

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 16 March 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, Mrs A T Hingley and Mr C G Holt

Also attended:

Mrs S L Blagg
Sian Battle-Welch, Swanswell Charitable Trust
David Lewis, Swanswell Charitable Trust
Steve Brinksmanks, Swanswell Charitable Trust
Neil Denham, Swanswell Charitable Trust
Simon Patient, Heritage Manor
Rob Gready, Eclipse Homecare
Peter Pinfield, Worcestershire Healthwatch

Frances Howie (Interim Director of Public Health),
Rosie Winyard (Commissioning Manager), Richard Keble
(Head of Integrated Commissioning), 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 items 5 and 6 (circulated at the Meeting)
- C. The Minutes of the Meeting held on 21 January 2016 (previously circulated).

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

212 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Panel members Cllr Grove and Cllr Rayner, and from the Cabinet Member for Health and Well-being, Cllr Hart.

Due to unforeseen circumstances, the Chairman would need to leave the meeting at 11am, at which point the Vice-Chairman would chair the remainder of the meeting.

Cllr Adams would need to leave the meeting around 11am.

213 Declarations of Interest

Agenda item 6 (Review of the Care Market) - Cllr Griffiths declared an interest as her daughter worked for an individual who may receive a personal budget.

214 Public Participation

None.

215 Confirmation of the Minutes of the Previous Meeting

The Minutes of the meeting held on 21 January 2016 were agreed as a correct record and signed by the Chairman.

216 Drug Recovery Treatment - Performance Update

In attendance for this item were:

The Council's Adult Services and Health:

Frances Howie, Interim Director of Public Health
Rosie Winyard, Commissioning Manager for Substance Misuse.

Swanswell Charitable Trust (provider since April 2014):

Sian Battle-Welch, Worcestershire Service manager
Dr Steve Brinksman, Medical Director
David Lewis, Regional Director
Peer mentors who were also former service users

The Chairman welcomed representatives from Swanswell Charitable Trust (Swanswell), who had been invited to provide background about the service and an update on performance relating to successful completion of treatment for opiate users – which the panel had expressed concern about during its performance monitoring session on 21 January.

The new Interim Director of Public Health thanked the panel for its interest – in an area where the Council spent millions each year, and which had been a matter of concern for some years. The Director had a very positive feeling about the new provider; things were definitely being done differently, with energy and enthusiasm, although time would tell whether this transferred to improved results.

A presentation had been prepared, which it was hoped would give a real sense of the service, and which could also be used as a reference tool. Areas covered would include background to the new service, information about the Public Health indicator in question, Swanswell Service Design to improve outcomes for drug and alcohol treatment, effective treatment for opiate users and presentation from service users.

The Commissioning Manager gave context for the £4.3 million a year contract with Swanswell, which had

provision to be extended a further two years. It was clarified that opiates included heroin, as well as other drugs. During a competitive tendering process, Swanswell stood out as the best by far, with a new service design for Worcestershire, which offered performance monitoring and value for money, and a focus on achieving successful outcomes with links to primary care. It was a quality service, which was evidence-based, with recovery focussed treatment interventions and which utilised community assets.

Public Health Outcomes Framework Performance indicators

Effectiveness of drug treatment was measured in various ways, including the two Public Health Outcome Framework (PHOF) Targets (successful treatment of drug treatment – opiate users and non-opiate users) which had featured in the Panel's performance monitoring. A broad range of other information was also used, reflecting the breadth of the service itself – such as National Drug Treatment Monitoring System reports, information from the service provider, external providers, service users, the Joint Strategic Needs Assessment, community safety information and return on investment tools.

The Panel was shown a graph indicating performance against the indicator (set by Public Health England) for successful completion of opiate users in Worcestershire 2010 – 14, and the England average. Worcestershire's performance ranked at 136 out of 149 local authorities in 2014, and after peaking at 6.8% in 2012, had not done well since, although this was also the case nationally – the lowest completion rate was Stoke on Trent (3.6%) and the highest was Bracknell Forest with 14.9% in 2014. The England average for 2014 was 7% - very few areas were achieving this.

It was clarified that the performance indicator measured those who achieved abstinence of drug dependency, and did not come back into treatment for six months – this did not therefore include everyone within the treatment service. The Panel's January monitoring session was based on data for 2014 – the latest performance for 2015/2016 quarter three, under the Swanswell contract was 5.7% for 382 adults in treatment for opiates.

The reasons for use of the Public Health Outcomes Framework indicators, given the low success rate were explained to the Panel, and dated back to the Health and Care Act 2012. Public Health England had tried to come

up with a measure which picked up health improvement, the long-term impact on vulnerable adults, on families and also on the criminal justice system and financial investment. The annual cost of drug addiction to society was estimated to be £15.4 billion every year.

Swanswell's Medical Director explained the challenges for people achieving recovery from opiate use, which had also been a line of enquiry for central Government. Some groups were better at recovery than others, which tended to be those with lots of support, who had been well educated. Heroin users had poorer health outcomes than others and there was a considerable impact on the user's lifestyle, relationships and employment potential.

How could performance improve? Public Health England applied a recovery diagnostic tool to data measure complexity of service users in treatment for more than six years. The national average was 31.5%, however the figure for Worcestershire was 38.3%, due to the complex nature of its drug users. To reach the national average, Swanswell needed to enable an additional 63 people to achieve abstinence from opiates. It was important to bear in mind that a lot of people may not achieve abstinence, but nonetheless achieved recovery and were able to lead normal lives.

Swanswell Service Delivery Model

Swanswell's Worcestershire Service Manager set out the service delivery model, which included easily accessible services to meet the needs of individuals, specialist clinics at various locations, shared care delivered through a patient's own GP with support from a Swanswell Substance Misuse Worker, and integration with pharmacies.

The presentation set out the service model for both adults and young people, both of which centred around the service user. The transition from the children to adults' service was a particularly vulnerable point. Key partners included Health, Worcestershire County Council, West Mercia Police, HM Prison Service, National probation Service and third sector providers such as housing etc.

Swanswell had contracts in many areas across the country. It had provided services in Birmingham for 10 years until significant budget reductions in April 2015 had made this no longer possible.

From a GP perspective, a primary care setting for shared

care brought the advantages of being a more normal setting with less stigma, facilitated a more holistic treatment which also supported family and carers.

Much of Swanswell's work was preventative, such as going into schools.

What is effective treatment for opiate users?

Dr Steve Brinksman, Medical Director at Swanswell, and an experienced GP, explained that reducing harm, morbidity and crime was a significant part of treatment; people using heroin had increased risk of ill health and mortality. The longer a person remained an opiate user, the harder it was to treat, with other physical diseases also being likely, such as heart disease. This was part of the problem for Worcestershire's cohort of addicts.

Effective treatment needed to provide stability in order to facilitate change to prescribing and psychosocial interventions. Those in treatment committed less crime, and there were also benefits for their family and the wider community. The introduction of a Substance Misuse Swanswell worker into his own GP practice had revolutionized the care provided.

Recovery needed to be both visible and attainable – the role of peer mentors was crucial.

It was very important to change the concept that detoxification was the cure, as it was just a part of the process and needed to be carefully managed – the cure came from an addict's desire to change.

Service User Case Studies

The Panel heard from two previous service users, who had successfully completed treatment for heroin addiction, and were now peer mentors for Swanswell in Worcestershire.

The first (who asked to remain anonymous), explained that her heroin addiction had started when she was 18, and that she had been clean for 2 years (aged 37). Her many attempts to abstain had failed but Swanswell's model was completely different, including group work and support from peer mentors. Swanswell had also supported her to come off other substitute prescriptions. She had enjoyed clubbing and attributed her drug use to social peer pressure, however could not pinpoint any reason for her addiction, as she came from a loving and comfortable family home. At one point she had faced the possibility of her son being taken from her care, and

support from her mother had helped to change this situation. Swanswell's help meant that she was now 'living the dream' and really enjoyed her role as peer mentor. She still needed access to service; recovery was for life, as it was so easy to slip back into old ways.

The second previous service user welcomed the opportunity to speak to the Panel and pointed out that a year ago 'he would not have been allowed through the door at County Hall', because of the state he was in. He came from a loving family, and his drug use had started for fun, but had very quickly spiralled to addiction, and led to the loss of his relationship, home and family. The power of addiction meant he kept slipping back, although a prescription for methodone kept him safe. After several years he felt able to access help from his GP, at which point Swanswell had rallied and done everything to support him. The service changed lives, it was a joy to be recovered and peer mentoring gave him an opportunity to 'give something back'.

The role of peer mentor provided support by way of example, through group support.

Main discussion points

- Panel members wanted to understand what made the profile of drug users in Worcestershire so difficult to treat, compared to other apparently similar areas? What had been going wrong? It was explained that Worcestershire's complexity was because of numbers using drugs for a very long time, including heroin, which was particularly difficult to recover from. The performance indicator discussed at the Panel's January meeting was one of many indicators used, and crucially, only measured abstinence. It was true that patterns of drug use had increased 15 years ago in many areas, not just Worcestershire, but treatment services here had not necessarily been able to engage users, which now made it harder for them to recover. Swanswell's work focused on engagement, rather than just continuing substitute prescription drugs.
- Drug addiction was not necessarily linked to social deprivation and there could be many factors, including mental health – some people may turn to drugs as a way of 'wrapping up their problems in cotton wool' – however, access to mental health services was now improving and the services needed to be interlinked.
- The upward shift in treatment performance

(relating to the PHOF measure) was acknowledged to be small, but figures for many areas remained low, and Swanswell was starting from a poor base.

- Some areas discharged people earlier from treatment services.
- The Council's budget for its Substance Misuse Service, at £4.323million for 2015, was 2% less than the national average, and Swanswell had been understanding of a 10% reduction, due to unexpected government cuts to the Public Health Ring-fenced Grant.
- Panel members would be interested to understand more about how the payment by results model worked.
- It was acknowledged that work was needed to build bridges between partners involved. Third sector providers such as housing were co-ordinated by the Community Safety Partnership, but it was Swanswell's role to put the service user at the centre of working.
- A role of Joint Strategic Needs Assessments was to identify drug users not currently in the treatment system.
- Addiction was an illness, rather than a criminal justice issue, which needed treatment just like others, to break the cycle and to also avoid other more expensive scenarios such as imprisonment.
- Members were impressed and encouraged by what they had heard about Swanswell's treatment for drug abuse.

The Chairman thanked everyone for their contribution, in particular the peer mentors for sharing their difficult experiences, which had been very valuable to the Panel's discussion.

217 Review of the Care Market

(Cllr Griffiths, Vice-Chairman chaired the meeting from this point.)

In attendance for this item were:

Richard Keble, Strategic Commissioner, Worcestershire County Council and Cllr Sheila Blagg, Cabinet Member for Adult Social Care.

Simon Patient, Managing Director of Heritage Manor Care Homes and Rob Gready, Managing Director of Eclipse Homecare

The Strategic Commissioner for Adult Services and Health and Cabinet Member for Adult Social Care, had

been invited to provide an update on emerging findings from the review of Worcestershire's care market. Resilience and sustainability of the local care market was part of the Panel's 2015/16 work programme.

The review had been commissioned from the Institute of Public Care (IPC) – Oxford Brookes University in April 2015, prior to the 2016/17 settlement, and was therefore not completely rooted in the current financial or legal context. Work had been overseen by a Steering Group which included representatives from home care and care home sectors – two of whom were present.

The Cabinet Member was very pleased with the review and findings so far, which included valuable context, information and detail about the care market. The final report would be available by the end of the month.

The emerging findings pointed to a number of challenges:

- The Council had a duty of care to ensure a diverse and sustainable market
- Providing a 'fair' cost for good quality care, within the Council's resources
- Recruitment and retention of staff was a significant issue, with competition from other, more attractive jobs
- There was a risk of providers withdrawing their supply – although no current evidence of market failure
- Basic supply/demand economics meant that the same (or rising) demand and less supply = higher price over time
- Oxford Brookes had suggested that the current pricing and commissioning model was not sustainable over the longer-term – options for which were already being looked at.

A surprising finding was that less people moved into care over the previous year, possibly because of efforts to enable people to live independently – although of those already in care home settings, more moved from residential to nursing home settings, because of increased frailty.

It was clear that changes would need to be made and the review put forward a number of potential options:

Reviewing the 'pathway'

It was intended to look at how placements were made and make them more efficient in terms of adult social

care. The Directorate had already started working with clinical commissioning groups (CCG) to make Continuing Health Care placements more efficient and would be exploring joint purchasing with the CCGs. The Directorate was already working with the health economy to redesign care pathways to become more integrated, simple, outcome focused, with home-based care and support as 'the norm'.

Workforce Issues

Improving recruitment would be necessary, which needed to be more than a portal and would be in collaboration with providers. The Directorate would explore how the care sector could be developed as a more attractive and rewarding career, which would require wide engagement, including with schools and the University – and was part of a national workforce agenda.

Sustainable Price

Agreement of the principles for a sustainable price needed further discussion with the market. The public sector was now working on integrated plans and there was no longer a place for two financial markets for care (NHS and the local authority). The Council needed to find different ways of meeting needs and reducing demand, an area which could merit discussion with the Panel – for example through technology, maximising equipment, promoting independence, and self-sufficiency and tackling social isolation. The Council needed to review how its own practices could help business viability.

Block Contracting

Over the next 6-12 months the Directorate would explore the potential for block contracting with care homes and home care. Current arrangements to purchase care on an individual spot basis were challenging for providers in terms of planning for demand and staff.

Outcome-based Commissioning

Outcome-based commissioning was an option where payment focused on impact and outcomes, rather than activity and outputs, for example for someone's recovery. This was a more complex and ambitious approach to commissioning.

Feedback from Care Sector representatives

Comments were invited from Simon Patient and Rob Gready, representatives from the local care market, who had been involved in the review.

They felt the review had been excellent and the needs to

be addressed were pressing, including those relating to supply, need, pricing and workforce development.

Social care funded placements were a very dominant part of the sector and providers were losing money on every single package of care provided to the Council, (in the case of Eclipse Homecare, this equated to 225 out of 350 placements approximately). Yearly rate increases had been below inflation, whilst other costs increased – the pressures, such as the National Minimum Wage were already being evidenced. This situation was urgent and needed to change but it would be a challenge to put in place the necessary building blocks.

The care sector was wide and disparate and many care providers were underdeveloped in terms of training provision.

Main discussion points

- Concerns about the delay of the final report, which had been expected at the end of 2015, were acknowledged, however a number of areas had been added to the scope by the previous Director of Adult Services and Health.
- Panel members were concerned that providers were losing money through council placements.
- A Panel member referred to a successful pilot exercise in Wyre Forest, involving work with social workers and GPs.
- The Cabinet Member was keen to encourage more young people into the care sector.
- The Cabinet Member pointed out that the review would help shape care in the future; people's needs were changing and were more complex. The extra care sector would also be a part of the solution.
- Integrated working with the health sector would be important and challenging – for example to improve efficiency, and address geographical inequity of provision.
- A Panel member found it extraordinary that the Council would consider a return to in-house home care provision, since in-house services were being scaled back as part of the Council's commissioning model. However the Cabinet Member pointed out that the aim of the review had been to scope out available choices, something which any business would do.
- Care was about the individuals concerned and high quality carers were important.
- A Panel member referred to the 'incredible

**218 Developing an
Overview and
Scrutiny Work
Programme**

problems' caused by the National Minimum Wage and queried how the options presented could be overcome? The Strategic Commissioner offered to provide further detail of the potential options outside of the meeting.

- The provider representatives explained that options for contracting suggested in the review would give greater certainty to providers and that by working with fewer providers, the Council's support would be reduced in terms of support to managers, training etc.
- The consensus of the review pointed to working together with partners in the face of financial pressures – doing nothing was not an option.
- The care sector representatives agreed with the Cabinet Member that the independently commissioned review was a huge step forwards and an opportunity to work together. They wanted to continue to provide great care.

The Chairman thanked those present for their contribution. The Panel recognised the value of the review exercise, and further discussion and monitoring would be needed once the full report was available and work taken forward.

The Democratic Governance and Scrutiny Manager explained that the 2016/17 scrutiny work programme was being developed and that the Overview and Scrutiny Performance Board had agreed that this would include greater consultation with various groups, stakeholders and the public.

Adult Care and Well Being Overview and Scrutiny Panel members were invited to suggest topics, and the following were put forward:

- Rape and sexual abuse – co-ordination and gaps
- Learning Disability Services – revisit previous scrutiny
- Review of the Care Market – ongoing monitoring

Peter Pinfield, Chair of Healthwatch Worcestershire, was invited to contribute, and suggested the following areas, which may also overlap with health scrutiny:

- Sustainable Transformation Plans (Worcestershire working with Herefordshire to plan health and care services)
- Mental Health Care
- Clinical commissioning groups survey of residents'

- healthcare priorities
- Care Act – 12 months on

The meeting ended at 12.40 pm

Chairman