

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 25 September 2019, County Hall, Worcester - 2.00 pm

Present:

Minutes

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

Also attended:

Mrs C Cumino, Worcestershire Association of Carers
Mel Smith, Worcestershire Association of Carers
Anne Duddington
Sandra Rohan-Kickham

Avril Wilson (Interim Director of Adult Services), Elaine Carolan (Strategic Commissioner - Adult Services), Sarah Rothwell (Commissioning Manager), Steph Simcox (Head of Strategic Infrastructure Finance and Financial Recovery), 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 11 July 2019 (previously circulated).

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

326 Apologies and Welcome

The Chairman welcomed everyone to the meeting, in particular those representing Worcestershire Association of Carers.

Apologies had been received from Cllrs Rob Adams and Andy Fry.

The Chairman explained that she would need to leave the meeting at 3.30pm due to an urgent appointment, at which point the Vice-Chairman would take over.

327 Declarations of Interest

The Chairman declared a disclosable interest in relation to Item 5 (Support for Carers), as she was a member of Worcestershire Association for Carers.

328 Public Participation

None.

329	Confirmation of the Minutes of the Previous Meeting	The Minutes of the meeting on 11 July 2019 were agreed as a correct record and signed by the Chairman.
330	Support for Carers	<p>In attendance for this item were:</p> <p><u>Worcestershire County Council Directorate of Adult Services</u> Avril Wilson, Interim Director of Adult Services Elaine Carolan, Assistant Director - Strategic Commissioning Sarah Rothwell, Commissioning Manager</p> <p><u>Worcestershire Association of Carers</u> Carole Cumino, Chief Executive Mel Smith, Integrated Carers Hub Manager Carers – Anne Duddington and Sandra Rohan-Kickham</p> <p>The Council’s Assistant Director for Strategic Commissioning had prepared a presentation and was invited to highlight the key points, after which the Panel was keen to hear from Worcestershire Association of Carers and also from the carers present.</p> <p>The presentation included definitions of a carer, the rationale and key elements of the Integrated Carers Hub, types of support provided, carer assessments, the ‘Working for Carers’ employer accreditation and how Overview and Scrutiny could help.</p> <p>A carer was defined as ‘anyone, including children and adults who looks after a family member or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.’</p> <p>In Worcestershire there were significant numbers of carers; 63,685 adults and 3,490 young carers.</p> <p>The Integrated Carers Hub was a really brilliant development for Worcestershire and had only been possible due to the openness of Worcestershire Association of Carers (WAC). The Hub acted as a one-stop shop and effective marketing was very important, as carers did not always know what help was available.</p> <p>The principles behind carer assessments were recognising carers as the experts in their own lives, therefore practitioners needed to understand the</p>

neighbourhoods and communities in which people lived and have clear language. Assessments took a holistic approach to looking at how to sustain the carer and their ability to care.

Key elements of the delivery of the Hub included specific support, for example end of life, peer support for carers to understand their value, marketing and awareness raising to break down isolation, employment, education, training, carer training, befriending, a talk line and volunteering opportunities.

Worcestershire's increasing ageing population and increasing average life expectancy presented a problem as many people would live longer but in poor health. A further challenge was the increasing number of older carers for those with learning disabilities.

The Council was now signed up to 'Working for Carers', to become an accredited employer, since it was clearly important for the Council to recognise the caring responsibilities of its own staff.

There was a role for Scrutiny to help by:

- getting the message out to raise awareness
- encouraging people to identify themselves as carers, for example whilst visiting their GP
- raising the profile of carers, whose support saved a staggering amount for Adult Services
- promoting understanding of the impact of carers on the Worcestershire economy and cost in the workplace.

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

The Panel Chairman said that members would of course want to assist in signposting constituents and highlighted that some scrutiny work was due to take place to look at care work as a profession.

The Vice-Chairman asked whether the Panel could have access to the e-learning web-link and this would be provided.

Comment was invited from Carole Cumino, Chief Executive of Worcestershire Association of Carers (WAC), who said she felt that support for carers in Worcestershire was brilliant compared with other areas nationally.

As regards what could be better, she felt there was a lot that everyone could do, for example in highlighting the role of GPs in instigating conversation about caring, since this was a person whom nearly everyone would have contact with. WAC viewed everyone within the NHS workforce as someone who could help identify carers, and all partners of the Herefordshire and Worcestershire Sustainability and Transformation Partnership (STP), had been asked to take back this message to their Boards.

The support provided by WAC depended very much on the individual carer's needs. Work with working carers was also very important.

The Chairman invited the two carers present to address the Panel.

Accounts from Carers

The Panel heard from Anne Duddington, carer of her son who was 31 years old and was born with a neurological condition, had severe learning disabilities, curvature of the spine and also epilepsy. His needs meant he required constant care and had no awareness of danger. Anne spoke about the volume of care (around 50-100 hours a week provided by the family as well as a team of five paid carers and included tasks such as washing and admin), the impact on the family, for example she had had to give up her job, and the transition from Childrens to Adult Services. Anne expressed her wish for her son and others with learning disabilities to have as much independence as possible, and referred to the lack of services, her son's horrific experience of private services and the crucial role of quality assurance. She flagged up Adult Services' proposals which may impact the Quality Assurance Team, which she asked the Panel to look at.

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

- The Vice-Chairman asked the Adult Services' Officers about the proposals referred to and the Director confirmed that discussions were underway but at this stage the staffing implications were unclear. The Director would be happy to keep the Chairman updated.
- When asked about her son's transition to Adult Services, Anne said this had been patchy, but had taken place some time ago in 2007 and she was aware there was now a dedicated Young Adults Team, which she had heard was very effective. The transition would always be a difficult time due

to factors such as changing eligibility criteria for support, but she felt that the Council wanted to support parents and was aware that this was included in the Panel's work programme.

- Anne confirmed that her son's speech was non-verbal.
- A Panel member thanked Anne for telling the Panel about her experiences, which echoed those of a member of her own family.
- Anne explained that she administered her son's carers rota including payroll, which was paid for out of his care budget, since as parents, they were conscious they would not always be there.
- Regarding direct payments, the Commissioning Manager acknowledged that being an employer could be complicated and spoke about work to help with this, and advised a tender was due to go out for a direct payments provider.
- When asked about the problems experienced with assessments for continuing healthcare (CHC), Anne advised that the process had started in 2015 and was not yet resolved, with 21 hours spent in meetings and a complaints system which did not seem to work. She had now been asked to be part of a group looking at communications. The legislation involved was very complicated to deal with on top of caring responsibilities.
- When asked whether she had a key worker, Anne explained that she worked with several people for her son's different needs.
- A Panel member asked Anne how things could be done differently and she suggested group work may identify solutions –the WAC Chief Executive said this idea could possibly be included in the forthcoming AGM and acknowledged the importance of helping to alleviate the stress of carers working through the differences between health and social care.

The Panel then heard from a second carer, Sandra Rohan-Kickham, who had three children, the youngest of whom was now 39 and was born with brain damage, and had multiple learning disabilities, and very significant issues, non-verbal communication, as well as physical conditions including epilepsy and incontinence. Despite her son's needs, he was happy, with a good intellect, humour and enjoyed a range of Council-run activities. Due to her husband's health condition, the family had bought a bungalow where her son had lived for several years. Up until that point her son had received direct payments from Adult Services, which were significant but

did not pay for everything. A team of 12 was involved in her son's care for which she was the employer and was therefore pleased to hear about the work planned around this. Sandra referred to the family's experience of the assessment for CHC over two years (2014-2016), which echoed those of Anne and although she understood the process had improved slightly, she was aware that too many people were waiting for too long.

Her family had dealt with a myriad of issues over the course of her son's upbringing and in today's different times her main fears were for the safety of those being cared for as their carers got older; this was the challenge for carers and the Council.

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

- The Chairman requested that the Panel be part of reviewing the new Carer Strategy and the Officers undertook to confirm the timescale.
- It was clarified that WAC had been responsible for carrying out carer assessments for the past four years.
- The Vice-Chairman highlighted the value of the carers' accounts, since most Panel members had no concept of a carer's life. She asked whether the carers would be happy for their accounts to be anonymised and circulated to the Panel, which the carers were happy to do.
- The Adult Services' officers were asked to comment on the carer accounts and the Assistant Director for Strategic Commissioning acknowledged there was still more to do. Regarding quality assurance a framework of standards for providers to sign up to was now in place, which was helpful, although not all providers had signed up and an individual may opt to use their direct payment with such a provider. The Council provided two types of Day Services, which were Resource Centres and Connect Services. Increasingly, young people coming through to Adult Services used a mix of in-house and external services and did not want to go to the same place every day.
- Adult Services officers advised they were working extremely hard with health partners on continuing healthcare and were aware that many families felt they were being 'flipped in and out' with assessments every six months. There were significant resources involved in trying to ensure

CHC did what it was set up to do and the Officers absolutely recognised the strain experienced by carers. The Adult Services Officers advised that although assessments for personal health budgets were complex, they should not be taking two years, therefore members may want to express their concerns to the Worcestershire Clinical Commissioning Groups.

- The WAC Chief Executive pointed out that CHC assessment delays affected people with life-long illnesses, with another issue being people at end of life care, who were still battling.
- Several Panel members highlighted the need for clarity about the reason for the CHC assessment delays, which seemed unacceptable.
- The Vice-Chairman asked whether figures (on CHC assessments) were available and the Director undertook to check.
- Panel members were surprised by the administrative strains involved for carers and asked how they found out information? The carers advised that all carers over 60 years old now had a dedicated social worker and they felt the carer assessments were vital.
- The WAC Chief Executive pointed out that the two carers present had not mentioned anything about caring for themselves, something which WAC was trying to prompt. Carer assessments were now referred to as 'conversations'.
- The Integrated Carers Hub Manager clarified that the 'Think Carer Programme' involved early engagement work as part of the Herefordshire and Worcestershire STP to help WAC pull out key messages around carers.
- It was explained that the Red Flag Initiative was Working with a small group of GP Practices in Malvern to increase the number of Carers registered as a Carer.
- A member queried the cost effectiveness of six monthly CHC assessments as opposed to annually in the case of a service user with a life-long condition which unlikely to improve. The Adult Services Officers said the six monthly reviews were health led. If an assessment was in dispute, care was now funded by the Council, or if it was self-funded picked up the service user themselves.
- The carers present clarified that there was a six monthly financial review, and an annual review of their child's support plan, which was carried out by social workers.

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- It was clarified that once a CHC assessment was approved, the NHS did not refund for the costs incurred, although sometimes there may be an interim integrated package.
- Expressing her frustration for the individuals involved, the Director felt the situation with CHC was fundamentally wrong, although the national system drove these budgets and a strategic discussion with the CCGs may be the way forward.
- A member sought views about siblings being brought up to be carers and the WAC Chief Executive said it was important to establish the carers' needs and for them to have a choice and not to feel pushed into being a carer, which may not always happen. The Adult Services officers said they had worked hard over the past four years to provide independence where possible, working with the carer community to develop the type of supported living facilities they would feel comfortable with. Progress was being made although there remained some carers who did not want to talk about this area.

Summing up, the Chairman acknowledged members' concerns around CHC and agreed to write to the CCG to express the Panel's concerns.

The following information was requested:

- e-learning link to carer work
- outline details of proposals which may affect Quality Assurance Team – for Panel Chairman
- confirmation of the timeframe for the new Carer Strategy (so that the Panel could review the Strategy)
- the carer accounts to be anonymised and circulated to the Panel
- statistics on CHC assessments for Worcestershire, if available.

The Chairman thanked everyone for attending, in particular the carers for sharing their experiences, which provided valuable feedback to the Panel.

(The Chairman left the meeting and the Vice-Chairman chaired the rest of the meeting)

Financial Information (Period 4 2019/20)

The Head of Finance explained that period 4 information had been made available to the Panel, which was due to

be considered by Cabinet. The Adult Services budget was forecasting an end of year overspend of £3.3m, which was 2.4% of the c£136m Adult Social care budget and the Agenda included a graph to indicate areas of under and overspend, as well as the reasons for the most significant variances. The main reasons for overspend related to Older people's Residential and Nursing Care activity and one off pressures from the opening of The Burrows (Supported Living Scheme) and redundancy costs.

It was explained that in relation to Older people Residential and Nursing Services budget was not due to greater numbers of people, but an increased unit cost due to inflation, minimum wage, recruitment and retention issues.

The Directorate had a savings programme of just under £9m, which was pleasing to note, was mostly on target. The Directorate was also looking at ways to mitigate the £2.4m recurrent cost pressures.

At this point in time, the Head of Finance did not anticipate any dramatic changes to figures for period 5, although it was clarified that not everything could be anticipated.

It was clarified that the 108% increase in Support Services was income from clients and working better to collect income owed.

It was clarified that the 43% underspend in the Integrated Commissioning Unit budget was due to successive rounds of staff reductions within the Unit.

A Panel member asked whether there were any other approaches to tackling cost pressures which could be tried and the Head of Finance said that the Directorate was quite good at predicting numbers but could be better at predicting market direction. A number of proposals were being developed, including a proposal to increase community reablement which would not change unit costs but would reduce numbers of people going into residential care.

The Director of Adult Services spoke about the outcomes of a review of cases to understand why people were placed into care, and it was known that in 2 out of 5 cases the individuals were coming from health settings. It was important to try and ensure that someone coming into the system as a relatively simple case should then

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be going home as a relatively simple case. More work was needed to try and reach self-funded people at an earlier stage to encourage them to plan for the future.

The Assistant Director spoke about problems with staff vacancies in nursing homes, and homes closing due to high agency costs. Worcestershire was an attractive place to build luxury care homes, but there were insufficient staff. Therefore, applications for care homes were regularly turned down and there were ongoing conversations with district colleagues. It was also an issue for Worcestershire when people moved from other areas to care homes, and then required funded placements when they ran out of funds.

Performance Information (Quarter 1, April to June 2019)

The Director of Adult Services advised that overall performance figures were similar to the Panel's previous monitoring session, with some now performing closer to the regional average.

The Director explained that performance had reduced slightly in respect of the completion of annual care package reviews because the frequency of review had increased from 15 to 12 months with the target maintained at 95%. However, a plan was in place to address this by reviews being picked up by each Area and Learning Disability team, rather than through a central reviewing team.

Regarding data against the percentage of people with no ongoing social care need following reablement after hospital discharge, it was explained that the Directorate's stretch target had been reached in March 2019 and had therefore been increased.

The Scrutiny Officers would give thought to looking at assessments for Continuing Healthcare, which had been put forward during the Panel's discussion on support for carers.

The meeting ended at 4.10 pm

Chairman