

Adult Care and Well Being Overview and Scrutiny Panel

Wednesday, 18 November 2020, Online only - 10.00 am

		Minutes
Present:		Mrs J A Potter (Chairman), Mr R C Adams, Mr T Baker-Price, Mr A Fry, Mr P B Harrison, Mr R C Lunn, Mrs M A Rayner (Vice Chairman) and Ms S A Webb
Also attended:		Mr A I Hardman, Deputy Leader and Cabinet Member for Adult Social Care Mrs E B Tucker John Taylor, Healthwatch Worcestershire Paula Furnival (Strategic Director for People), Kerry McCrossan (Operation and Integration Manager, People Directorate), Laura Westwood (Lead Commissioner), Sally Baldry (Principal Management Information Analyst), Steph Simcox (Head of Finance), 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. The Minutes of the Meeting held on 22 September 2020 (previously circulated). (A copy of document A will be attached to the signed Minutes).
369	Apologies and Welcome	The Chairman welcomed everyone to the meeting, including Cllr Mary Rayner as new Vice-Chairman. On behalf of the Panel, the Chairman thanked Cllr Liz Tucker for her contribution as Vice-Chairman which had been very much appreciated and for her support and continued involvement in scrutiny.
370	Declarations of Interest	None.
371	Public Participation	None.
372	Confirmation of the Minutes of the Previous	The Minutes of the Meeting held on 22 September 2020 were agreed as a correct record and would be signed by the Chairman.

Meeting

373 People and Communities Strategy

The following were in attendance:

Paula Furnival, Strategic Director for People
Kerry McCrossan, Service Manager
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care (CMR)

The Strategic Director for People referred to the presentation slides in the Agenda and explained that sixth months into her role, the rationale for the new Strategy was to provide a strategic approach and clear objectives for the newly established Directorate and how it worked with others. A triangle was used to show how the Directorate and its partners would co-produce ways of working with citizens to enable them to 'be well and stay safe', 'be independent and connected' and to 'be supported'.

In terms of driving best practice and managing demand and costs, various pieces of work had been undertaken, for example the Peopletoo analysis and the recent peer review; the triangle indicated the three tiers of services and the pattern of access in Worcestershire, against best practice and gross budget expenditure of £239m.

For universal and self-service (Tier 1), in Worcestershire 69% of contacts were resolved at this point against the best practice figure of 70%, however for targeted interventions (Tier 2) only 4.9% of contacts were being resolved, against the best practice figure of 20% and 26% cases were progressed to Tier 3, which was more than the 10% that national best practice suggested. The discrepancy between a good operating model and what the Council was achieving was the fact that people's needs were not being anticipated earlier on.

The aims of the Strategy were to achieve a clear aim which was outcomes focused, co-produced and met needs by maximising the use of resources and the workforce. The aim was to give a clear offer to enable people, easy to access, and to reduce duplication in buildings, systems and processes.

Key drivers for the Strategy had been drawn from the earlier work referred to. The three strategic pillars of change, underpinned by a range of different projects, were a person-centred approach, shaping services and shaping an effective market. Work to look at how customers accessed council services and information

included potential use of libraries as a first point of call.

In terms of how the Strategy would be delivered, a series of workstreams had been created through the 'case for change' process. Work streams sought to involve a broader range of partners, for example plans to build on progress achieved with the voluntary and community sector (VCS) tackling homelessness during COVID-19, through a longer-term, more sustainable partnership. Workstreams had been approved through the Senior Leadership Team and Cabinet and each would be led by a senior manager. A very important factor was the belief that you do not always need more money to do things better, and often more collaborative working and co-produced plans were the solution. One example was care home admissions from hospital, which had dramatically decreased during COVID-19 – it was explained that while the Directorate had developed relationships with health colleagues over a number of years, COVID had increased joint working and understanding with the result that patients were not making decisions about their long-term future from an acute hospital bed, which was not good practice and this could potentially save the Council just under £10m a year.

In terms of what this meant for services, a 'One Worcestershire' approach would be the way forward, which would mean services becoming more joined up or co-located, and consultation was taking place with staff about this to ensure they understood the approach and had the opportunity for questions.

The work outlined was hugely important and motivational for the Director and her team in managing how the Directorate budget was used and was essentially about getting to people sooner and encouraging them to look after one another within the community.

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

- Panel members welcomed the positive approach set out by the Strategy.
- Commenting that the Strategy was very focused, the Chairman hoped it would reduce numbers of people going into care, which she was aware had been an ongoing challenge. The fact that costs would not necessarily go up was also commended.
- A Panel member was confused as to why someone would decide to go into a care home

rather than stay in their own home and the Director suggested that this could have been attributed to decisions being taken when people were at their lowest ebb rather than after a period of recovery. Recent closer working with health colleagues had shifted the balance between a focus on medical needs and being risk-averse, to the wants of the individual. COVID-19 was another factor and it would remain to be seen whether sufficient work had been done to change cultures and to invest in resources needed to support people in the community, of which colleagues from the Clinical Commissioning Group had been very supportive.

- A Panel member asked about instances where an individual's envisaged outcomes were not as realistic as those provided or if they were unable to decide for themselves due to dementia? The Director explained that social workers were very skilled in working with individuals and their families, and advocacy was also available.
- The Chairman asked about the challenge of partnership working and the Director acknowledged that when she started in post she had perceived a lack of clarity around the role and value of Council services within the Herefordshire and Worcestershire Sustainable Transformation Partnership, which she hoped she had helped to clarify. Conversations to further integrated working with partners were going extremely well and in 4-5 months' time there would be the opportunity to apply to be an integrated care system, if the Council chose to do so.
- The Chairman invited comment from the CMR, who agreed that the shift in partnership working brought by COVID-19 and resultant decrease in people moving to residential care was interesting, since it had been worked on for a number of years; work through COVID, a new Director and approach had achieved a lot.
- Comment was invited from the Healthwatch representative present (John Taylor, Director), who agreed the Strategy was very positive, and asked about plans for co-production and availability of advocacy. The Director agreed the importance of co-production, which would take place with those who importantly could take time to engage, for example the VCS, as well as through people practicing together and sharing skills. The Council had contracts to provide advocacy but it was also important to listen to an

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individual's family and friends.

- A Panel member endorsed the approach of enabling people to make informed decisions about their future care at an appropriate time and referred to a resident who had been at the point of going into residential care and was now managing very well at home.
- Another Panel member highlighted the need for communication, and referred to her 91 year old neighbour who had been sent home from hospital with no support, despite needing both physical and mental aid, and whilst being able to pay for support, it was unclear as how to access the required support. The Service Manager present acknowledged that advice and information were needed much earlier so that people were not faced with sourcing such information at this difficult stage. The Contact Centre and Locality Teams could provide information and it was envisaged that the launch of the reablement service would also help in such instances.
- In response to a query about who checked that hard to reach people were getting warm food each day, the Director explained that this was not the remit of the Council, unless food and nutrition was part of an individual's support package, however the Here2help scheme was a mechanism for people who were concerned. For children, the Council had just been awarded £1.6m to provide support during the school holidays.
- The Director confirmed that mental health as well as physical health needs would be considered as part of a patient's discharge from hospital.

The Chairman thanked the Director and requested updates on the various workstreams of the Strategy, which the Director would be happy to provide. Dementia Centres were also suggested for future discussion.

The following were in attendance:

Paula Furnival, Strategic Director for People
Laura Westwood, Lead Commissioner
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care (CMR)

The Lead Commissioner highlighted the main points of the Council's work to promote and enable independence, which was one of the programmes of work under the Strategy for People and Communities, and which aimed to enable people to live at home for as long as possible.

There were several streams of related activity, including:

- introduction of Community Reablement Service
- increasing Shared Lives
- increasing Extra Care provision
- increasing Supported Living provision
- Home First Programme

Reablement

Following an update to the Panel in September, the Community Reablement Service commenced had in October and so far there had been 27 referrals, with 25 interventions being made.

Housing Need Development

The Council was working closely with Worcestershire Strategic Housing Group to develop an accommodation and support plan, not just for social care but across all vulnerable groups. This included ambitious plans to expand the Shared Lives scheme, which was a cost-effective and person-centred way of supporting an individual within a family home.

The current Extra Care Strategy for Worcestershire 2012-2026 was being updated and in view of the decline in growth there was a project to look at what the 65+ age group wanted as well as working with the market to develop services. Extra care supported those over 65 years and was a preventative service which enabled people to access help when needed.

Supported Living (which was for under 65s) had been relatively successful for those with learning disabilities, and this was now planned to be redesigned and extended to other groups, and a Supported Accommodation Strategy was being developed.

Each piece of work would allow the Council to have better conversations with the market and there were strategic plans to identify plans for each area, which would benefit both the Council through not having to fund housing costs, as well as the individuals, since they would gain access to benefits.

Home First Programme

The Directorate recognised the need to increase the number of individuals being discharged from hospital to home with health or social care support (Pathway 1), with a further increase necessitated by COVID-19 and additional investment had been put in place. Moving forward, capacity would need to be further enhanced. Work was also underway to engage with the external

market and how to deal with increased number of requests for help with arranging their own care when leaving hospital.

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

- The Lead Commissioner explained that extra care was generally for those aged 65+ and provided a mixed economy of housing which were available to buy or to rent and a mix of care, ranging from those who needed funded adult social care, to those who may have no care needs but wanted the option to access care in the future. Schemes tended to be big with onsite facilities. Supported Living at the moment was specially developed for those who were adult social care funded and tended to be those with learning disabilities, consisting of a small number of flats or a small group home with support.
- When asked how the Council could better engage with and guide the market, it was explained that the Council's aim was to develop a market position statement to be clear on its priorities. It was a growing market and the Council had been relatively successful in building links with developers, working with district councils around S106 arrangements and also using council-owned land which was no longer needed. It was also pointed out that tenants with learning disabilities tended to be easier tenants to manage. While it was true that developments would spring up from time to time without conversation with the Council, the Strategy should help with this. The Director referred to positive work with the district councils to commission long-term housing strategies, and a desire to plug in population needs.
- Comment was invited from the Healthwatch Worcestershire representative present, who said that he was pleased to hear the range of options available which would further help people decide where to live – good communication would be important.
- A Panel member pointed out that as someone who worked with people with learning disabilities, he felt that providers were very clear on the direction the Council wanted to take, and that people in Worcestershire had a lot of say in what they wanted. He had seen many people benefit from the person-centred approach and he

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2021/22 Budget**

envisaged more people with learning disabilities going into Supported Living facilities which were also financially better value.

In summing up, the Chairman thanked the Officers for a positive report. She requested that the updated market position statement be available to the Panel.

The following were in attendance:

Paula Furnival, Strategic Director for People
Steph Simcox, Head of Finance
Kerry McCrossan, Service Manager
Sally Baldry, Principal Management Information Analyst
Cllr Adrian Hardman, Cabinet Member with
Responsibility for Adult Social Care (CMR)

Performance Information

The Principal Management Information Analyst summarised the key points for Quarter 2.

Regarding the number of admissions to permanent residential and nursing care, the Panel was reminded that this was part of a national definition, split between older and younger adults, which included 12 week disregards, and was expressed as a rate per 100,00 of the population. Unsurprisingly, due to COVID, the rate for older adults entering care homes had reduced (to 434 from 628 in March), which in terms of numbers of people was 853 in the rolling year to the end of March and across the year ending in September, had reduced to 617. There was a similar pattern for younger adults, with the rate dropping from 17 per 100,000 to just over 12. Alongside these reductions, more people were receiving homecare and more younger adults were living in supported living arrangements.

There had been a dip in the proportion of people with no ongoing care needs following reablement after hospital discharge, however numbers were now starting to rise and all those coming out of hospital would now be offered some form of reablement. Figures for the number of older people remaining at home following hospital discharge and reablement had also dipped but had picked up from September.

Regarding annual care package reviews performance stood at approximately 85% and varied across teams with learning disability and mental health rated as red.

The Chairman commented that COVID-19 made analysis

of performance more difficult and time would reveal whether trends continued.

In-Year Budget Information

The Head of Finance referred to the presentation slides which highlighted the main points from the Quarter 2 forecasted position. Currently, a very minor overspend of £260 was forecast which was a significant improvement on the Quarter 1 position of £2m – the main reasons being tighter control of spend, managing accountability, changes to entry pathways into residential and nursing care and a decrease in projected numbers of people coming into the care system.

Within the overall forecast position, there were variations between different client groups. Older People Services included a full year saving related to implementation of 'Liberty Protection Safeguards' (around £1.6m) which had been delayed by Central Government, along with staffing costs. Learning Disability and Mental Health Services were forecast to overspend due to increased average unit costs.

Physical Disabilities Services were due to underspend as activity numbers were lower than budgeted for, while Provider Services were overspending due to agency and overtime costs.

It was important to note that the forecast position excluded the impact of COVID-19 which would be funded from external funding sources such as the COVID-19 grant (£29m), test and Trace (£2.75m) and Infection Control (£7.45m). Relevant areas where COVID-related spend/loss of income had been funded from such external resources included loss of income from clients, additional costs associated with supporting care providers, additional costs from personal protective equipment and a delay in implementation of change programmes.

The next couple of quarters would depend on the pandemic and the extent of the impact on the economy and on providers.

The Chairman invited discussion and the following main points were made:

- Whilst welcoming the positive news about the reduced forecast overspend the Chairman pointed out that COVID-19 would have contributed to this. The Cabinet Member with Responsibility for Adult Social Care (CMR) pointed out that he felt the Directorate also had a much better grip on

budgets and the Chairman emphasised that she had in no way intended to play down the achievements of the directorate teams in managing budgets.

- The Chairman expressed concern about the overspends in Learning Disability and Mental Health Services and asked how this was likely to unfold? The Officers explained that budget forecasts were unlikely to be exact however prudent measures had been used in projections. The Director referred to two projects which related closely to these two groups of customers. Responsibility for mental health was shared with the Clinical Commissioning Group and costs and spend was being monitored. Linked to achieving a better balance and oversight of mental health, staff who had been working for Worcestershire Health and Care Trust were being moved back to the Council's workforce. Regarding learning disabilities, where S117 funding applied, work was taking place to redress the balance of funding with health colleagues.

2021/22 Budget - Emerging Pressures and Challenges

The Head of Finance referred to the presentation slides which set out the key areas being reviewed by the Directorate:

- Changing nature of support - the Council was mindful that demand was latent and was working with partners to try and mitigate this
- Unit costs for care provision including the impact of inflation and the National Minimum Wage
- Market availability and ability to provide types of care needed by clients
- 'One system' approach to intermediate care and learning from positive lessons of shared working with NHS, independent and voluntary and community sector
- Delivering 2020/21 savings on organisational redesign which had been delayed by COVID
- Consideration of a single 'front door' for access to Council services
- Development of integrated community offer of Here2Help
- Development of a strong digital offer for customers and clients
- Moving towards a more reablement and enabling social care offer

- A new all age disability offer.

In terms of the medium to long-term impact of COVID, areas being reviewed were provider sustainability, demand on the care sector, increased numbers of self-funders entering council care, economy, transport, funding availability, social distancing, engagement/communications, Here2Help development, ability to regenerate income collection and trading activities, and clients' ability to pay their assessed charges. The impact of Brexit was also being reviewed, including contracts, supply chain, funding, staffing, changes in legislation and impact on providers.

The Chairman thanked Officers for all their hard work in and for the outline of emerging pressures which she would relay to the Overview and Scrutiny Performance Board. Discussion was invited and the following main points were raised:

- The success of the Here2Help scheme was emphasised, which it was hoped would be a long-term option and the Chairman reminded Panel members that its potential future development was being discussed that afternoon at the Corporate and Communities Overview and Scrutiny Panel, which was open to Panel members to attend.
- The CMR referred to the £29.3m support from Government to the Council budget and highlighted that at some point the impact of COVID would need to be absorbed into everyday budgets, which would be a key moment for councils and a turbulent transition – and the Chairman echoed these comments.
- The Healthwatch representative present said that he had found the update very comprehensive, but suggested that the impact of an ageing workforce may be pertinent for the future? Whilst acknowledging this point, the Director advised that recruitment rates were monitored and recruitment for reablement roles was about to start, with a good response envisaged in part due to increased unemployment.
- The Director thanked the Panel for their recognition of the Directorate's work and highlighted the relentless impact of COVID on care staff and therefore the importance of resilience in the months ahead while the vaccine was rolled out.

**Programme
2020/21**

requested on the projects aligned to the new Strategy.

The meeting ended at 12.03 pm

Chairman