

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

### **Thursday, 20 October 2016, County Hall, Worcester - 11.00 am**

		<b>Minutes</b>
<b>Present:</b>		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, Mrs A T Hingley, Mr C G Holt and Mrs M A Rayner
<b>Also attended:</b>		Mrs S L Blagg Carole Cumino, Worcestershire Association of Carers Jo Ringshall, Healthwatch Worcestershire  Anne Clarke (Assistant Director of Adult Social Care) and Emma James (Overview and Scrutiny Officer)
<b>Available Papers</b>		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 13 July 2016 (previously circulated).  (Copies of documents A and B will be attached to the signed Minutes).
<b>231</b>	<b>Apologies and Welcome</b>	Apologies had been received from Panel member Cllr Fry.  Cllrs Bloore and Grove advised that they would unfortunately need to leave early, due to unforeseen commitments.
<b>232</b>	<b>Declarations of Interest</b>	Cllr Griffiths declared an interest as her daughter worked as a carer.
<b>233</b>	<b>Public Participation</b>	None.
<b>234</b>	<b>Confirmation of the Minutes of the Previous Meeting</b>	The minutes of the meeting held on 13 July 2016 were agreed as a correct record and signed by the Chairman.

## 235 Care Act 2014 - Update

In attendance for this agenda item were Anne Clarke, Assistant Director of Adult Services, and Cllr Sheila Blagg, Cabinet Member responsible for Adult Social Care.

Carole Cumino, Chief Executive of Worcestershire Association of Carers, and Jo Ringshall, Director from Healthwatch Worcestershire were also present, and were invited to join the discussion.

The agenda report outlined the purpose of the Care Act 2014, following the Panel's earlier overview in 2014. The Assistant Director of Adult Services gave a presentation to update the Panel on the implications of the Act, and the Council's progress to meet the new duties.

The second phase of the Act, due to come in from April 2016, had been deferred (reform of adult social care funding- changes to the financial threshold for local authority funded care and reforming the way in which people pay for care) and the Government was now considering this for 2020, although it was understood that there may be changes.

The Council's preparation for implementation had taken a systematic approach, with reporting through the Directorate leadership team and relationships with national and West Midlands' support networks, which had been very useful. All directorate staff had received training proportionate to their role, with social workers receiving three days training between January and March 2015.

For many staff, the new duties felt like starting afresh, which the Assistant Director likened to moving to a new country.

Work to embed the new duties from the first phase of the Care Act included further training and support for social workers and managers. This had been linked to other changes in Adult Social Care, designed to improve responsiveness and reduce bureaucracy, such as enabling qualified social workers to make more decisions on the spot, closer to the customer – feedback from staff had been very positive.

### Key Duties

The key duties of the Care Act 2014 were around Prevention and Wellbeing and Information and Advice. The Council had approached the Act by looking at what the local authority 'must, should and may do'.

Promotion of wellbeing was the new 'golden thread' which the Council needed to demonstrate in all of its work with individuals. The new duty to prevent, delay or reduce an individual's needs for care and to support the needs of carers gave parity of esteem for carers – a significant change.

The Panel had previously looked at the new website 'Your Life, Your Choice', which provided information and advice.

A triage system had been introduced to avoid people being passed around when they contacted adult social care.

A two year contract to provide a Carers Hub had been awarded to Worcestershire Association of Carers, and the Association's Chief Executive (Carole Cumino), present, explained that the Hub aimed to advise people at the earliest opportunity, give helping strategies, practical support and provide a conduit to professional guidance. A big part of its work was persuading others of their role in identifying carers and starting conversations about caring – issues remained but there was regular review between the Carer Hub and the Council. The Hub had been welcomed by families and around 90% of carers did not need to be referred back to the Council.

The Chief Executive represented carers on the Worcestershire Safeguarding Board, although in the future carers themselves would fulfil this role.

#### Market Shaping

The Panel was shown a summary of overall published ratings from the Care Quality Commission (CQC) of social care organisations inspected under the CQC new approach. The quality of adult social care was subject to a lot of press coverage and it was important to highlight the good quality care in Worcestershire – 86% of organisations were rated as good, with only 12% requiring improvement. Around 50% of organisations had been inspected and the Assistant Director and Cabinet Member praised the Council's commissioning team, which was very effective and had strong links with quality assurance.

#### Needs Assessment and Carers' Assessment

These assessments would determine whether someone was eligible for Council funded support, using the new national eligibility framework. Forms had been streamlined and a joint assessment was available with

the carer – which helped to understand the situation as a whole and could facilitate sometimes difficult conversations between the carer and the person being cared for. Separate assessments were also available.

The Act emphasized that the assessment itself was a form of intervention which should be beneficial to the individual, regardless of whether they were eligible or desired council social care – as part of signposting people to advice and support.

#### Activity

The total number of people assessed in 2015/16 was 4,348, compared to 5,557 in 2014/15.

The number of people receiving short term/preventative service through the Urgent Promoting Independence Service in 2015/16 was 1,209, compared to 957 in 2014/15 – this was a very responsive service, funded by the Better Care Fund.

The number of carers who were given information and advice or signposted to universal services in 2015/16 was 2,311, up from 1,751 in 2014/15.

The number of carers assessed in 2015/16 was 6,025, up from 5,384 in 2014/15. The Act intended carer assessments to increase, one which the Directorate viewed as its duty, rather than a burden.

Under the Care Act, all funded support must be through the allocation of a Personal Budget, but a good care and support plan would not be reliant on council funded support, and would also draw on other types of service and support, back up plans etc.

The Better Care Fund was a government vehicle to promote closer working between the local authority and the NHS, and acted like a joint account, with planning managed by an integrated officers commissioning group, which reported to the Health and Wellbeing Board.

#### Financial Duties

There was a new national charging framework and a new national deferred payment agreement. Changes to the threshold and cap on care were part of the deferred phase two of the Act.

The headline changes from April 2015 were:

- Charging from the start of the service for both residential and non-residential care

- Must assess as a single person only - the Council was no longer able to offer couple assessments
- Prisoners – councils are now responsible for their care and support needs, so a financial assessment is also mandatory.

For care provided in someone's home, the value of the property was not included in the assessment, but was included for residential care.

There had been no significant change in the number of deferred payment agreements.

### Safeguarding

The Panel was reminded that adult safeguarding meant protecting a person's right to live in safety, free from abuse and neglect. The Care Act required the local authority to make enquiries or ensure others did so, if it believed an adult was or was at risk of abuse or neglect. Safeguarding Adults Boards were mandatory and Councils must arrange independent advocacy and co-operate with partners on safeguarding issues.

To highlight the view that real care was everyone's responsibility, the Panel's attention was drawn to the recent nationally reported case of Mrs Mann, an 86 year old lady who had become stuck in her bath at home, and who had only been rescued after a waitress raised the alarm when she had not appeared at the café for several days.

Panel members thanked the Assistant Director for her useful and impressive update, and were pleased to see council officers and voluntary sector representatives sitting side by side. The following main points were raised:

- The implications of assessing and providing care to prisoners was explained, firstly in finding social workers who were willing to work in Worcestershire's prison environment. Arranging care took longer and was provided by an external provider as well as internally. Most prisoners would not have an income and this needed to be managed; provision was not straightforward.
- Recovery of money owed to the Council under deferred payment agreements could be complicated in situations where an independent child lived at the same address, for example if they had learning disabilities or were close to retirement and the Council would look closely at

each situation.

- The Carer Hub gave advice on, and tried to promote early consideration of bills and wills.
- Assessment was usually prompted by something happening, or it may be that people were looking for information.
- Some people were more comfortable approaching the voluntary sector for information and advice, such as the Carers Hub
- The Cabinet Member clarified that the Council did not provide rehabilitation of clinical needs, but did so for wellbeing; this distinction was important. It was also in the Council's interests to keep people independent.
- The Assistant Director advised that access for first time contact was county-wide, and backed up by smaller teams, GPs and Worcestershire Health and Care Trust. However supply of care varied, most notably for domiciliary care in south Worcestershire – not just pay rates but also continuity of work and transport issues across a rural area.
- Everyone acknowledged the real need to tap into, and educate individuals in society who were in a position to keep an eye out for people in need, for example volunteers; some areas were now using postal workers.
- The Assistant Director would be addressing the parish council conference with this issue, and asking 'is your parish a good place to grow old?'
- Part of the carer association's contract was to build community assets, including volunteer interest.
- Opportunities for companionship were important and could take many forms, for example breakfast at a local pub.
- Healthwatch Worcestershire was aware of questions about 'Your Life, Your Choice' website and how widely it reached – the Council was working to increase the number of digitally able people, something which was supported by the Carer Hub
- Numbers of digitally aware people continued to grow and it was important to move with the times, for example to reflect increased access via mobile phones and digital apps.
- A Panel member who was concerned about the expectation placed on carers in terms of knowledge and training, was advised that the Council worked to support paid carers, while

other carers could turn to organisations such as the carers association – getting carers to identify themselves and come forward was key.

- It was not known when the remaining half of social care organisations in Worcestershire would be inspected under the CQC's new approach, but whilst only 1% of those inspected were rated as outstanding, officers understood that this was an extremely difficult rating to achieve and there were national issues around leadership and staff turnover – however assurance was given that any inconsistency in management would trigger review by the Council's own monitoring team, and they would not wait for the CQC to go in.
- The Council was also working to shape the care market, including outcome based commissioning - which it was agreed would be useful for a future Panel meeting discussion.
- A Panel member questioned the appropriateness of the photo which showed Mrs Mann being hugged by the waitress – from a safeguarding angle, would people feel differently if it depicted a male figure? The Cabinet Member pointed out the importance of people feeling able to contribute.
- Perceptions of old age were discussed – it could be lonely and there was more work to be done, but it could also be a new phase in life, and should not be perceived as a burden.
- Panel members were very pleased with the emphasis on carers and stressed the importance of raising self-esteem and morale.

The Panel Chair thanked everyone present for their contribution.

The meeting ended at 12.30 pm

Chairman .....