

Adult Care and Well Being Overview and Scrutiny Panel

Thursday, 22 January 2015, 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, Mr A Fry, Mrs A T Hingley, Mr C G Holt and Mr J W Parish

Also attended:

Mrs S L Blagg, Cabinet Member for Adult Social Care
Mrs E B Tucker
Kathy McAteer, Worcestershire Safeguarding Adults Board
Brian Hunt, Worcester Older People's Forum
Jenny Johnson, Evesham Older People's Forum
Philip Talbot, Age UK Herefordshire and Worcestershire
George Waugh, Age UK Malvern and District
Kate Harvey, Onside
Michael Hunter, Worcestershire Voices
Mr P Pinfield, Worcestershire Healthwatch
Mark Hamer, Home Instead Senior Care
Bill Cole, Eleri House Care Home

Richard Harling (Director of Adult Services and Health),
Suzanne O'Leary (Overview and Scrutiny Manager) and
Emma James (Overview and Scrutiny Officer)

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation slides for items 5 and 6
- C. The Minutes of the meeting held on 11 November 2014 (previously circulated)

Copies of documents A and B will be attached to the signed Minutes,

174 Apologies and Welcome

Apologies had been received from Panel member Phil Grove.

175 Declarations of Interest and of any Party Whip

Cllr Fry declared an interest as an employee of a care home for people with learning disabilities in Worcestershire

During Item 6 Cllr Griffiths declared an interest as a family member worked with an individual who may be eligible for a personal budget.

176 Public Participation

None.

177 Confirmation of the Minutes of the Previous Meeting

The Minutes of the meeting held 11 November 2014 were confirmed as a correct record and signed by the Chairman.

178 Safeguarding Adults

The Chairman welcomed Kathy McAteer, new Independent Chair of the Worcestershire Safeguarding Adults Board (WSAB), and also the Cabinet Member for Adult Social Care and the Director of Adult Services and Health.

Although new to Worcestershire, Ms McAteer knew the region well as she had always worked across the West Midlands. By way of a presentation, she updated the Panel on the Board's work, including preparation for the Care Act, key findings, membership and engagement, governance, performance and quality assurance, board business support and action being taken. Much of the work in hand was not unusual to Worcestershire, as all safeguarding boards would be working to common processes.

Safeguarding adults boards were now a legal requirement, their main objective was to assure themselves "that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria". The three statutory partners of safeguarding boards were the police, council and clinical commissioning groups.

There was a clear focus for the Board around assurance and co-ordination, and three core duties, which were to:

- Develop and publish an Annual Strategic Plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
- Publish an Annual Report to tell people how effective their work has been;
- Arrange Safeguarding Adults Reviews (previously Serious Case Reviews) for any cases which meet the criteria for these.

Ms McAteer's appointment when the previous Chair had reached the end of his term of office, in October 2014, had been well timed as nationally all safeguarding boards

were looking at the requirements of the Care Act 2015, and Worcestershire's Board was in the process of shifting its focus from operational to strategic.

A series of strategy days involving key partners had identified actions required to ensure compliance with the Care Act and the way forward. The work underway to address the main areas for development were:

Membership and Engagement

Board membership was at the right level of seniority. Whilst engagement with family carers was good, engagement with people who use safeguarding services was found to be a major weakness, with too much focus on processes rather than the experiences of those involved. Development of an engagement strategy was therefore a key priority, as the Care Act has a clear requirement for safeguarding boards to listen to service users.

Governance

A draft new constitution had been developed for consultation, as it was felt that the current terms of reference did not set out clearly the role and functions of the Board and the rules of engagement. The membership model included three tiers, supplemented by stakeholder networks, which prevented board meetings from becoming too large. A risk assessment framework was also now in place.

Board meetings took place every three months and consisted of 10-12 people.

Performance and Quality Assurance

A priority was to put in place a quality assurance framework, including key performance measures, and also to build on current processes towards a more systematic approach of analysis of intelligence and data from all agencies.

Board Business Support

Current administrative and professional support was felt to be inadequate for the work in hand and interviews had recently taken place for a support officer. Statutory agencies had each increased their funding contributions for 2015/16 to resource the work required in the short-medium term, which would be reviewed in 2016/17.

A Care Act Compliance Task and Finish Group had been established comprising the Chair and statutory partners, to oversee delivery of the Board's action plan.

Main discussion points

- Panel members sought clarification on the role of the Safeguarding Adults Board, and had some concerns about duplication with its own work. Ms McAteer described the WSAB's role as being around assurance, scrutiny and partnership working. Co-ordinating support, raising awareness and prevention were also important; the Board would seek assurance that partners and individual organisations had their own safeguarding assurance mechanisms – for the Council, this Panel would be a part of those assurances and mechanisms. The Board also arranged Safeguarding Adults Reviews. Board members, such as Richard Harling (Council's Director of Adult Services and Health) would feedback to the Council, and there was also scope for the WSAB Chair to attend partners' meetings to deal with particular matters.
- The Board Chair's leadership role was important, including links with others such as Worcestershire's Safeguarding Children Board and also with community safety. Fundamentally, safeguarding adults was around a small number of adults who could not protect themselves.
- WSAB members were at senior level within their respective organisation, and each was expected to take an executive lead for one of the Board's priorities; for the Director of DASH, this was service user engagement.
- In the event that the Board was not satisfied with an organisation's response, this would be discussed with them first, and, if still not satisfied, with the relevant Chief Executive.
- Funding for 2015/16 totalled £132,800, comprising £68,800 existing funding and an additional £62,000 for one-off interim professional support. Worcestershire's Board reflected the picture nationally, whereby the council paid slightly more funding, followed by health and then the police. For 2015/16 the Council's funding of £29,100 had been increased to £55,324, the CCGs' funding of £32,000 approximately, had been increased to £59,000, and the funding from the police of £8,700 had been increased to £16,540. Further details of expenditure could be made available to members outside of the meeting.
- Nationally, funding for safeguarding children was significantly higher than for adults.
- How would the Board know it was doing its job well? The Board Chair explained that feedback from service users was very important and there was also an appraisal process with combined feedback from

179 Performance Monitoring: Adult Services and Health

others.

- A Panel member asked how lessons from Safeguarding Adults Reviews were shared, and the WSAB Board Chair explained how they were carried out and agreed that shared learning was the main purpose. In Worcestershire the criteria for a Review would be looked at, as smaller reviews may be effective for less serious cases.
- Reporting mechanisms were clarified, including the role of the Panel in holding the Director and Cabinet Member to account and scrutinising the Council's safeguarding function.
- The Overview and Scrutiny Manager reminded the Panel of an earlier scrutiny exercise of adult safeguarding, under a previous panel chair – this had concluded that the Panel and Board were both trying to ensure that vulnerable adults in Worcestershire were being safeguarded and should work together; the Panel had a role in holding the Council to account for carrying out its safeguarding responsibilities
- The Health and Well-being Board was one mechanism for district-led services, such as housing, to feed into the WSAB's work, and associate membership events were another potential method. Separate reference groups also worked well for engagement, as they provided a more informal setting than the main Board meetings
- Feedback was invited from the Healthwatch Worcestershire Chair present, who welcomed in particular the new involvement for service users and carers in safeguarding. He felt that there was an important role for scrutiny in making sure that things were working well and gaining the perspective of the Director and Cabinet Member. Tremendous change was underway, but was not properly funded.

The Panel Chairman praised the Safeguarding Board Chair's pragmatic approach to what was a considerable and complex remit, but felt there was a lot for the Board to cover, with the given budget.

As part of the Panel's monitoring of performance, the Chairman had asked the Director and the Cabinet Member for Adult Social Care to provide an update on the direction of Adult Services and Health. Representatives of service users and providers of services for older people had been invited to the meeting to provide feedback on what was planned.

The Panel had considered the 2015/16 budget plans for Adult Services and Health, in November 2014 and had

agreed to "dig deeper" into the proposals by hearing from services users, providers and staff

The Director gave a presentation on Future Lives: Pathways to Independence, which was the major change programme for Adult Services and Health. The update included the projects involved, an overview of the new operating model, digital access and inclusion, new models of care (assessment, case management and effective commissioning), implications for in-house provider services, financial planning, the Care Act, the Well Connected Programme, Better Care Fund and communications. Further information was available on the Council's website, and consultation meetings were taking place across the county, to which all were welcome.

Headlines from the Future Lives Programme included:

- The new website would be called 'Your Life, Your Choice'; testing and co-designing with stakeholders would start in January
- Consultation with staff on new models of care had been completed and feedback was being considered
- The Council's financial challenge was increasing and Adult Services and Health would need to make additional savings.

Discussion with service users and providers – main points:

Personal Budgets and Service Users Receiving Direct Payments

Experiences were mixed; some reported positive feedback from those who had opted for personal budgets, however other representatives reported that many older people did not want, or feel able to manage their own care budget, and that the task often fell to carers or family members.

As more service users were encouraged to manage their own budgets, there would be a need to look more to the voluntary sector to act as advocates. Onside, an organisation which provided advocacy and support, reported positive experiences but some of the people they worked with would be appalled by the additional pressure in managing their own, or a family member's budget; it was important not to end up with a system of haves and have-nots.

The Age UK Herefordshire and Worcestershire representative pointed out the need to be realistic, as the

number of older people receiving funded care was very small and that care received was for basic needs, with only those with substantial needs being eligible for care – the majority did not want to take on the responsibility of managing their own personal budget. Mechanisms for assessing how much money someone was entitled to were very important.

The Panel heard that of those who received social care in Worcestershire, more than half self-funded their care. Of those eligible for council funded care, 25% had opted for a direct payment, while the remainder had chosen to have their care arranged by the Council. Only those with whose needs were assessed as substantial, and whose assets and income did not exceed £23k, received funded care. Under the Care Act the financial threshold would rise in 2016.

Expenditure of personal budgets was included in a services user's annual review, and a new payment card system would provide greater opportunity for monitoring how budgets were spent. National policy for Personalisation over the past 5-10 years required councils to give maximum choice to people in deciding how their needs were met; a football season ticket may be someone's option for social contact needs, whereas previously a day centre may have been offered.

Panel members acknowledged that feedback on experiences of direct payments was both positive and negative. Some concern was expressed about the practicalities of this additional pressure for some people and their carers, in particular those with severe learning disabilities, and also about the use of agencies taking a percentage profit for managing people's budgets.

The Director referred to feedback from those acting in an advocacy role to service users as being strong, with many very keen that personal budgets could be used more creatively and effectively. He could not recall an example where someone who had opted for a direct payment had then changed their mind, however obviously the Council would not want to force people to take this option, and for some it was not possible.

Social Care and Health Integration – Hospital pressures and Delayed Transfers of Care

Regarding the deteriorating performance indicator, the Director referred to particularly high numbers of older people going into hospital, which had exacerbated winter pressures this year. New processes were in place,

including a new patient flow centre which was working very well, however more time was needed for these processes to operate as well as they needed to. The patient flow centre meant that once a patient was ready to be discharged from hospital, patients would be put onto the appropriate 'pathway', depending on what support or rehabilitation and setting was appropriate.

The Older People's Forum representative felt that systems between health and social care were still not sufficiently linked to get people home. However, panel members were also aware that efforts to discharge patients could also result in people leaving hospital too early and getting ill again. The Cabinet Member pointed out that patients discharged from hospital were not always ready for social care, and often moved into a community health setting.

The Age UK Herefordshire and Worcestershire representative pointed out his organisation's evidence did not support stories in the media, and that in Worcestershire only 2% of older people went back into hospital following discharge. It was fair to say that new processes should work well, although more help for people may be needed at home. He stressed that alongside dealing with the current pressures, it was important to plan ahead, something he urged the Scrutiny Panel to look at.

Market Resilience of Care Homes

When asked about the resilience of the market, the Director advised that Worcestershire had around 220 residential homes, some small but most were part of national organisations. Most homes provided care for a combination of self-funded and funded people, some just self-funded residents and very few dealt just with funded residents. The Council worked with homes throughout the year and there were some early signs of stress in the market, as finding a care placement was harder than a few years ago, something common across the country. A more fundamental review was planned, which would look at what more could be done to support homes.

When asked what was being done to prevent pressure on residential homes, the Cabinet Member explained that the community capacity grant was one of the big programmes for the future to enable people to move back into local community settings through supported living schemes, something also recommended by the Winterbourne Review.

Panel members had concerns about market resilience in Worcestershire and heard from a provider of a small care home for adults with learning disabilities, that of the three residents, the Worcestershire care package totalled £100 a week less than one from Surrey.

The provider felt that overall support had diminished, in terms of care budgets but also from social workers and Council advice about legislation – whereas residents used to have regular contact with named social workers, they were now visited by reviewing officers who seemed more concerned about finances. The fact that the officers were not known to the residents (who had learning disabilities) was also unhelpful for assessing their needs. The provider feared there were increasing risks which such homes may struggle to overcome. Panel members were very concerned about this, recalling the substantial amount of work done in previous years to enable people with learning disabilities to live together in smaller settings, rather than in large institutions.

The Director cautioned that different care homes provided different levels of care and that comparisons nationally were not necessarily helpful. In terms of funding, Worcestershire ranked somewhere in the middle in terms of average figures.

The Director advised that social work practices had changed and moved away from a system of named social workers. Some panel members remained concerned about the implications of this for people with learning disabilities, who in their experience would not respond well to an unknown person, which was also important for assessing what care was needed.

A Panel member raised the issue that nationally there was a shortage of social workers and the profession was becoming a less attractive profession.

Role of Voluntary Sector

Putting forward the perspective of Worcestershire's voluntary sector, the Worcestershire Voices representative pointed out that whilst more volunteer capacity may be available, it was important to consider how this resource could be mobilized, and how to find the right person for the right support need, in a business-like way.

Panel members agreed that it was important to be realistic about the capacity of the voluntary sector and the role that volunteers can play, to ensure quality of care.

Feedback was reported from the Redditch Older People's Forum (via the Healthwatch representative), which concerned confusion from groups about street lighting, and also the health and social care integration programme.

The possibility was discussed of panel members attending meetings of Worcestershire's Older People's Forums.

In closing the meeting, the Chairman thanked the service users, providers, Director and the Cabinet Member for their time and contribution.

The Panel Chairman would arrange to send a summary of concerns discussed to the Cabinet Member and Director, and also report back to the Overview and Scrutiny Performance Board.

The meeting ended at Time Not Specified

Chairman