

Adult Care and Well Being Overview and Scrutiny Panel

Monday, 21 November 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, Mrs A T Hingley and Mr C G Holt
Also attended:		Mrs S L Blagg, Cabinet Member with responsibility for Adult Social Care, Mr A P Miller, Mrs E B Tucker Kathy McAteer, Worcestershire Safeguarding Adults Board Peter Pinfield, Worcestershire Healthwatch Sander Kristel (Director of Adult Social Services), Richard Keble (Head of Integrated Commissioning), Sandy Bannister (Corporate Equality and Diversity Manager), Bridget Brickley (Worcestershire Safeguarding Adults Board Manager) and Jo Weston (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 20 October 2016 (previously circulated). (Copies of documents A and B will be attached to the signed Minutes).
236	Apologies and Welcome	Apologies had been received from Cllrs Bloore, Grove and Rayner.
237	Declarations of Interest	Cllr Griffiths declared an interest as her daughter was employed in the care profession.
238	Public Participation	None.
239	Confirmation of	The Minutes of the Meeting held on 20 October 2016 were agreed as a correct record and signed by the

**the Minutes of
the Previous
Meeting**

**240 Futurefit -
Proposals for
Change and
Reform to
Support the
Medium Term
Financial Plan:
Adult Social
Care**

Chairman.

Attending for this Item were:

Councillor Sheila Blagg, Cabinet Member with
Responsibility for Adult Social Care
Sander Kristel, Director of Adult Services
Richard Keble, Strategic Commissioner – Adult Services

By way of introduction, the Cabinet Member highlighted that over the last four years there had been a number of changes in adult social care, not only with the introduction of the Care Act, but also a national shift towards independent living in older age and for those with specific needs. Funding continued to be challenging and the future was uncertain given the need to further integrate health and social care.

The Director provided a presentation, which outlined:

- The Gross Budget for 2016/17 is £201m, with £130m allocated for services for Older People and Adults with Learning Disabilities
- Good quality services are being provided to around 6,600 service users, a fact recognised by the Care Quality Commission
- Of these, 1,209 people had been supported to remain in their own home after leaving hospital and of those service users with Learning Disabilities, 77% were living independently
- The budget was under continuing pressure due a number of reasons, including demographics, the number of adults with more complex health and social care needs, inflation and costs associated with the National Living Wage and issues with recruitment
- The Corporate Strategy Planning process had highlighted a number of strands which could provide savings and provide better outcomes for service users, these included:
 - further work was required with providers on ways of contracting
 - continue to work on independent living models
 - increase the use of technology and effective use of equipment
 - work more closely with health partners and consider joint commissioning, being mindful of the recently submitted Sustainability and Transformation Plan

(STP)

- work more with carers, families and service users to better plan care and enable increasing independence
- build stronger relations with the voluntary and community sector
- invest in staff and strengthen values.

In the ensuing discussion, the following main points were raised:

- The Panel Chairman reminded Members that the budget was the largest of the Council's Directorates, yet its income was complicated and expenditure uncertain due to changes in funding sources and population need. In addition, Department of Health funding was not announced until later in the year, which clashed with the Council's medium term financial planning process
- The Care Act had introduced duties which although had attracted initial funding, needed to be sustained. Reference was made to the 2016 increase in Council Tax to boost adult social care budgets and whether the concept could be repeated
- Everyone agreed that Health funding was complex and it was noted that some services which were previously provided by health partners were now the responsibility of the Council to deliver
- Directorate Reserves had depleted and although around £5.29m remained, it was designed to be utilised in emergency situations. Members felt that the Directorate was unique as the demand for services could not be predicted and Reserves should not be relied upon to deliver core services. Despite monthly budget monitoring, packages of care for some individuals was very costly
- It was reported that Social Worker recruitment was difficult nationally, however, it was positive that a number of new positions had been filled
- Officers worked closely with the Care Quality Commission and each organisation provided good Quality Assurance. In relation to Care Homes, it was reported that monitoring provided all residents assurance, not just the individuals who were funded by the Council, but also those who were self-funders
- In relation to commissioning, Officers work with over 300 providers to ensure that quality remains high yet achieve a good rate for services for older people. By working in partnership, a competitive

marketplace can be shaped and developed

- Some Members were concerned that providers, in particular those providing homecare, had reported no increase in the rate received. However, it was pointed out that providers are businesses and were all achieving a profit to a greater or lesser extent. Each year a conversation is had with providers and there is no immediate crisis in the marketplace. In addition, an uplift had been provided when the National Minimum Wage was raised in April 2016
- In relation to Care Homes, the marketplace is very different, with homes being built which are bigger and more often by national organisations. It was reported that weekly rates could be very high, however, homes were able to set rates for the Council, depending on supply and demand. Self-Funders were reported to pay up to £950 per week in a newly built home
- The capacity of a Home at a given time was complicated, as factors such as staffing ratios and weekend rates of pay had to be considered by the Home before accepting an individual. It was suggested that although a bed may be physically available, the Home may decline due to Staffing ratios
- Although in the last 18 months, 100 beds had been lost (half residential and half nursing), a number of new Homes had been built, overall providing a significant increase in the number of beds available
- There was also more opportunities for Extra Care and Supported Living, whereby individuals were supported in the community rather than an institution and housing providers were key partners in this. The three Worcestershire Clinical Commissioning Groups and the Local Authority were working together on the Transforming Care Programme to ensure that individuals with Learning Disabilities were supported locally, however, there was a need to rebalance the funding available
- In addition, the effective use of technology provided increased opportunities for living either independently or supported
- Further work was required across all health and social care partners to build on the partnerships already in place.

The Chairman of Healthwatch was invited to contribute and commented that he had heard an honest discussion,

241 **Safeguarding Adults**

which highlighted the complex area of adult social care and the difficulties that integrating health and social care provided. It was further reported that the Herefordshire and Worcestershire Sustainability and Transformation Plan (STP) was due to be published on 22 November 2016, which would provide a blueprint for further integration across health economy partners.

The Equality and Diversity Manager reported that engagement with service users was effective, especially as service users were probably the most vulnerable.

The Cabinet Member and Director concluded that it was recognised that there were challenges ahead, battling the Council's statutory responsibility with the requirement to find savings and communication and engagement with services users, providers and the wider community was key. In addition, increased partnership working with all health and social care partners was essential.

Following the discussion, the Panel agreed to invite a Representative from the Care Quality Commission to a future meeting, to provide an update on their work locally.

In attendance from the Worcestershire Safeguarding Adults Board (WSAB) were:
Kathy McAteer, WSAB Independent Chair
Bridget Brickley, WSAB Manager

A presentation summarised the activity of the Board in the previous twelve months. Key points included:

- The 2015/2016 Annual Report was the first statutory report following the introduction of the Care Act
- Board Membership had been refined to ensure an effective Board and included a wide range of agencies across the County
- Seven objectives had been identified in the 2015/16 Strategic Plan and progress was reported as positive overall, including strategies for communication and engagement with both key partners and communities being developed
- The Board had assurance that all Member agencies were Care Act compliant, that Staff training was updated and beginning to be embedded and if external provider contracts were issued, that safeguarding requirements were also embedded
- Five Case Reviews were completed and lessons had been learned. Mental Capacity was a common theme and as a result, this area would

become a priority for 2016/17

- 2,653 Concerns had been received, however it was important to note that the figure could not be compared to the 3,662 Alerts received the previous year to a change in definition and how these are managed under the new Care Act
- In the majority of cases, Concerns were raised by Care Staff, either in a Care Home or Domiciliary Care, or those employed in the Health profession
- The types of abuse reported was a similar pattern to the previous year, with Physical Abuse and Neglect being the highest
- There had been a slight reduction in abuse in the persons own home and in care homes, though most abuse continues to be reported as occurring within the persons own home
- It was suggested that under-reporting continued in Black, Minority and Ethnic communities and it was often challenging to engage with adults with care and support needs who have had experience of safeguarding processes
- Priorities for 2016/17 included improving communication with the public and partners, build on cross-cutting work already taking place and to check Mental Capacity Act and Deprivation of Liberty Safeguards were properly understood and being fully used
- There was a risk that Board objectives may not be fully achieved if Member organisations do not have capacity to support the work of the Board.

The Chairman thanked the WSAB Chair and in the following Member discussion, key points included:

- Although the 2015/16 Annual Report was the first statutory report, the Panel had received previous reports and it was clear that the Chair was building on existing work undertaken
- There was a lot of cross cutting work, across all Agencies, including for example, modern slavery and child sexual exploitation. Transition between children's safeguarding and adult safeguarding was also important and a joint workshop had been held
- Data was now able to be shared securely across organisations and regular information from all agencies was submitted for assurance and monitoring
- Further work with faith groups was being planned to highlight the work of the Board and ways of reporting abuse

- When asked whether it was positive that the numbers of concerns reported is increasing, the Board Chair stated it is always difficult to tell, however, there is some assurance that the data is in line with other Boards in similar areas nationally and pointed out that both under-reporting and over-reporting can present risks
- There would be an effort to increase public awareness generally and Trading Standards Officers were already working with the Board because of the links between financial abuse and doorstep scamming
- In response to a question about workloads, the Chair reported that Sub Groups phased their work throughout the year to ensure that they were not overloaded, equally, it provided some flexibility across the spectrum to target key priorities. There was also quarterly meetings of Sub Group Chairs to ensure there was work balance
- Strategic planning would take place in January to programme the work for the following year
- In relation to financial contributions, it was noted that the County Council had funded 41.94% of the Board's funding and the same contribution was secured for 2016/17
- One Panel Member suggested that care workers, like educational professionals, were increasingly aware of what could be deemed as physical abuse and were concerned
- The Chairman of Healthwatch Worcestershire commented that the Annual Report showed a depth of knowledge and understanding. He also directed Panel Members to the recent Care Quality Commission national report on the state of Adult Social Care, available [here](#)

The Panel Chairman thanked everyone for their contribution and looked forward to receiving a progress report from the Worcestershire Safeguarding Adults Board Chair in due course.

The meeting ended at 12.30 pm

Chairman