

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 14 March 2019, County Hall, Worcester - 2.00 pm

Minutes

Present:

Mrs J A Brunner (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P B Harrison, Mr R C Lunn, Mrs E B Tucker (Vice Chairman) and Ms S A Webb

Also attended:

Mr A I Hardman, Deputy Leader and Cabinet Member for Adult Social Care

Avril Wilson (Interim Director of Adult Services),
Richard Keble (Assistant Director of Adult Services),
Mark Astbury (Interim Head of Finance),
Kerry McCrossan (Operation and Integration Manager),
Andrew Morley (Business Operations and Development Manager),
Samantha Morris (Scrutiny Co-ordinator) and
Emma James (Overview and Scrutiny Officer)

Available Papers

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 23 January 2019 (previously circulated).

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

306 Apologies and Welcome

Apologies were received from Cllr Phil Grove.

307 Declarations of Interest

None.

308 Public Participation

None.

309 Confirmation of the Minutes of the Previous Meeting

The minutes of the meeting on 23 January 2019 were agreed as a correct record and signed by the Chairman.

310 Social Work with Adults: Update on

In attendance for this item were:
Avril Wilson, Director of Adult Services
Richard Keble, Assistant Director of Adult Services
Kerry McCrossan, Operations and Integration Manager

Three Conversations Approach

Andrew Morley, Business Operations and Development Manager
Cllr Adrian Hardman, Cabinet member with Responsibility (CMR) for Adult Social Care

The Panel had requested an update on progress since the introduction of a new social work approach; the Three Conversations (3C) Model.

The Assistant Director of Adult Services talked through a shorter version of the presentation included in the Agenda (circulated at the meeting).

The 3C approach to social work had now been fully implemented with the exception of Mental Health teams (which would start by the end of Quarter 1 2019/20).

The Assistant Director reminded the Panel of the objectives of the 3C model, which were to:

- listen better to concerns and views of adults and families
- remove barriers to accessing social work advice and support
- improve experiences of adults through a broader wellbeing approach
- make better use of community networks and resources
- encourage greater creativity and remove unnecessary bureaucracy
- improve opportunities to prevent, delay and reduce reliance on costed care packages
- create a better working environment and more satisfying staff role
- better deliver against the spirit of the Care Act and core social work values
- encourage more direct collaboration between Social Work teams, the community and other agencies.

The new model was fluid, and enabled things to get done quickly, as opposed to the previous linear way of working. This approach could be more challenging for Social Workers (SWs) used to a linear way of working, but staff had adapted and rediscovered what it meant to be a SW. Average wait times from initial contact had reduced from 42 days to 80% of people having contact with their SW by day 3.

Graphs charting figures for resolution of new work at each conversation stage, enabled monitoring and indicated that approximately 75% of new work was

resolved at the end of Conversation 1.

A map showed that SW teams were located as close as was practical to local populations, which was important for the model to work.

Area team conversion rates (percentage of people who go on to have a long-term care package after contact with Adult Services) was a very important measure of success and the Directorate maintained it would be possible to reduce this figure by 50%. The graph showed that figures in Redditch for those going on to need a long-term care package had halved under the 3C model. Therefore, cost avoidance figures totalled approximately £1.2million, although it was important to note that the amount spent on each care package had not changed.

The culture change needed for the 3C model was important and Staff surveys indicated growing confidence with the new way of working. Staff felt that use of community resources had increased or was about the same and agreed that the model supported Care Act principles.

The Officers believed that all objectives had been achieved and that the 3C model was proving very successful for residents and staff as well as avoiding costs. The Council was not the first to implement the 3C model but was now probably the leading Local Authority using it. However, the Assistant Director acknowledged the difficulty in getting feedback from service users and this would be something the new Principal SW would be targeted with improving. Work was also taking place with the University of Worcester.

The Chairman invited questions and the following main points were raised:

- Members felt the model had a more human approach but was more challenging for staff. Officers explained that the previous model had been task focused and the 3C was a more fluid model which was easier for some staff than others.
- A member asked for more detail about the fact that the model had created some challenges and was advised that the key area was moving from a linear way of working to one which was very fluid and did not conform to a neat flowchart; some social workers experienced in the old working style found this very challenging, whereas others found it brilliant and liberating. There had been

some challenge around transferring systems and paperwork to the new model. Additionally, the new area-based focus was a challenge for some social workers since their work may now require them to deal with a greater range of issues and crisis which previously would have been handled by other teams.

- Staff surveys had been largely positive and the main area staff found challenging was about not being told what to do. The new style of working involved less triage although the vast majority of staff had come around to this. It was recognised that some staff felt exposed to an unfamiliar side of work and managers worked with any such individuals. Some staff had also expressed frustration where an area lacked a service to address an identified need, which was useful information for commissioners.
- A member asked whether unions had been involved in staff surveys but was advised that the exercise was about staff feedback as professionals rather than as Council employees. Approximately half of SWs had responded which was quite a high response.
- Overall there had been very little negative feedback. Staff felt they were leading the process and met weekly to share resources and deal with any issues.
- It was clarified that cost avoidance figures for Redditch South Locality Team were lower than other areas because they only referred to part of the year, and Redditch South was now combined with Redditch Central.
- Officers would provide information on the total number of packages of care and the direction of travel, and the Director also advised that there were performance indicators in place to help measure success in enabling people to maintain independence, for example those included in the Panel's performance monitoring.
- A member asked how the model made use of community networks and resources and what had been found? The Officers explained that this had been part of the 12-week innovation period for each site before going live. Staff were tasked with going out into the community and collating information on whiteboards, which had since been collated and made available through a mobile app. Staff had enjoyed this work and had discovered lots of small, informal groups. Sometimes what a person in need required was simply as in the

example given of someone with a van helping move furniture, which sounded very simple but was not something on the list of available options under the previous way of working; the 3C model gave staff permission to be creative thinking.

- The CMR was very supportive of communities helping to keep people independent and explained how parishes had helped gather new knowledge about community networks.
- The Director welcomed input from all members about community knowledge and would provide Panel Members with a form which they could complete about community activities in their areas.
- It was clarified that average care package costs were higher in Wyre Forest because current numbers were relatively low, and a very expensive care package would significantly impact on the average cost.
- A member asked how the Directorate ensured consistent standards of service across Worcestershire. Officers acknowledged the importance of adhering to a framework of standards and advised that they were working within the Care Act, that benchmarking was used and an audit tool. The Director felt confident that current measures would allow Officers to see if areas required more input – the Panel was pleased to hear this.
- When asked whether the Directorate monitored those who took up services in the community outside of Worcestershire, the Officers advised that it did not, however the Directorate did monitor those who came back to the County Council requiring services and while the evidence showed that promoting independence enabled people to remain independent for longer, there was always the opportunity for people to get back in contact with their locality Team. Additionally, social workers tended to wait until they were confident that the prescribed solution was working, before closing an individual's case.
- Referring back to the challenge felt by some social workers in adapting to the new way of working, a member sought further assurance about how this was managed and what safety net was in place. Officers explained that the teams comprised social workers and social care workers and whilst it was preferred for the staff member picking up the call to work with the individual concerned, if it became apparent that a more experienced staff member

was appropriate then this conversation would be had with the individual member of staff concerned at an early stage.

- A member asked whether numbers of occupational therapists (OTs) were sufficient for the 3C model and was advised that a few were employed by the County Council but there was a shortage nationally. The Directorate was exploring the possibility of a reablement team which would combine the skills of OT and social work.
- When asked for numbers of SW vacancies and numbers of agency staff, the Officers would confirm these figures, however recruitment of SW and agency staff had not been problematic and the increased cost of agency staff was managed within the budget (a full time SW equated to two thirds of an agency SW in cost terms). SW and social care worker capacity had been particularly crucial during the innovation period of the 3C model. The Directorate looked at staff numbers and turnover across the year and a greater concern was the increasing age profile of the current workforce.
- When asked about any variance in staffing across the Locality Teams, the Officers reported that there had been a good response from student social worker to a recent recruitment, which meant the Directorate would be able to recruit to wherever was most needed; the 3C model attracted staff.
- The Panel congratulated the Directorate on the introduction of the 3C model, and the CMR paid tribute to Andrew Morley, Business Operations Development Manager, who was leaving the Council, for leading this work, his input and inspiration, which meant Worcestershire was now a leading 3C county.
- A member asked about whether the 3C model was having an impact on patients being able to leave Acute hospital settings and was advised that such patients needed to be medically fit for discharge, although the 3C model would help with social care needs which may prevent them leaving.

In summing up, the Chairman verified the information requests arising from the discussion and would consider further updates as part of the Panel's work planning.

The following information was requested:

- total number of care packages and direction of

311 Performance and Finance Monitoring

travel

- a form which Members could complete about community activities in their areas
- numbers of SW vacancies, agency staff and staff turnover.

In attendance for this item were Cllr Adrian Hardman, Cabinet Member with Responsibility (CMR) for Adult Social Care, Avril Wilson, Interim Director of Adult Services and Mark Astbury, Interim Head of Finance.

The Chairman explained that performance and in-year finance monitoring was now scheduled for all the scrutiny panels on a quarterly basis. The format of information was still being worked on and it was hoped this would be improved for the future. The Chairman asked the Panel to highlight any further performance information (PI) required.

Performance Monitoring

The Director of Adult Services provided context for the performance information, including the Panel's recent overview of the Adult Services Business Plan and the national Adult Services Outcome Framework (ASCOF) which enabled a focus on national performance indicators and comparison with other local authorities.

During the Panel's discussion, the following main points were made:

Admissions to Permanent Care per 100,000 (18-64) - ASCOF 2a(1)

- The Director highlighted this as an area of concern, since Worcestershire was a heavy user of beds, higher than the comparator figure. Work was in hand to understand the reasons for this, which would then be reported back through an action plan. Once an individual had been placed in residential care it was difficult to move them, although this could still be an option where it was safe to do so.
- When asked about any other related national PIs, the Director agreed to forward details of action plans from the Association of Directors of Adult Social Services (ADASS). The Panel was reminded that its work programme now included an annual update on the full set of (ASCOF) outcome measures and the Director suggested these be circulated again in case Panel members wished to incorporate any other PIs into the quarterly monitoring sessions.

- A member suggested that progress for both under 65s and over 65s did not look much different and the Director said that she felt the Council was doing better than previously although this was against quite a low base. The data indicated the need to be wary of Worcestershire's demograph which may bring further challenges as more people got older.

Admissions to Permanent Care per 1000,000 (65+) – ASCOF 2a(2)

- The Director pointed out that while ASCOF 2a(2) figures were above the national comparator level, this was starting to level off with fewer high-end packages of care and it was felt that the 3C model was starting to take effect.
- Figures were high due to pressures to move people through the hospital system and the Director highlighted the importance of people's choices being respected and not being inappropriately placed in residential care - she referred to some disturbing recent research by Newton on the numbers of people being wrongly placed due to delayed transfers of care (DTC) pressures, which she would circulate.
- A member pointed out that the graph lines for the comparator and England average figures were quite close and asked why this performance level was so much better than for Worcestershire? The Director explained that possible reasons may include better performing health systems, less pressures from ageing populations, or more fully developed alternative provisions – Chartered Institute of Public Finance (CIPFA) data on nearest neighbour comparator data could be circulated.

% of people with no ongoing social care needs following reablement after hospital discharge – ASCOF 2d

- The Director advised that performance was improving and nearing the England average, which was very pleasing.

% age 65+ at home following rehab – ASCOF 2b

- Performance towards this target was doing less well and the Directorate was doing some work with the NHS on redesign of reablement capacity and provision, which it was hoped would provide insight – the Panel asked about timescales for this work, which the Director would verify
- The Director undertook to check why figures

appeared to have declined since March 2016

Delayed Transfers of Care

- The Director highlighted that this was the measure around which there was so much concern and although it was not necessarily a great measure of the overall system, the Council was performing quite well. Joint figures with the NHS were also doing quite well although the system was very challenged, and people were being delayed. A plan was being worked on although Worcestershire Acute Hospitals Trust remained in special measures, which created strain.
- The Director undertook to circulate figures for the national average
- The Director clarified that figures were cumulative through the year and reported on the last Thursday of the month. A very small number may be 'super stranded patients'; those who had been in hospital over 21 days
- The Director pointed out that analysis of DTOC was hugely complex even for professionals.
- In response to a question, the Director clarified that the way in which joint category figures were judged depended on how they were funded and the different pathway, for example if they were funded by the Better Care Fund. Targets for DTOC had to report in early September

Annual Care Package Reviews Completed

- A lot of effort had been put into this area, especially since many care recipients would have come into contact with services before introduction of the 3C approach.

General points

A member asked about a Bill being debated in Parliament on the Mental Capacity Act, and the Director advised that this had originally been thought to be a quick fix, however it was now likely to cost the Council £750k approximately per year, therefore the Cabinet Member for Adult Social Care had written to Parliament about this additional financial burden and the Director believed many other representatives were doing so.

In response to a question about whether staff vacancies or use of agency staff impacted on the quality of Adult Services, the Director advised that all temporary staff were given an induction appropriate to their level of experience, regular supervision and subject to audit.

Team Managers also had responsibility to support staff and monitor quality. Recruitment of social workers for Adult Services was different to Children's Services, use of agency staff was dropping and she was confident in the recruitment and monitoring of staff.

A member asked what were the Directorate's signals of success, and the Director referred to good feedback from the public and carers, delivering services with the finances available, learning from exit interviews, recruitment and retention rates, case audits and staff feedback.

A member referred to the Healthwatch report 'People's Experiences of Adult Social Work Services' (included in the agenda background papers to item 5) which suggested some lack of understanding around the role of social workers and the Director and CMR agreed that some work on this would help the public as well as promoting social work as an employment opportunity.

In relation to performance monitoring, the following information was requested:

- ASCOF performance indicators – re-circulate and members to advise if additional indicators to be added to the quarterly monitoring
- Admissions to Permanent Care (ASCOF 2a)
 - ADASS action plans
 - (CIPFA) data on nearest neighbour comparator data
- % age 65+ at home following rehab – ASCOF 2b
 - timescales for work on reablement
 - explanation for decline in performance since March 2016
- DTOC
 - figures for national average performance
 - Newton research article
- details on the length of staff induction for social workers
- As a general point, the Panel was keen that in future, finance figures for Learning Disabilities were differentiated from those for Older People Services

In-year finance monitoring

The Interim Head of Finance referred to the Agenda information (Resources Report - Revenue and Capital Budget Monitoring to Period 10), which had been submitted to Cabinet that morning. In summary the Council was coming to the end of a difficult financial year

312 Work Programme

with a forecast overspend of £2.9m after management action.

Paragraphs 27-29 of the Report provided context to the forecast overspend of £13m, which remained unchanged over 4 months, demonstrating it was more under control. In total the Service would deliver savings of over £7m during the financial year including almost £1m of new savings which had been achieved in under 6 months. Details of directorate budget variances over £250k were included at Appendix 2 of the Report.

Questions were invited and the following main points were made:

- It was agreed that this year's milder winter would have reduced pressure on services
- When asked about any impact from vacancies in support services, the Officers advised that there may have been an indirect impact from vacancies of overall Council support services.
- A member suggested that the Directorate was now in a more confident position financially, having removed previous unrealistic savings targets and reached the end of the year with as little overspend as possible. The CMR agreed, although he was not complacent and for the coming year was keen to know the position on one-off grants, the social care precept and the awaited Green Paper on Social Care.
- A member asked about mitigation plans should the projected savings from the 3C social work model fall short and was advised that plans to review areas of highest risk were being developed. The CMR felt that targets were realistic, but the problem was that some care packages were very expensive.

Suggested additions to the work programme were:

- Delayed transfers of care
- High cost care packages (Learning Disabilities)

The Panel was also keen to schedule member visits to relevant social worker Locality Teams.

The meeting ended at 4.40 pm

Chairman