

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

### **Tuesday, 11 November 2014, County Hall - 2.00 pm**

#### **Present:**

#### **Minutes**

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

#### **Also attended:**

Mrs S L Blagg (Cabinet Member for Adult Social Care), Mr PJ Bridle, Ms M A Rayner and Mrs E B Tucker

Richard Harling (Director of Adult Services and Health), Vickie Lee (Senior Human Resources Adviser), Suzanne O'Leary (Overview and Scrutiny Manager) and Jo Weston (Overview and Scrutiny Officer)

#### **Available Papers**

- A. Agenda papers (previously circulated);
- B. Presentation handouts
- C. Minutes of the previous meeting (previously circulated)

A copy of documents A and B will be attached to the signed minutes

#### **168 Apologies and Welcome**

Apologies had been received from Mr J W Parish.

#### **169 Declarations of Interest**

Cllr Griffiths declared an interest in Item 5 as a family member worked with an individual who may be eligible for a Personal Budget.  
Cllr Fry declared an interest as an employee of a care home in Worcestershire.

#### **170 Public Participation**

None.

#### **171 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the Meeting held on 1 July 2014 were confirmed as a correct record and signed by the Chairman.

#### **172 Corporate Strategy Planning: Adult Services and**

The Director and Cabinet Member responsible for Adult Social Care had been invited to attend and discuss proposals emerging from Corporate Strategy Planning (CSP) sessions in September 2014.

## Health

The Director gave a presentation and began by reminding Members that the intended outcomes of the Future Lives programme were to:

- Promote health and independence
- Reduce the need for adult social care
- Allow greater choice and control for service users
- Maximise the quality and productivity of services
- Achieve the required savings
- Make sure that the County Council comply with their legal duties, especially those new duties under the Care Act.

The outcomes would be achieved through various programmes, some of which Members were familiar with, such as 'Keeping Well', 'Integrated Recovery Services' and 'New Models of Care'.

Underpinning the programmes were key enablers, such as digital access and inclusion, safeguarding and quality assurance, engagement and communication.

Ultimately, adult social care would work in a different way, with more emphasis placed on information, advice and guidance, self-service for early help and assessment, and improved management of individual cases.

The Directorate's controllable budget was £135m for front line services as £6m was taken centrally. Future Lives was expected to produce a saving of £32m by 2017 and was on target to achieve savings of £13m this financial year. Following CSP discussions, additional savings of £5.6m had to be achieved by 2018 and there was to be a reduction of £1m in funding for demographic pressures in 2015/16. Across the whole County Council, a further £5m needed to be found for 2015/16 and nearly £40m for the period 2016 to 2019.

The Care Act was a fundamental reform of adult social care effective from 1 April 2015. The regulations had been published later than expected, on 23 October 2014. Additional cost pressures were expected but were difficult to predict, although the Director suggested they could be in the region of £13m over the next two years. Funding of £5m had been allocated by the Government for 2015/16 but it was anticipated a further £8m would need to be found in 2016/17. There would be a briefing to all members on the Care Act in January.

Directorate specific proposals were circulated as part of the agenda and included:

- County Enterprises – a proposed saving of £0.1m in

2017/18. Early discussions were taking place with the Business, Economy and Community Directorate which was taking on this area

- Maintaining a Sustainable Market – a proposed saving of around £1.5m. An ongoing workstream which engages with service users and providers to provide greater choice and control
- Integration of Adult Social Care and the NHS – many integration projects were underway, including assessment, care plans and public engagement, with the Health and Well Being Board agreeing expenditure of the Better Care Fund
- Use of the Public Health ring-fenced grant – a proposed saving of £2.5m in 2015/16, by reviewing priorities and, where appropriate, using some of the Public Health grant to pay for some prevention and early help services
- Further review of back office functions – plans were under development with a view to save £0.4m in 2017/18
- Review of capacity required for new models of care – plans were under development with a view to save £0.5m in 2016/17
- Commissioning of in-house Adult Social Care Services – following the July 2014 Cabinet decision, re-commissioning is in progress
- Drug and Alcohol Services – currently out to tender with a proposed saving of £0.3m in 2015/16.

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

- The Panel appreciated, although had reservations, that developing the website for increased self-service was key to many aspects of proposed future savings
- It was suggested that volunteering was saving the health economy millions each year, for example through family carers, however, the Director was keen to stress that there was a legal duty to provide care based on need
- The complexities of integration and the need for teams to come together in order to achieve common goals was understood, although it highlighted the need for professionals to work across boundaries to ensure assessment and case management was appropriate in all cases.
- Members asked about discharge from hospital and how care after discharge was funded. Integrated Recovery Service provided up to six weeks of rehabilitation and funding was currently split across Social Care and Health, however, from 2015, it would be sourced from the Better Care Fund
- Some Members raised concerns with the County

Enterprises proposal, questioning why alternative providers were being explored, when an income stream for the Council could be generated. In addition, one Member asked if the Living Wage was being paid to County Enterprises staff, with the Director clarifying that employees were remunerated as other County Council staff

- The Panel was reassured that quality was regularly monitored and individuals were removed from settings if concerns were raised. However, it was noted that the number of self-funders was growing and the same mechanisms were not in place
- In relation to maintaining a sustainable market, adult social care providers in Worcestershire were a mix of large and small companies. Members asked about provider resilience and it was explained that providers did not solely rely on business from the county council and there was capacity in the market
- It was noted that the Council was making efficiencies in its contracts with care providers and members asked if the Council was paying providers enough and what the impact of low costs were on quality. The Director stressed that the relationship between quality and cost was not absolute; a key influence was quality of management. Members asked how the Council knew what a fair price was, in response it was noted that the Council benchmarked with other local authorities
- Some Members raised concerns around Homecare providers, specifically the differences in the way employees were remunerated. It was suggested that hourly rates varied and contracts differed, some including travelling time and some not. The Director confirmed that contracts were awarded with the expectation that the minimum wage was paid and this was monitored
- One member highlighted the benefits of Supported Living and that this was a way forward for many providers
- In relation to drugs and alcohol, it was noted that the service was being re-commissioned for substance misuse only and was no longer a ring-fenced fund. Members asked what services were available in relation to other social issues, such as gambling. In response, it was explained that as a Local Authority, there was no funding available, however, if Members wished to pursue, they could input into early discussions on Health and Well Being Board priorities for 2016 – 2019
- As the Council was working towards becoming an excellent commissioning authority, some Members raised concern over the potential lack of expert knowledge left in the Authority to provide the rigour

needed, especially as there would be no in-house provision with market expertise. In response, the Director agreed that the Authority would need to be an intelligent commissioner across all services and would retain core skills and knowledge

- When asked about the future financial position, the Director and Cabinet Member were comfortable that proposed savings for 2015/16 were achievable, however, beyond that they had concerns, especially with the Care Act coming into effect from April 2015. In addition, the new County Council responsibility for prisoners would add pressure beyond the first year. National benchmarking on finances had suggested that against other Local Authorities, Worcestershire was in the middle of the range.
- Members asked about the risks of reducing the change management capacity for the new model of care and whether this was too soon. The Director felt it was time to move forward with implementation, rather than change, but could look to bolster this capacity if necessary
- Clarification was requested in relation to some figures in the CSP papers - Project 19 (Further review of Back Office Functions) on page 99 of Cabinet Papers: £400k and £900k are mentioned but in the savings table on page 101 there is no mention of the £900k. Project 21 (Commissioning of in house ASC Provider Services) page 109: further clarification on figures needed. An update would be provided to the Panel

The Chairman thanked the Cabinet Member and Director for their attendance; he was keen for the Panel to carry out further scrutiny in these areas. .

**173      Sickiness Rates:  
Adult Services  
and Health  
Directorate**

At its meeting on 1 July 2014, Members considered performance for the Directorate of Adult Services and Health (DASH) for the year 2013/14. For the year ending 31 March 2014, although the direction of travel was improving, the sickness rate for DASH was higher than other Directorates of the County Council and Members had asked for further information.

The Senior Human Resources Adviser talked through the information provided as part of the agenda and highlighted the following key points:

- Although sickness rates had been higher in DASH, absence had steadily fallen year on year and had been reduced by 39% since 2009/10
- Small numbers of long term sickness absence account for high average rates in some teams

- Reasons for absence across Adult Social Care are fairly typical of the rest of the Council.

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

- The Council had a sickness absence policy, which was applicable to all employees and there was an expectation that managers would apply the policy in all circumstances. The "Seven" Policy was a set of procedures for managing short term and long term sickness absence. Examples were given, including return to work interviews, interventions such as coaching and a host of training opportunities which may help long term
- Stress and Mental Health reasons accounted for approximately 20% of absence across the whole organisation, regardless of service area
- Members were content with the direction of travel, requested further data when available and were pleased to hear that procedures were in place for all employees.

The meeting ended at 4.30 pm

Chairman .....