

## **Adult Care and Well Being Overview and Scrutiny Panel**

### **Thursday, 21 January 2016, County Hall, Worcester - 10.00 am**

#### **Minutes**

#### **Present:**

Mr T A L Wells (Chairman), Mrs J L M A Griffiths (Vice Chairman), Mr R C Adams, Mr C J Bloore, Mr P Grove and Mrs A T Hingley

#### **Also attended:**

Mrs S L Blagg, Cabinet Member for Adult Services and Health  
Jo Ringshall, Healthwatch Worcestershire

Richard Harling (Director of Adult Services and Health), Sue Alexander (Head of Finance and Business Support), Jodie Townsend (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 5 (circulated at the meeting)
- C. The Minutes of the meeting held on 17 November 2015 (previously circulated).

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

#### **207 Apologies and Welcome**

Apologies had been received from panel members Andy Fry and Clive Holt. Mary Rayner had recently been appointed to the Panel but was unable to make today's meeting.

The Chairman welcomed everyone to the meeting, and Jo Ringshall, from Healthwatch Worcestershire was invited to join the table.

#### **208 Declarations of Interest**

Cllr June Griffiths declared an interest as her daughter worked for an individual who may receive a personal budget.

#### **209 Public Participation**

None.

#### **210 Confirmation of the Minutes of**

The Minutes of the meeting held on 17 November 2015 were confirmed as a correct record and signed by the

## the Previous Meeting

### 211 Budget and Performance Monitoring: Adult Services and Health

Chairman.

In attendance for this item were the Council's Cabinet Member for Adult Social Care, and from the Directorate of Adult Services and Health (DASH) - the Director and the Head of Finance and Business Support. As part of the Council's consultation process for the 2016/17 budget proposals, the Panel would discuss:

- Latest performance information for 2015/16
- Draft 2016/17 budget

The Chair pointed out that this may be the Panel's last meeting with Director Richard Harling, who was leaving for a new role – his departure would be a loss.

In relation to scrutiny of the 2016/17 budget, the Panel Chair would report the main messages from this discussion to the Budget Member Challenge Group.

Further information was provided by a presentation.

#### **2015/16 Performance – Quarter 2 (July – September 2015)**

##### Outcome: Promote health and wellbeing

The Council had responsibility to promote health and wellbeing, with oversight from the Health and Wellbeing Board. Performance reporting through the public health outcomes framework showed a continued picture of overall good health with pockets of variation in areas of disadvantage.

A gap remained in the difference in life expectancy between the most and least deprived areas, although steady improvement was taking place. Numbers of pregnant mothers smoking, at 14% was still too high – the service was being re-commissioned from April 2015 which it was hoped would reduce this figure. Substance misuse recovery remained low although it had improved slightly under the new provider (Swanswell Trust).

Numbers of healthchecks undertaken was slightly below target. The Cabinet Member for Health and Wellbeing wanted to start to target areas where need was greatest.

##### Main discussion points

- Concern was expressed around continued low performance around recovery from substance

misuse and the impact this could have on families and other services – it did not seem to be working and how would this be affected by cuts to public health ring-fenced grants?

- The Director acknowledged the low figures, although it was not that Worcestershire had higher numbers of people in treatment, but that treatment had been less effective. However, the new provider had needed to undertake a lot of work at the start of the new contract (April 2015). Availability of data was improving, although further improvement was needed. Nationally, no service claimed to make people better and in the long-term, it may be that different national models were needed, to reflect the fact that misuse was a chronic disease rather than a short-term illness, and also to adapt to the needs of a changing cohort of people, following a spike in increased drug use in the eighties. The public health ring-fenced grant reduction would reduce funding for the service by around 10%.
- The Director acknowledged that a better model might make use of different approaches and policies of legalisation used abroad, however this was not his decision to take.
- A scrutiny task group was due to look at effectiveness of the prevention and recovery drug and alcohol misuse service, and the Panel had previously raised concerns about the outgoing provider's performance.
- The Cabinet Member for Adult Social Care referred to the pivotal role of the Police in reducing drug availability.
- In the main, the Council worked with clinical commissioning groups within the county; there were some problems with boundary areas such as Alvechurch, but on the whole these were relatively minor.

#### Outcome: Reducing the need for adult social care

This was an area where the Council tended to perform well and figures of people with adult social care packages/placements remained fairly constant, at the same time as the population of older people increased.

#### Main discussion points

- Panel members welcomed the good performance and were reassured that a green rating did not indicate a low benchmark, as performance was measured against the criteria for care. The Cabinet Member advised that performance also

reflected the fact that the integrated recovery service was working.

- There had been a slight increase in homecare since introduction of the national framework for determining eligibility for care, which was similar to the previous local framework, in that care needs had to be sufficient to warrant state intervention.
- A panel member pointed out that historically, families had cared for their elderly members, and that councils could do more to facilitate this, such as making it easier for families to extend their homes.

#### Outcome: maximise the quality and productivity of services

Some of the indicators relating to this area stemmed from national adult social care benchmarks, based on an annual survey of every local authority in the country. Effective quality assurance was critical and a new framework had been established. Performance was above comparators for service users who said they had control over their lives, and who said their social care made them feel safe and secure.

The Directorate's Future Lives projects included home care improvements, supported living and extra care, new technologies, a review of the care market and new models of care (phase 2).

The Council was actively trying to promote supported living schemes as an alternative to residential care to people with a learning disability. It also wanted to further reduce the number of older people funded in permanent care home placements, mainly through extra care facilities, which was why performance was currently showing as 'red'.

Delayed transfers of care ('social care and both' and 'social care only') were off target but improving.

#### Main discussion points

- Should the question asked of service users should be more targeted, to pick up views on quality of services, as well as the safety – were service users actually *happy* with services? The Director acknowledged that perhaps the Council should aspire for more, although managing expectations could be an issue.
- The Directorate had commissioned a review of the care market, and there were some aspects of fragility, which would be reviewed with a view to

improvement.

- Greater scrutiny of quality, including adult social care, was planned.
- In relation to the difficulty in collecting accurate qualitative data from older vulnerable people, it was explained that the survey used face to face interviews with people known to the service user, using a sample of homes. The Care Quality Commission website set out the expected standards of care, against which Worcestershire tended to perform fairly well – currently there were 11 out of 300 care homes/home care providers suspended or restricted.
- A panel member raised the importance of the relationship of good relations between social workers and service users.
- Were social care financial pressures impacting on delayed transfers of care for people leaving hospital? Should the Panel be pushing for greater social care funding? The Director explained the three pathways of care - which may mean return home, further rehabilitation or a care home while consideration was given to the long-term future. Most people would be able to return home, with only around 10% needing some intervention. Where people needed intervention, delays of a small number of days did occur, which all the responsible agencies involved worked together to resolve (Worcestershire's Acute Hospitals Trust, Health and Care Trust, the Council).
- The Director pointed out that the two stages in the transfer process to social care (speed of social worker assessment and availability of services) did not present issues. However in some cases there could be problems with particular care in certain areas, especially rural areas.
- Worcestershire's set up of acute hospitals was not unique and problems in the care system related more to complexity of patients' issues rather than patient numbers. The clinical commissioning groups played an integral part in joining up NHS care, rehabilitation and urgent care, and staff were working extremely hard on this.
- The Cabinet Member pointed out that sometimes delays occurred when family members wanted care from a particular care home.
- It was acknowledged that quarterly performance figures for the winter months would typically show a deterioration, because of increased pressures.

Outcome: allow greater choice and control for service users

Performance against targets for Personalisation was green a third of service users took direct payments and a third of these used a direct payment card.

Performance of the 'Your Life Your Choice' website was also pleasing, although there was more to be done and a relaunch was planned for April.

The Director pointed out that a lot of older people were IT literate, although work was underway to provide more access at public places such as GP surgeries, particularly for people living on their own.

Social media channels had not been used much yet, although there was some publicity through Twitter.

**Draft 2016/17 Budget**

Following the scrutiny panels' round of budget discussions during November 2015, the Budget Member Challenge Group requested that panels revisit and agree their comments on the Futurefit proposals, taking into account the information discussed by Cabinet at its meeting on 17 December 2015.

The Agenda included the report to Cabinet on 17 December. Presentation slides on the 2016/17 Budget and the Medium Term Financial Plan, prepared for the Budget Member Challenge Group, had also been circulated.

The Head of Finance and Business Support for DASH provided further an update on issues relating to adult care since the Panel's previous discussion, with a focus on the savings proposals relating to this area.

The Head of Finance and Business Support set out the context for the 2016/17 budget. The Government's 25 November 2015 Joint Autumn Statement and Spending Review had included an announcement that local authorities could consider raising council tax by an additional 2%, ring-fenced, to support adult social care. On 17 December Cabinet had approved the draft budget for consultation, however some grant funding had yet to be confirmed.

Shire counties and shire districts had fared the worst across local government and the Government had shown intent to accelerate reductions and redistribute grant funding away from shire areas to metropolitan areas and

London boroughs in 2016/17 and beyond.

Key grants, such as the Care Act had been 'rolled in' effectively at zero into the Council's main Revenue Support Grant. The 2016/17 current estimate was that the Government had reduced funding by around £11million, with little consultation or signposting.

Whilst being very challenging, plans were being developed to mitigate this risk almost entirely. Subject to further detailed due diligence, the aim was to minimise the risk of any further significant changes to front-line services in 2016/17. The planning gap remained at around £2million. The impact across the medium term was particularly complex and was still being considered by the Strategic Leadership Team and Cabinet.

The consultation process was set out, which would lead up to discussion at Cabinet on 4, and Council on 11 February. Groups being consulted included the Budget Member Challenge Group, enterprise, voluntary and community sector, schools, parish councils and scrutiny panels.

There were £9.1 million existing savings plans within DASH to address the financial planning gap for 2016/17.

Plans for additional £0.5million savings and efficiencies 2016/17 focused on proposals to:

- Review learning disabilities care packages including extension of supported living – the average care cost would mean substantial savings (£100k)
- Remove remaining base budget from older people's recovery service areas either by efficiency or alternative funding sources (£100k)
- Work with the Acute Hospitals Trust to reduce funding for discharge liaison nurses (£100k)
- Learning disabilities employment services (£200k)

#### Main discussion points

- A panel member sought the views of the Cabinet Member for Adult Social Care on what he felt to be irresponsible actions of the Government in relying on councils to supplement its funding. The Cabinet Member agreed this was a valid point, but felt it was important to view this within the context of the offer of a four year funding deal. Ultimately she had to respect the Government's right to govern. It was prudent to take this step to raise the additional 2% this year, without which residents would be more vulnerable – and in fact

the additional 2% would be very much negated by lack of funds in other areas, and reductions to the Revenue Support Grant.

- Strong representations had been fed back to the Government in response to the draft Local Government Settlement.
- The direction so far from other councils was to accept the Government's four year funding deal.
- The option to raise additional council tax may potentially be an ongoing addition, and it was agreed that any switch from national, to local income generation would be complex.
- It was reported that Bromsgrove District Council's budget consultation asked for the Government to remove the 2% increase restriction.
- Did the amount of proposed savings suggest that previous service provision had been inefficient? It was explained that significant work had taken place to improve productivity of social care and external services, including new technology which helped social work teams to work differently, which had been well received by staff. Services may have been right for their time, for example extra care facilities as an alternative to residential care were not previously an option. Going forward it was more about commissioning services differently.
- A panel member observed that the digital world brought opportunities and was having a huge impact on service delivery.
- Development of proposals included discussion with Cabinet and frontline manager, analysis of expenditure, benefits, risks and the required speed of delivery – sometimes there were pragmatic ways to reduce a budget.
- Reassurance was given that reducing funding for discharge nurses would not cause delays because reorganisation of referral 'pathways' meant that nurses would not need to operate in the same way.
- In response to a suggestion that savings and efficiencies actually meant savings and *reductions*, it was pointed out that the Council had a legislative duty to provide services in response to assessed needs. The Cabinet Member had absolute confidence in the Directorate and staff in their round-the-clock leadership and responsiveness.
- Major proposals affecting larger numbers of people required bigger consultation exercises with



user and care groups, whereas more minor plans may focus more on the individuals affected – all consultation must be meaningful to avoid legal challenge.

- If a 'magic pot of gold' was available, the Director and Cabinet Member would direct it towards implementation of stage 1 of the Care Act, and some additional revenue to ensure sustainability of the external care market
- Overall, panel members felt reassured that DASH leadership were in control of the continued financial pressures and demand for services, responding to them and moving with the times.

The Chair thanked the officers and Cabinet Member for their attendance.

The Panel agreed its main points on the 2016/17 budget, which the Chair would report to the Budget Member Challenge Group – including its concerns about cost pressures, the loss of the Care Act Grant and the potential impact on service quality. The Panel supported the role of extra care facilities and the Directors concern about the external care market – which may require additional finance in the short-term to support sustainability and delivery of future savings. The Panel was satisfied with the approach to consultation.

The Panel was assured that DASH had robust budget development processes given the evidence that it had demonstrated. The Panel was further assured that DASH had identified and considered the implications of its proposals and was in a position to adhere to its statutory and legislative obligations.

The Panel wanted to highlight that there appeared to be no consistency in the funding streams being provided by Central Government, which created difficulties for local authorities when setting budgets in relation to Adult Social Care, and limited long-term decision making.

Adult Social Care faced huge cost pressures and that the Draft Local Government Settlement was not a fair settlement for Worcestershire.

In closing the meeting, the Chair spoke about the Panel's responsibility in overseeing service provision for residents who were often the most vulnerable in society and least able to articulate their needs.

|

The meeting ended at 12.25 pm

Chairman .....