

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 11 July 2019, County Hall, Worcester - 2.00 pm

Present:

Minutes

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

Also attended:

Mr J Gallagher, Malvern Hills District Council
Mr A I Hardman, Deputy Leader and Cabinet Member for Adult Social Care
Peter Pinfield, Healthwatch Worcestershire

Avril Wilson (Interim Director of Adult Services),
Richard Keble (Assistant Director of Adult Services),
Michael Hudson (Chief Financial Officer), Mark Astbury (Interim Head of Finance), Samantha Morris (Scrutiny Co-ordinator) and Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 14 May 2019 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

319 Apologies and Welcome

The Chairman welcomed everyone to the meeting.

320 Declarations of Interest

None.

321 Public Participation

None.

322 Confirmation of the Minutes of the Previous Meeting

The Minutes of the meeting on 14 May 2019 were agreed as a correct record and signed by the Chairman.

323 Direction of Travel for Worcestershire

In attendance for this item were the Director and Assistant Director of Adult Services, as well as the Cabinet Member with Responsibility (CMR) for Adult Social Care.

County Council Care and Support Services

The Chairman asked the Director to provide an overview of the direction of travel for the Council's Care and Support Services, which had been endorsed that morning by Cabinet. The Panel then had the opportunity for questions, in order to determine whether any further scrutiny was required at this time.

Referring to the Cabinet report, the Assistant Director highlighted the background to the new direction for the Council's Care and Support Services. These included changes to Adult Services since 2014, the review over the past year of all services directly provided by Adult Services, the development of the new Strategy for services directly provided by the Council for Care Act eligible adults, additional investment in Howbury House and the creation of a Community Re-ablement Service.

As part of the Council's commitment to taking a strategic commissioning approach, all services directly provided by Adult Services had been reviewed over the past year and where appropriate officers had sought to identify alternative providers. However, following tendering and market engagement, it had not been possible to find alternative providers, except for Timberdine Nursing and Rehabilitation Unit which was transferred to Worcestershire Health and Care NHS Trust. This was largely due to the implications of TUPE transfer.

In light of the commissioning challenges, the Directorate carried out a review and the report outlined the resulting Strategy which represented a shift from the Council being at arms-length, to the new more engaged role of seeing itself as one of a range of providers in the market. Importantly, where the Council provided services, these should be exemplary and always be rated at least 'good' by the Care Quality Commission.

The new Strategy was also about the Council being innovative and sharing learning with the independent sector; quality of life was key.

The report to Cabinet also related to Howbury House, a residential care home in Malvern for older people with dementia which had been invested in to use innovative technology to enhance care at reduced cost. The plan was for Howbury to showcase its achievements to the wider market.

Regarding plans for re-ablement, Cabinet had been asked to approve the business case of extending the

current service run by the Council into the community, an area which the market was not currently able to deliver. The Council's current re-ablement service performed well with very skilled staff and it was recognised that provision of intensive support over a 6 week period was an opportunity to turn someone's situation around, as well as achieve savings based on people not requiring ongoing care packages.

The Chairman invited questions and the following main points were raised:

- Panel members queried whether there was flexibility with the 6 week timetable for re-ablement when required, and the Director advised that the 6 week timescale was based on national good practice and evidence, however the Director also clarified that if someone needed longer, the door was not closed.
- A member expressed concern that people could feel a sense of abandonment once care was withdrawn, however the CMR pointed out that this was likely to result from the individual experiencing social isolation after being used to someone being present. The Panel was advised that the re-ablement service performed above national indicators, and on average 2 and a half to 3 weeks of re-ablement were required, however members were urged to pass on details of any individual cases where there were concerns.
- A member asked how residents were adapting to the new technology at Howbury House and was advised that equipment was tailored to the individual and enabled them to stay there, which was their home. The technology could pick up movement or unexpected behaviour, for example someone getting out of bed at 3am, which meant residents could be monitored without the need to knock on doors and wake people up; this also meant fewer staff were needed. Some technology was still in development, for example to incorporate electronic records which were otherwise time consuming to maintain.
- A member asked about the role of the Occupational Therapist in re-ablement and was advised that a big part of their role was carrying out assessments to make recommendations for adaptations and equipment, which would enable an individual to do what they were previously able to do. When asked whether this worked in the same way as the 3 Conversation model, the Director

confirmed that it was a part of it.

- The Director welcomed the suggestion that councillors could inform social work teams about local community groups in their areas and explained the most practical way would be to use the relevant form, which she would forward.
- The Director spoke about the importance of integrating services, including a forthcoming workshop to bring key players together including housing, as well as Telecare and Age UK; this was an exciting opportunity and she agreed to report back to the Panel.
- A member asked about weaknesses in Worcestershire's private sector care home market and was advised that the make-up was predominantly individual homes rather than large care home groups; whilst this avoided the pitfalls of multiple closures, there was some concern about future sustainability since individual family-owned businesses could be difficult to sell on as a profitable business. A strategic piece of work would be needed to look at raising the profile of the care industry to make it a viable part of the economy. It was agreed that what the market needed was something in between large and small scale, and the Director advised that this gave care homes more flexibility with staffing, although she was in no way criticising family businesses as many were doing a great job.
- The CMR pointed out the irony that in many ways the ultimate goal for Adult Services was for everyone to be able to remain living at home, however it was accepted that there would always be a need for alternative provision. In response to a member's comment that extra care facilities could provide a lively and community-based setting for some people, the Director clarified that extra care facilities were regarded as someone's home.
- The CMR commented that getting re-ablement right would be really helpful in breaking down the cycle of repeat visits to acute hospital care.
- It was agreed that Panel would wish to receive regular updates on the progress of the Re-ablement Service.
- A member asked about Adult Services provided in prisons and to travelling communities. The Assistant Director advised that there were no specific services for the travelling community, however he provided details about the Council's responsibilities for assessing and providing care

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and support needs of prisoners, which had been given to councils under the Care Act 2014. Care to prisoners presented challenges in terms of access and strict clearance processes, which was helped by using a standalone team, and was an example where the Council was best placed to deliver the service itself.

- A member asked whether the Disabled Facilities Grant could be used for adaptations and was advised that it was not at present, although work was taking place with the district councils to enable the most flexible system possible. A review of occupational therapy was being done by Worcestershire Health and Care Trust and some districts used the grant to pay for OT assessments to overcome long delays.
- Comments was invited from the Worcestershire Healthwatch Chairman present about the direction for the Council's Care and Support Services, and he believed it was a good model which would be supported by users and carers; moving forward, co-production with these groups may be an area for scrutiny.

In summing up, the Chairman agreed it would be helpful for the Panel to keep abreast of the development of re-ablement services, and to verify with the CMR that co-production working formed part of taking forward the new approach.

The Director undertook to report back to the Panel on the forthcoming workshop with housing about integrated working and to liaise with the Scrutiny Officers regarding circulation of the form for councillors to inform social work area teams of local community groups.

In attendance for this item were:

Avril Wilson, Director of Adult Services
Michael Hudson, Chief Financial Officer
Mark Astbury, Interim Head of Finance
Adrian Hardman, Cabinet Member with Responsibility (CMR) for Adult Social Care

The Chairman advised that members of the Health Overview and Scrutiny Committee (HOSC) had also been invited to attend the discussion and Cllr John Gallagher was welcomed to the table.

Year-end Budget Monitoring

The Chief Financial Officer (CFO) introduced the Panel's consideration of year end budget information for 2018/19 for Public Health and Adult Services and pointed out that from the start of the following year it was hoped to bring forward the timescale for publishing financial information to be aligned with the Scrutiny timetable.

The Panel's attention was drawn to the key headlines set out in the agenda for Adult Services (page 23) and Public Health (page 25). The year-end position for Adult Service was an overspend of £12.420m, which did not sound good, although members were reminded that the figure had originally been £17m, and that regular reports had been submitted to Cabinet and to Scrutiny regarding lessons learned. For Public Health there was an underspend of £0.100m.

Questions were invited and the following main points were raised:

- When asked about the variance for Learning Disability Services, the CFO believed that rather than a change in demand, this was more related to previous underfunding and increasingly complex needs, therefore the budget had been increased over successive years, as reported previously. It was confirmed that budget pressures in this area continued and had been factored in to the 2019/20 base budget.
- A member asked about the use of internal reserves and was advised that there wasn't any.
- A member asked whether the acknowledged need for more capital investment at Howbury House was factored in to the budget. Officers advised that of the three elements of works involved, only one was not included in the current figures for Adult Services, and there would be a report to Cabinet about this.
- It was confirmed that there was approximately a £2m difference between the net expenditure for Older People and Learning Disabilities services, but this would be higher in 2019/20.
- Referring to the changes made within Learning Disability Services, a member asked what savings would have been made and the CFO advised that £7m was outstanding, so it was known that the September base budget figure was incorrect, and the base budget would be adjusted for 2019/20 to just under £66m. A range of savings projects had

also been designed and the net budget for Learning Disabilities would be £65.977m

- The Director of Adult Services confirmed there were no new savings plans for Learning Disabilities at the moment, apart from progressing earlier plans for the redesign of day opportunities and respite.
- The HOSC member present asked whether the 12% overspend was a continuing trend from the previous year and the Interim Head of Finance pointed out that three contributing factors had made 2018/19 a very different year, namely the accumulation of savings targets, the increase in growth of complex needs and the previous use of reserves; this exceptional situation had been addressed by review of the budget.
- Referring to the year-end budget monitoring for Public Health, a member asked why Adult Services featured as three separate services. Officers believed this depended on the way in which contracts built up and whether they related to services paid for directly by Public Health or invested in through Adult Services.
- When asked what services came under 'other services' listed against Public Health, across the Council, and the CFO said there would be a range of services, for example libraries.
- A member suggested it was fair to say that the Directorates (of Adult Services and Public Health) were holding it together regarding the budget, and both the Directors agreed it would be very tough this year; the lack of information year on year about funding, amounting to around 22% of the Adult Services Budget, made it impossible to plan for the long-term or to contribute to NHS forward plans. The delayed Green Paper on social care was also referred to.
- The CFO advised the Panel that the overspend in Worcestershire was not out of the norm.

Performance Monitoring

The Director of Adult Services referred to the performance information which had been circulated and reported pleasing progress relating to Adult Social Care Outcomes Framework (ASCOF) 2d (% of people with no ongoing social care needs following reablement after hospital discharge) and ASCOF 2b (% age 65+ at home following rehab). However, improved performance would therefore have been anticipated against ASCOF 2a (1) (Admissions to permanent care per 100,000 (18-64) and

ASCOF 2a (2) (Admissions to permanent care per 100,000 (65+), and this had not been the case, which was puzzling and now subject to 'deep dive' analysis and case audits to try and understand why.

It was already known that the average age for entering permanent care was 84, that 800 days was the approximate length of stay in a nursing home, with the likelihood of an individual surviving a second year increasing if they survived the first year. It was known that around 30% of activity was being driven by hospitals - between October 2018 – March 2019, 92 people aged 65+ went into a care placement, of which social care was the lead decision maker in 19 cases, 9 cases were self-funders who no longer had funds, and the remainder were continuing healthcare. Therefore, a great deal more work and conversation was needed with health partners about how to manage the money being spent.

Referring to the other performance indicators, the Director advised that managers had been strict about completion of annual care packages and the number of new referrals which had resulted in a person receiving long term services was consistently lower where the Three Conversation (3C) model had been introduced.

In the discussion which followed the following main points were raised:

- When asked whether some sort of proportionality could be the solution to the issues referred to around more integrated social care and health funding, the AS Director said that there were some integrated care packages, which may be the way forward. She felt that strategic discussions were needed around pooling funds to better effect, which would be difficult but was necessary and would also be innovative. She pointed out that no criticism of current working was implied, which was a national problem - advice had been sought from ADASS and the Director confirmed she was aware of two other areas which were engaged in similar discussions.
- A Panel member asked whether seasonality played a part in performance figures and was advised that this was the case with older people and the transfer from college over the summer may also affect those of working age.
- Figures for the last quarter of 2018/19 were confirmed as 662 per 100,000 for admissions to permanent care for those 65+ and 20.5 per

- 100,000 for those of working age.
- A Panel member suggested that the Panel needed more information, in particular about adults of working age, to really understand the lack of improvement in Admissions to Permanent Care (ASCOF 2a(1) and 2a(2) despite improvement in the percentage of people with no ongoing social care needs following reablement after hospital discharge (ASCOF 2d) and percentage of 65+ at home following rehab (ASCOF 2b). The Director agreed and would be happy to inform the Panel about the outcomes of the investigative work which had begun.
- A member asked about the length of time people spent in hospital and the AS Director said that research showed how extended hospital stays were not healthy and led to loss of muscle tone etc, however analysis was also being done to verify that people weren't being placed inappropriately into care homes to avoid delayed transfers of care.
- The AS Director would look into a member's query about the percentage of those 65+ at home following rehab (ASCOF 2(b), specifically a member's query about the drop from 88% in March 2016 to 78 a year later and whether lessons could be learned?
- A member asked how the baseline for area team conversions had been arrived at and it was explained that this was established from the previous social work model used.

In summing up, the following information was requested:

- an update on the investigative work to understand underperformance of targets for admissions to permanent care ASCOF 2a (1) and (2)
- an update on the investigative work to verify whether people were being placed inappropriately in care homes to avoid delayed transfers of care
- detail about the drop in numbers relating to %age 65+ at home following reablement (ASCOF 2b) from March 2016 to March 2017
- for Adult Services provided for adults of working age to be incorporated into the work programme.

The Panel added support for carers to the current work programme.

The meeting ended at 3.55 pm

Chairman