

Agenda

Adult Care and Well Being Overview and Scrutiny Panel

Tuesday, 11 November 2014, 2.00 pm
County Hall, Worcester

All County Councillors are invited to attend and participate

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(Kurdish) کوردی سۆزانی. ننگۆر ناتۆانی تێبگهی له ناوچۆرکی نهم بۆلگهی و دصتت به ههچ کس ناکات که وهیگۆر تێبۆه بۆت، تکلیه تملظۆن بکه بۆ ژمارهی 01905 765765 و داوای رێنۆینی بکه (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਸਮਝਣ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤੁਹਾਡੇ ਲਈ ਅਨੁਵਾਦ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

DISCLOSING INTERESTS

There are now 2 types of interests:
'Disclosable pecuniary interests' and **'other disclosable interests'**

WHAT IS A 'DISCLOSABLE PECUNIARY INTEREST' (DPI)?

- Any **employment**, office, trade or vocation carried on for profit or gain
- **Sponsorship** by a 3rd party of your member or election expenses
- Any **contract** for goods, services or works between the Council and you, a firm where you are a partner/director, or company in which you hold shares
- Interests in **land** in Worcestershire (including licence to occupy for a month or longer)
- **Shares** etc (with either a total nominal value above £25,000 or 1% of the total issued share capital) in companies with a place of business or land in Worcestershire.

NB Your DPIs include the interests of your spouse/partner as well as you

WHAT MUST I DO WITH A DPI?

- **Register** it within 28 days and
- **Declare** it where you have a DPI in a matter at a particular meeting
 - you must **not participate** and you **must withdraw**.

NB It is a criminal offence to participate in matters in which you have a DPI

WHAT ABOUT 'OTHER DISCLOSABLE INTERESTS'?

- No need to register them but
- You must **declare** them at a particular meeting where:
You/your family/person or body with whom you are associated have a **pecuniary interest** in or **close connection** with the matter under discussion.

WHAT ABOUT MEMBERSHIP OF ANOTHER AUTHORITY OR PUBLIC BODY?

You will not normally even need to declare this as an interest. The only exception is where the conflict of interest is so significant it is seen as likely to prejudice your judgement of the public interest.

DO I HAVE TO WITHDRAW IF I HAVE A DISCLOSABLE INTEREST WHICH ISN'T A DPI?

Not normally. You must withdraw only if it:

- affects your **pecuniary interests OR** relates to a **planning or regulatory** matter
- **AND** it is seen as likely to **prejudice your judgement** of the public interest.

DON'T FORGET

- If you have a disclosable interest at a meeting you must **disclose both its existence and nature** – 'as noted/recorded' is insufficient
- **Declarations must relate to specific business** on the agenda
 - General scattergun declarations are not needed and achieve little
- Breaches of most of the **DPI provisions** are now **criminal offences** which may be referred to the police which can on conviction by a court lead to fines up to £5,000 and disqualification up to 5 years
- Formal **dispensation** in respect of interests can be sought in appropriate cases.

Adult Care and Well Being Overview and Scrutiny Panel Tuesday, 11 November 2014, 2.00 pm, County Hall

Membership

Councillors:

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, Mr C G Holt and Mr J W Parish

Agenda

Item No	Subject	Page No
1	Apologies and Welcome	
2	Declarations of Interest	
3	Public Participation Members of the public wishing to take part should notify the Director of Resources in writing or by email indicating the nature and content of their proposed participation no later than 9.00am on the working day before the meeting (in this case 10 November 2014). Enquiries can be made through the telephone number/email address below.	
4	Confirmation of the Minutes of the Previous Meeting Previously circulated	
5	Corporate Strategy Planning: Adult Services and Health	1 - 4
6	Sickness Rates: Adult Services and Health Directorate	5 - 12

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6399 email: scrutiny@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website at
<http://www.worcestershire.gov.uk/cms/democratic-services/minutes-and-agenda.aspx>

Date of Issue: Thursday, 30 October 2014

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CORPORATE STRATEGY PLANNING: ADULT SERVICES AND HEALTH

Summary

1. As part of the Council's process for consultation on the 2015/16 budget, the Cabinet Members and Director with responsibility for Adult Social Care and Health have been invited to discuss the proposals for Adult Services and Health, which have emerged from the Cabinet and Senior Leadership Team's corporate strategy planning sessions held in September this year.

2. Corporate Strategy Proposals for 2015/16, including savings and investment proposals have been circulated to all county councillors, as part of the supporting papers of the Agenda for Cabinet on 16 October 2014 (Delivering the Corporate Plan – FutureFit). The full Cabinet report [can be accessed here](#). The related list of Corporate Strategy Proposals [can be accessed here](#)

3. Cabinet has agreed the developing proposals in principle, and there is a proposed programme of communication and engagement with those affected, including unions, residents, staff, businesses and other stakeholders – to enable a further report and informed decisions to be taken during the budget-setting process for 2015/16.

4. This year there is a new scrutiny process, and a dedicated Budget Scrutiny Task Group has been set up to examine the draft 2015/16 budget. Comments from the Adult Care and Well-being Overview and Scrutiny Panel will be fed into the Task Group.

Corporate Strategy Planning and FutureFit

5. The report to Cabinet sets out the context of 2015/16 as a year when a significant number of transformational areas will come to fruition. Information is also provided on feedback from residents, local businesses and staff, the Council's Corporate Plan priorities, progress under the new operating model and a financial summary.

6. The Council needs to ensure that it can continue to deliver services within a tight financial settlement and find solutions to close the funding gap. Cost pressures are caused by inflation, changing legislation, new Government policies and expectations, pay awards and the increases in the costs of demographics combined with an ageing population. The Council is therefore working to do things differently through the FutureFit Programme, with a combination of efficiencies and savings proposals.

7. Since 2011/12 the Council has delivered savings of £76.4m. The 2014/15 savings target of £30.5m is forecast to be achieved, although there is currently a risk to delivery of schemes totalling

Proposals for Adult Services and Health

Purpose of the Meeting and Next Steps

£1.4m. Based on the information available it is likely that the Council will need to achieve at least £27m savings for 2015/16 and then at least £25m each year thereafter. So far, emerging plans have been identified to deliver just over £22m, and further proposals will be needed to close the £5m financial gap to balance the 2015/16 budget.

8. There remains a risk that more savings may be required as a result of further announcements from central government and the impact on the Council's savings requirement will be refined ahead of the presentation of the draft budget to Cabinet following the Chancellor's autumn statement.

9. Corporate Strategy planning proposals for Health and Well-being, which can be found at pages 85-114 of the Cabinet Agenda papers, are:

- Maintaining a sustainable market for Adult Social Care (16)
- Integration of Adult Social Care and NHS (17)
- Use of public health ring-fenced grant (18)
- Further review of back office functions (19)
- Review of capacity required to provide New Models of Care (20)
- Commissioning of in-house adult social care provider Services (21)
- Drugs and Alcohol Services (22)

10. It should be noted that proposals 17, 18 and 22 relate also to the Council's health scrutiny function.

11. There are also a number of cross-cutting proposals, the following of which may have particular relevance for this Panel:

- County Enterprises (15)
- Accelerating Digital Council and Customer Access (42)

12. The Panel is asked to consider and comment on the Corporate Strategy Proposals for Adult Services and Health.

13. To inform the Budget Scrutiny Task Group discussions, the Panel is asked to explore the details of each of the savings proposals for 2015/16 and how they will affect residents. Members are also asked to discuss them in the context of previous years' savings, in order to understand the cumulative impact on residents of service changes.

14. The Panel is asked to agree:

- any comments the Chairman should highlight to the Budget Scrutiny Task Group
- any comments to forward to the relevant Cabinet Members
- any potential areas for future scrutiny work

Supporting Information

- Cabinet Agenda item 4 for 16 October 2014: Delivering the Corporate Plan – FutureFit Update – available online at: <http://worcestershire.moderngov.co.uk/ieListDocuments.aspx?Committeeld=131&CF=&MeetingId=300&Ver=4>

Contact Points

County Council Contact Points:

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Specific Contact Points for this Report:

Emma James/Jo Weston, Overview and Scrutiny Officers, Resources Directorate (Tel: 01905 766627)
Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Resources) the following background papers relate to the subject matter of this report:

Agenda and Minutes of:

- Overview and Scrutiny Performance Board on 9 April 2014 and 17 September 2014
- Cabinet on 16 October 2014

[All agenda and minutes are available on the Council's website at this link.](#)

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SICKNESS RATES: ADULT SERVICES AND HEALTH DIRECTORATE

Summary

1. The Head of Adult Social Care and the Senior Human Resources Adviser for the Adult Services and Health Directorate have been invited to discuss staff sickness rates.

Background

2. At its meeting on 1 July 2014, the Adult Care and Well Being Overview and Scrutiny Panel considered performance for the Directorate of Adult Services and Health (DASH) for the year 2013/14.

3. For the year ending 31 March 2014, the Council set all Directorates a target of no more than 7 days sickness per person (full time equivalent). In DASH, although the direction of travel was improving, the actual number of sickness days per person was on average 9.1, taken over an average of 1.12 episodes

4. In comparison, when looking at these figures against other parts of the organisation, the average number of sickness days was 6.93 (full time equivalent).

5. Members commented on the impact of sickness, especially in relation to employees working with vulnerable people and agreed that they would wish to have further information.

6. The attached Appendix provides further detail of sickness absence rates in Adult Social Care, where the higher levels of sickness absence are, and have traditionally been, experienced. In summary the following points may be made:

- a) Sickness absence rates for 2013/14 were higher than target across Adult Social Care, and below target in all other parts of the Directorate
- b) Sickness absence rates across Adult Social Care have steadily fallen year on year - having reduced by 39% since 2009/10
- c) Worcestershire is below the national average sickness rate within adult social care
- d) Small numbers of cases of long term sickness absence account for high average rates in some teams
- e) Reasons for absence across Adult Social Care are fairly typical of the rest of the Council
- f) There is no evidence at the moment that stress is leading to increased sickness absence
- g) Management actions are in place to manage sickness absence, and the position is kept under review

Purpose of this Meeting

7. Members are invited to comment on the Directorate's sickness performance levels and consider what the Directorate is doing to support staff and to bring the rates down in Adult Social Care. The Panel is asked to determine if:

- it would like to make any comments to the Cabinet Member
 - any further action is required.
-
- Appendix – Sickness Rates: Adult Services and Health Directorate

Supporting Papers

Contact Points

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Emma James and Jo Weston, Overview and Scrutiny Officers
(01905 76 6627)

Email: scrutiny@worcestershire.gov.uk

Background Papers

In the opinion of the proper officer (in this case the Director of Resources) the following are the background papers relating to the subject matter of this report:

Agendas and Minutes of:

Adult Care and Well Being Overview and Scrutiny Panel on 1 July 2014

[All agendas and minutes can be found on the Council's website](#)

SICKNESS RATES: ADULT SERVICES AND HEALTH DIRECTORATE

1. Sickness absence rates WCC 2013/14

As reported and noted, DASH recorded a higher average number of days' sickness absence amongst its employees for 2013/14 than any other Directorate.

2013/14	Headcount (Filled Posts)	FTE	Ave Sick Days Per Person (FTE)
WCC (CEO,PA,IEWM)	11	10.90	~NA~
Chief Executive Unit	46	42.05	2.11
Resources	710	624.51	3.92
BEC	1,488	716.67	6.26
Children's Services	1,241	969.20	6.94
DASH	1,621	1,128.35	9.01
Grand Total	5,117	3491.68	6.93

2. Sickness absence rates DASH service areas 2013/14

Sickness absence rates within the Directorate for the year break down as follows:

Service Area	Year End Outturn	Rating	FTE
Adult Social Care	9.80	Red	972.87
Public Health	2.11	Green	31.89
Business Support	3.05	Green	57.49
JCU	5.40	Green	64.10

Whilst it remains a priority for the Directorate to seek to reduce sickness absence rates, it is important to recognise the context of significant improvement in sickness absence rates across the Directorate as a whole and Adult Social Care in particular over recent years to date.

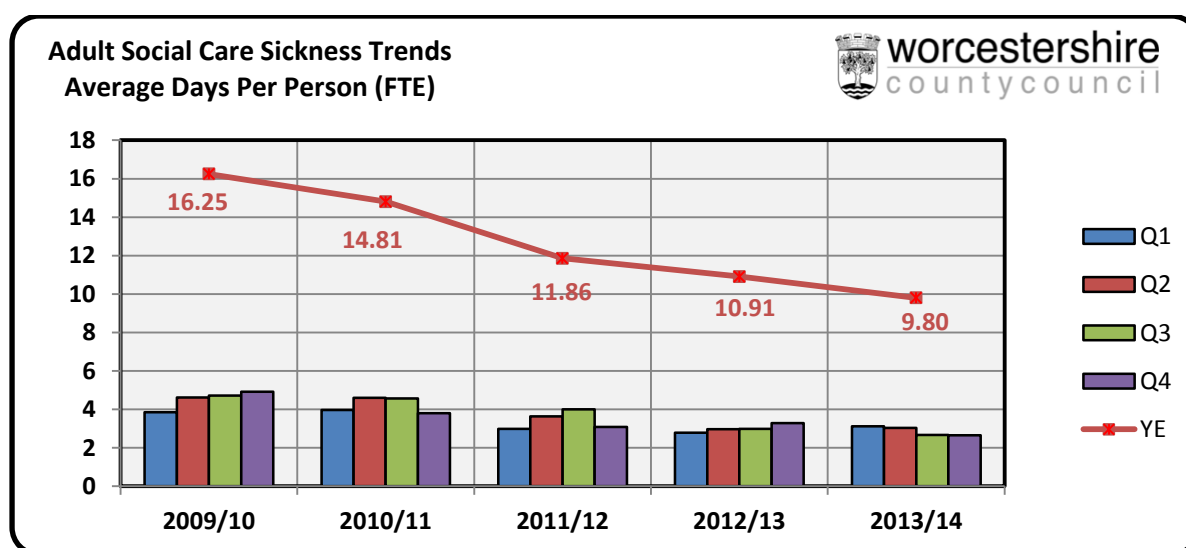
3. Sickness absence rates in DASH (and predecessor, Adult and Community Services) 2009/10 to 2013/14

DASH (and its predecessor, ACS) has recorded a year on year reduction in sickness absence rates since 2009, with the exception of 2012/13, which saw a marginal increase attributable to the transfer of Cultural Services – a division with traditionally low sickness absence rates in the years immediately preceding this transfer - to the Directorate of Business, Economy and Communities. Following this transfer to BEC, DASH returned to improving sickness absence rates in 2013/14.

Year End	FTE	Sickness Outturn	Year on year difference (%)
2009/10	1,634	13.84 days	-
2010/11	1,532	12.61 days	8.9% improvement
2011/12	1,453	9.84 days	21.9% improvement
2012/13	1,124	9.93 days*	0.09% deterioration
2013/14	1,128	9.01 days	0.92% improvement

4. Sickness absence rates in Adult Social Care 2009/10 to 2013/14

This graph illustrates a year on year reduction in sickness absence rates across Adult Social Care in particular; the overall reduction in sickness absence rates across this period being almost 40%.



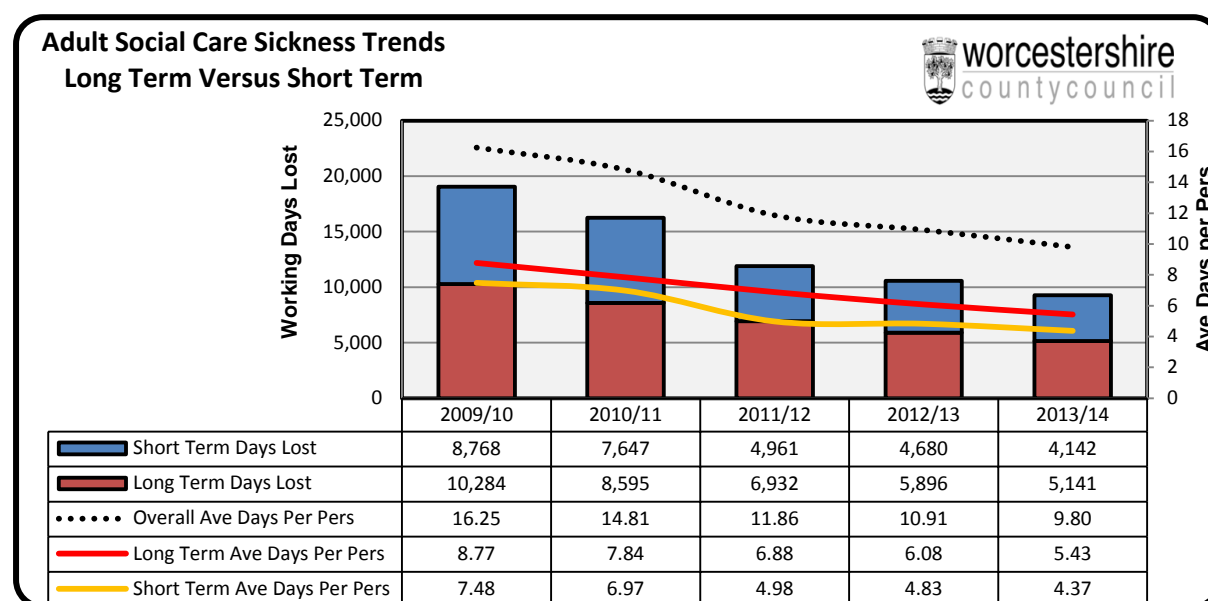
5. Quarterly sickness absence rates in Adult Social Care

It is worth noting that there are no general observable trends in sickness absence rates between quarters in Adult Social Care, which may be surprising since quarters three and four fall within the winter period.

Sickness Average Days Per Person (FTE)						
	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Q1	3.85	3.96	2.99	2.78	3.11	2.67
Q2	4.61	4.60	3.63	2.96	3.04	N/K
Q3	4.72	4.56	4.00	2.99	2.67	N/A
Q4	4.92	3.80	3.09	3.29	2.66	N/A
YE	16.25	14.81	11.86	10.91	9.80	

6. Adult Social Care sickness trends – short term versus long term sickness absence

The chart below illustrates the breakdown of long term and short term sickness absence against the general trend of reducing sickness absence rates. A relative dip in short term sickness absence rates can be observed for 2011/12 (which may be related to the introduction of new sickness pay policy across the Council on 1 December 2011) but the differential returned to its previous position in 2012/13 and 2013/14.



7. Sickness absence rates across Adult Social Care service areas 2013/14

Analysis of sickness rates across different services in Adult Social Care for 2013/14 produces the following results (rated as before against the target of seven days' per employee):

ASC Service Area	FTE	Year End Out turn	Rating
Hospital Services	N/A – new for 2014115	N/A	-
Internal Provider Services	565.01	11.85	Red
Learning Disability Community Teams and Young Adults	36.98	7.00	Green
Operational Services	260.49	5.01	Green
Personalisation and carers	15.51	8.57	Red
Safeguarding	17.35	43.28	Red

It will be appreciated that high levels of sickness absence within smaller teams can significantly affect the figures where in reality the number of cases may be very few. For example, the Safeguarding Service is very small. In such cases any incidence of long term sickness absence is likely to generate an overall sickness rate significantly above the Council target. In this particular case, as with other cases where a team is affected by long term sickness absence of colleagues, the service is sustained by a mixture of continual review of workloads and individual priorities to ensure essential duties are covered from within the team, along with use of agency workers, short

fixed term temporary contracts to cover an anticipated long period of absence, and in some cases extension of existing external support.

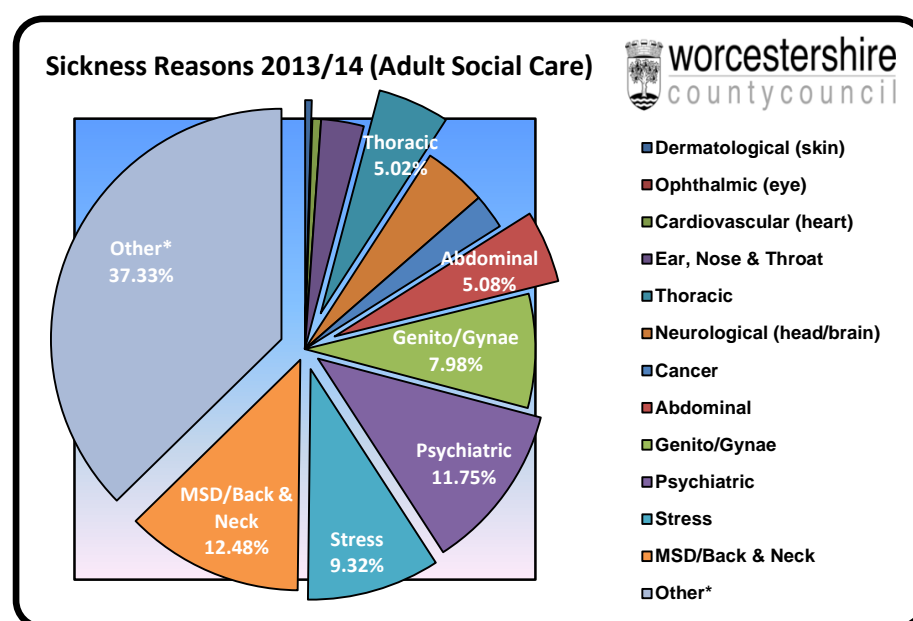
8. Sickness absence reasons in Adult Social Care 2013/14

Turning to the reasons for absence, the following table uses a recognised approach (the Dorset 12) to categorise sickness absence reasons. This is followed by a pie chart illustrating the breakdown of sickness absence in Adult Social Care by reason. As referenced below, please note that "other" includes cold, influenza, and viral infections which are likely to contribute significantly to short term sickness absence rates.

It is noteworthy that sickness absence for reason of stress has reduced both across WCC as a whole and Adult Social Care in particular between 2012/13 and 2013/14. So too has absence for reason of musculoskeletal disorder (back and neck).

Sickness Absence Reason	2012/13		2013/14		Direction of Travel (Based on Absence Reason Percentage)	
	Adult Social Care	WCC	Adult Social Care	WCC	Adult Social Care	WCC
Dermatological (skin)	0.16%	0.22%	0.46%	0.28%	Deteriorating	Deteriorating
Ophthalmic (eye)	0.90%	0.67%	0.06%	0.68%	Improving	Deteriorating
Cardiovascular (heart)	2.60%	2.55%	0.61%	2.08%	Improving	Improving
Ear, Nose & Throat	2.34%	3.84%	2.99%	2.58%	Deteriorating	Improving
Thoracic (chest)	5.26%	4.00%	5.02%	3.70%	Improving	Improving
Neurological (head/brain)	3.10%	4.90%	4.46%	4.55%	Deteriorating	Improving
Cancer	2.24%	3.00%	2.45%	5.76%	Deteriorating	Deteriorating
Abdominal	9.97%	9.43%	5.08%	5.89%	Improving	Improving
Genitourinary/Gynaecological	4.93%	4.98%	7.98%	7.03%	Deteriorating	Deteriorating
Psychiatric (incl Anxiety & Depression)	15.74%	13.43%	11.75%	8.69%	Improving	Improving
Stress	17.87%	12.82%	9.32%	11.34%	Improving	Improving
Musculoskeletal Disorder (MSD)/Back & Neck	15.76%	14.32%	12.48%	13.84%	Improving	Improving
Other*	19.12%	25.82%	37.33%	33.58%	Deteriorating	Deteriorating

*Other - Includes common cold, influenza, viral infections and all other illnesses that fall outside of the above categories



9. National local authority adult social care services sickness rates – NMDS-SC (National Minimum Data Set for Social Care) data for 2013/14

Turning attention to sickness rates amongst Adult Social Care services across other local authorities it can be seen that Worcestershire's sickness absence rates are below the national average of 10.4 days per person.

Authority	Average days per person
East Midlands	13.5
North West	12.5
North East	12.1
Yorkshire and Humber	10.4
West Midlands	9.9
South West	9.9
South East	9.3
Eastern	8.5
London	7.7
All England	10.4
Worcestershire	9.8

Sickness absence management in DASH

A series of measures are in place to support the proactive management of sickness absence, notably:

- Seven policy – procedures for managing short term and long term sickness absence
- Monthly management reports to Heads of Service from HR
- One to one manager support from HR in managing sickness absence cases
- Access to occupational health service
- Trigger points at which potential sickness absence concerns are highlighted:
 - a) Letters to staff after fifth sickness absence episode in any twelve month period (Letters produced by HR Seven Policy)
 - b) Three episodes in any six month period to trigger review of sickness rates between manager and employee (monitored by managers – Seven Policy)
 - c) Ten calendar days in any twelve month period to trigger a review of sickness rates between manager and employee (monitored by managers - Adult Social Care policy)

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