but do them really well.
- Everyone acknowledged that loneliness and being alone were different; you could live alone and not be lonely, just as you may not live alone, but feel lonely.
- Some members spoke favourably about facilities and groups in their areas.
- A member pointed out that more information about members' divisions, for example food bank use, could be useful in understanding needs, and that often parishes could be complacent about their own area.
- The Cabinet Member referred to his recent visit to see assistive technology in action (at Telecare), which although excellent, lessened personal contact with an individual.
- The Chairman referred to the Loneliness Plan and asked for comments on the statement included in the section on analysis of potential factors, 'there is no robust quantitative data on the statistical link between socio-economic factors and loneliness'. The Director advised that the Council in conjunction with partners ought to be able to identify those likely to be lonely; there was a moral commitment to think and to take action to prevent loneliness.
- When asked how the Public Health Directorate's work could feed into members' individual areas, the Director pointed out the importance of planning and little things such as dropped kerbs, public seating, toilets and crossing times – in encouraging people to get out into their communities. The relevant planning document would be circulated.

- A member raised concern that care should be taken not to regard loneliness as an older person's issue, as this ignored groups such as mothers on maternity leave, who may be very lonely and have less activities available to them. The Director agreed but pointed out that such groups already had a structure and network around them, whereas the elderly did not have that infrastructure.

The Chairman invited comments from the representatives from other organisations who were present.

Carole Cumino, Chief Executive of Worcestershire Association of Carers commented that loneliness had a number of causes and could affect people of different ages, as evidenced by the recent report from Carers UK and the Jo Cox Foundation ('The World Shrinks: Carer Loneliness – <https://www.carersuk.org/news-and-campaigns/news/8-in-10-people-caring-for-loved-ones-have-felt-lonely-or-socially-isolated>). This work highlighted that 8 out of 10 people caring for loved ones had felt lonely or socially isolated – things which would help included a more understanding society, more awareness and the need for carers to interact with others. Younger carers in particular may have missed out on opportunities for social interaction. Those caring in excess of 50 hours a week and also those caring for both their children as well as elderly relatives (sandwich carers) were other groups at risk of loneliness. It was also important to recognise that however many opportunities were available to carers, the effect of lack of confidence should not be underestimated.

Jo Ringshall from Healthwatch Worcestershire found the work taking place positive but queried awareness amongst GPs about Reconnections. The Director would feed back to the service and advised that there would be a newsletter. The service had been careful to build up gradually, rather than through a big launch.

Summing up, the Chairman referred to the interest from the Panel and HOSC members present in the work taking place on preventing loneliness and isolation. The Reconnections service merited further promotion and the Panel would like to see more preventative work. Panel members had flagged up potential risk factors for adult and child carers. The Loneliness Plan indicated the volume of work taking place but to date this did not tap into local members' knowledge to the full extent.

275 Learning Disability Replacement Care Services: Pre-Consultation Engagement on Options for Future Delivery

The Director welcomed the request for training and information in order to equip local members to work with their communities, parish and town councils – this would be arranged in liaison with Reconnections. Panel members Mrs Tucker and Mr Adams would meet with the Director about this. Taking on board the Panel's comments for more prevention work, the Cabinet Member and Director would look to strengthen this aspect when the Loneliness Plan was refreshed later this year. The Panel expressed interest in being involved in the refresh of the Plan.

The Panel also requested details on:

- UCLA measures
- Parish involvement
- Carers UK/JO Cox Foundation report

In attendance for this item were the:
Interim Director of Adult Services
Strategic Commissioner of Adult Services and Health
Interim Lead Commissioning Manager for Adult Services

The Lead Commissioning Manager explained that Replacement Care, sometimes referred to as respite, was support provided to carers of someone with learning disabilities so that they could have a break. A report had been presented to Cabinet in February, and the engagement planned on how learning disability replacement care services should be delivered in the future, would be ahead of going out to consultation – an approach modelled on the recent engagement on Learning Disability (LD) Day Services. The engagement timetable would be made available to members shortly and was due to start the following week.

A presentation had been circulated to the Panel in advance of the meeting, which would also form the basis for the engagement meetings planned. The Interim Lead Commissioning Manager highlighted the key points.

LD Replacement Care was being looked at because of the need to get the best value for money from the Council's budget and initial analysis showed that because of block contract arrangements, 1,800 nights per year were not used, at a cost of approximately £450k. More detailed analysis would look at whether this stemmed from reducing demand or whether a different type of care was needed for people's needs. The Council needed to plan for changing future needs which included supported living options, increasing complexity of need and

changing expectations from families.

Engagement was taking place during March and April which included staff, carers, wider meetings and with service users with assistance from Speak Easy N.O.W.

The total budget 2017/18 budget for LD Replacement Care was £2.6million, which included block contracted provision plus a small amount of 'spot purchased' provision in external care homes. Around 175 individuals received regular replacement care funded by the Council. Additionally some people also received emergency replacement care. The Panel was shown an overview of the 5 locations, which varied in size. Average occupancy ranged from 74% to 95% and officers advised the aim should be for 90%; 100% would never be aimed for because of the type of service involved.

Main discussion points

- It was confirmed that members were being invited to the engagement meetings with carers, although it should not be a problem if a member wanted to attend one of the meetings with staff.
- A member pointed out that smaller centres would always be more expensive, such as the Pershore Short Breaks with 4 beds
- The process for arranging emergency care was explained, which would also form part of the engagement. In-house provision gave a degree of flexibility and was time efficient.
- Officers were asked what was being targeted and the Director explained the need to be as efficient as possible given the financial pressures, and to have a better used service, and at this stage the engagement exercise was open minded and very much about talking to people. There may be an opportunity for co-production.
- It was confirmed that the criteria for access had not changed and was set out in the Care Act.
- Officers also explained that currently, quite a lot of replacement care was taken at weekends, so use of the service was not consistent, and a better balance may be possible, without being too prescriptive.
- Officers acknowledged a member's point about the danger of raising expectations about change, and stressed that the engagement on LD Replacement Care was engagement and not actual consultation. Feedback from recent engagement on LD Day Services had been very

positive and it was hoped to use learning from this experience.

- Members sought assurance that the effects of media speculation were being managed and a Panel member who was also the Chairman of the Council, referred to the emotional statements made by families at the recent meeting of Council (in respect of the consultation on the future provision of overnight unit-based short breaks for children with disabilities). Officers advised they were working very hard to reassure, and acknowledged that the Council's consideration of three different areas (consultation on short breaks for children with disabilities, alongside Adult Services' engagement on Learning Disability Day Services for Adults and LD Replacement care for adults) had led to confusion which had required a lot of work with families – officers were very aware of the need to avoid stress for those involved and were available to talk and welcomed the opportunity to provide clarity.
- The Director offered to return to the Panel to explain the wider picture and direction for overall learning disability services.
- One member was unaware of provision in his division and the officers offered to arrange a visit for him.
- Panel members agreed that the service in its current form was being underused.
- The members present appreciated the openness of the presentation to the Panel, and the empathetic approach to the engagement exercise.
- Concerning the challenge of looking into the number of nights when available care was not used, a member suggested that the most straight forward thing to do would be to speak with eligible service users and their carers who were not currently making full use of what was available to them. The officers explained that Replacement Care was part of an individual's assessed need and the number of nights allocated therefore varied which made provision complicated; some may have 7 nights a year, others 100. The engagement was more directed at finding out why some individuals did not use the service at all, rather than not using their full allocation. The engagement would also seek to 'future proof' the service, since officers were aware of numbers of young people coming through the system who would need replacement care with nursing provision.

- A Panel member was aware that some families made use of every hour they were given.

The Chairman invited comments from the organisational representatives present.

From Speakeasy N.O.W Sue Daniels (Business Co-ordinator and Health Checkers Project Worker) advised that the organisation was helping with the engagement using staff who were very experienced in communicating with adults with complex needs.

Jo Ringshall, a Director from Healthwatch, said that Healthwatch welcomed the pre-engagement and co-production approach.

In summing up, the Panel Chairman observed that the Panel and HOSC members present were very supportive of the planned engagement on Learning Disability Replacement Care and the Directorate's approach.

It was agreed that a further session on findings from the engagement on Replacement Care and also the overall Learning Disability strategic direction would be arranged, which would enable the Panel to make comments ahead of further discussion by Cabinet in June.

Details and dates of the engagement sessions would be sent out to all councillors.

The meeting ended at 12.10 pm

Chairman