

Minutes of the Adult Care and Well Being Overview and

Scrutiny Panel

County Hall, Worcester

Monday, 15 November 2021, 2.00 pm

Present:

Cllr Shirley Webb (Chairman), Cllr Jo Monk (Vice Chairman),
Cllr David Chambers, Cllr Lynn Denham, Cllr Paul Harrison, Cllr Matt Jenkins,
Cllr Adrian Kriss, Cllr James Stanley and Cllr Emma Stokes

Also attended:

Cllr Adrian Hardman
Margaret Reilly, Healthwatch Worcestershire

Paula Furnival, Strategic Director of People
Steph Simcox, Deputy Chief Finance Officer
Sally Baldry, Principal Management Information Analyst
Kerry McCrossan, Assistant Director for Adult Social Care
Paul Harbison, Consumer Relations Officer
Hannah Perrott, Assistant Director for Communities
Cezar Sarbu, Operation and Integration Manager
Samantha Morris, Scrutiny Co-ordinator
Jo Weston, 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 29 September 2021 (previously circulated).

(A copy of document A will be attached to the signed Minutes).

402 Apologies and Welcome

The Chairman welcomed everyone to the meeting. No apologies had been received.

403 Declarations of Interest

None.

404 Public Participation

None.

405 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 29 September 2021 were agreed as a correct record and signed by the Chairman.

406 Performance, In-year Budget Monitoring and 2022/23 Budget Scrutiny

Performance Monitoring (Quarter 2 – July to September 2021)

The Panel had received summary data on the five performance indicators it monitored. Performance in admissions to permanent care in both adults aged 18 to 64 and aged 65+ had fallen, however, Officers had developed an action plan for operational, finance, reporting and commissioning staff which focussed on all admissions, especially alternative provisions such as shared lives and supported living. Officers were mindful of the impact of the fragile domiciliary care market and residents in care homes who were no longer funded through NHS Continuing Health Care. Alongside this, Information, advice and guidance for self funders was ongoing.

There had been an improvement in the level of performance for the indicator on the outcomes of short-term services, i.e. the proportion of people with no ongoing social care needs following a reablement service and also the indicator on older people remaining at home following a hospital discharge and a reablement service. Both indicators had a seasonal trend in performance, with winter months performing less well.

The final indicator, on the number of Annual Care Packages completed, showed improved performance, however, the target of 95% had not been met across all service areas. Staffing issues and vacancy rates in learning disability services and mental health had been reviewed and recruitment was underway.

During the discussion, the following key points were made:

- In relation to mental health staffing, Officers reported that workforce issues had impacted on the number of annual care packages which could be completed. Human Resources had looked at market forces, and regional comparators in salary, and recruitment was underway
- A Member asked why the Target for Admissions to Permanent Care per 100,000 (65+) had changed from 480 in the Quarter 1 Performance Report, considered at the 29 September meeting, to the Quarter 2

figure of 574. Officers reported that the target was reviewed each year but would provide further detail on this change after the meeting

- The number of Agency Staff required to fill gaps was increasing. This was also the national picture and a wider market issue, with particular impact on Domiciliary Care
- Around 5% of the Care Home workforce had left as a result of the national requirement for staff, contractors and volunteers to be fully vaccinated against COVID-19 from mid November. This contractual requirement was also to be implemented for all front line health and social care providers from April 2022
- In response to a query about the large age range for Admissions to Permanent Care per 100,000 (18-64), Officers clarified that there was much more detailed age profile data and that they were able to follow trends and trigger points. The Director agreed to share some further information to the Panel on Shared Lives and Supported Living and reminded Members that last year was not a typical year for the Directorate
- Ideally, Care Package discussions should begin on admission to hospital, however, this was generally not the case due to hospital pressures. A new Patient Tracker system had recently been implemented, resulting in community health and social care working together and working towards discharge on the planned day.

In-year Budget Monitoring and 2022/23 Budget Scrutiny

The Head of Finance outlined that the Adult Services budget, as at the end of Quarter 2, was forecast to be broadly balanced by the end of the financial year. Risk areas included increased placement costs for Learning Disabilities and a forecasted reduction in income generation. There were underspends in Direct Payment income recovery and Physical Disability services.

Looking forward to 2022/23, risks and potential pressures included increases to the cost of care, taking into account increases to the National Minimum Wage, costs associated with staff shortages and general living costs as a result of both the pandemic and leaving the European Union. An increase in service demand above forecast and the impact of delayed discharges from acute hospitals were also risks. The level of Government funding was never certain and the impact of the lifetime care cap would become clearer in time.

In response to Member questions, main points included:

- The forecasted level of income for Learning Disability services was less than Budget and the Council was working with Clinical Commissioning Group colleagues to review levels of funding
- Income Recovery from Direct Payments would take place after conversations and engagement. A contingency was acceptable, however, if the Council was funding over and above the level of outgoings and welfare was not at risk, then it was the correct course of action to recover some of the payments made
- For the benefit of new Members, further information would be shared on the Directorate's Transformation Plan, the '3 Pillar' Strategy

- The Head of Finance clarified that all budgets were a fair forecast.

407 Compliments and Complaints for Adult Services

The Panel had received a Report outlining the process for adult social care complaints, what was considered a complaint, types of complaints and the process for conflict resolution and mediation.

The Assistant Director drew attention to some comparisons between 2019/20 and 2020/21 in the Annual Report, including the rise from 7 to 30 in complaints related to Provider Services. It was hoped that Providers would resolve complaints directly, however, it was known that some of these were due to Care Home visiting arrangements as a result of the COVID-19 pandemic.

Financial Assessments and Direct Payments had seen a rise from 18 to 33 complaints. This was mainly attributed to providers requiring personal protective equipment during the pandemic and costs escalating.

The number of compliments had increased from 156 in 2019/20 to 267 in 2020/21, which was well received.

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

- There had been a significant rise in the number of complaints related to Standard of Service Delivery (from 11 in 2019/20 to 118 in 2020/21) and it was agreed that further detail would be provided to the Panel
- It was noted that the Consumer Relations Unit was using a new database which meant that future reports could be more meaningful
- In response to an increase in complaints about confidentiality, the Assistant Director stressed that often it was about perceptions and it was often hugely appropriate to share information
- In terms of the independence of the Consumer Relations Unit, the Panel was advised that that Unit comprised Council employees who were not part of the People Directorate and provided an independent view to the Directorate and would commission external investigators as appropriate. All complaints were risk assessed and followed a process of investigation
- The Director was clear that she took any complaint and compliment seriously and assured the Panel that Senior Leaders wanted to learn from the process and to understand the content of the complaint
- A Member asked about the audience of the Annual Report, to be informed that it was a statutory requirement to produce the Report and publish it on the Council website. The Panel agreed to add the Annual Report to its Work Programme
- In response to a Member commenting that residents must find it difficult to navigate the social care system, it was reported that Healthwatch had recently undertaken some work on this topic
- It was clarified that at present, if one complaint covered a number of service areas, it would be classed as one complaint

- Legislation suggested a maximum of six months to respond to a complaint, however, the Council had set a time limit of 35 working days for the completion of complaints, which could be extended if complex
- When asked whether Providers ever delayed the process, it was reported that the Council's Quality Assurance Team and Commissioning Team would be alerted, possibly resulting in contractual changes.

The Healthwatch Representative was invited to comment and wondered whether learning was taken from complaints which were withdrawn, to be informed that if it was a Provider complaint, it would be evaluated to establish whether it could be looked at by the Council.

The Panel was advised by Officers that if residents wished to make a complaint, the Consumer Relations Unit was the correct channel.

408 Council's Approach to Self Funders and Residents with Depleting Funds

Officers described that a self-funder, was a person who paid for their own care and support. The Government threshold was £23,250, which meant that if a person had over that amount in capital and savings, they would be expected to pay in full for their care.

Care Home fees for self-funders were often more than the Council agreed rate and around 20% of their business was from self-funders. Conversations were held early to discuss options for future provision with those residents with depleting funds. Some residents may have been in receipt of NHS funding to help with their nursing care, however, eligibility was reviewed and residents could potentially lose that funding.

The Panel Chairman highlighted a successful scheme of Roadshows across Worcestershire to promote early conversations about funding care and promoting independence at home.

Member discussion focussed on the following areas:

- The Government was looking at a lifetime cap on contributions to care, however, it was difficult to know what implications that would have for future funding of services
- Acknowledging that living at home for as long as possible with support was the aim, Members were concerned about the impact of this on carers. Officers explained that a social care assessment could be requested at any time and packages of care were available, which the Council could broker if needed. The Panel was reminded that the Council had a statutory responsibility under the Care Act
- The gap between numbers of Care Home residents and those living at home with live in support was closing
- Information, advice and guidance was available through a number of channels, with the Council's Access Centre, Here2Help service and the Carers Association likely to be first points of contact. Officers believed

that the Here2Help service was vital to the continued support available. It was agreed that contact details would be provided to all Councillors

- It was not possible to quote a fixed rate for a particular offer as Councils had a duty to offer the best value provider to meet an identified need, which, with market availability, could differ on a day to day basis
- Further detail and clarity was awaited on the Adult Social Care Reform announced by the Government on 7 September, however, the Director agreed to share the Council's submission to Government
- When asked when conversations took place with residents about running out of funds, Officers hoped that these begin as early as possible as financial and health assessments need to be undertaken. It was made clear to residents and any family members that whilst those are undertaken, any arrangements were interim.

The Healthwatch Representative was invited to comment on the discussion and added that they would welcome the early information, advice and guidance.

409 Review of the Consultation on Council Provided Day Services for Adults with Learning Disabilities

Members were reminded that a review of Council provided Day Services for adults with learning disabilities was being carried out and the consultation on day opportunities had closed on 31 October 2021. The aim of the review was to ensure that the offer was equitable, in accordance with assessed eligible need, promoted independence and met individual outcomes in the most efficient and cost-effective way.

Resource Centres were building based and very well staffed, with ratios often 1:1 or 1:2 due to the complexity of need. 101 service users accessed these Centres, with 85 accessing them regularly. Connect Centres were also building based but for adults with less complex needs. 90 adults accessed these Centres, with 79 using them on a regular basis. In addition, 286 adults accessed alternative provision through the market, therefore Council provision was in the minority.

Details of the consultation activity was provided in the Agenda and a final decision on the future day services offer would be taken by the Cabinet Member with Responsibility for Adult Social Care.

Officers reported that generally, people were happy with the provision that they were receiving and it had been noted that improvements would need to be made in the information, advice and guidance given during the transition period between children and adult services.

During the ensuing discussion, key points included:

- Transition arrangements between children and adult services could be started from age 14, although an Education Health and Care Plan (EHCP) was in place until age 25. The Young Adults Team was responsible for transition and challenges occurred when a young person

was in receipt of an EHCP but it was known that they would not be eligible under the Care Act

- Early indications suggest that there was sufficient capacity and capability across the County to meet the needs of those adults with less complex needs. The provision would need to grow, however, with support, Officers hoped for a changing menu of provision
- When asked what support would be available to service users during any change, Officers confirmed that it would be well managed and in a person centred way as any change could be a challenge to the individual
- Advocacy assistance was provided throughout the process and this would continue
- Across the Resource Centres and Connect Centres, 121 full time equivalent staff were affected. Staff consultation had not begun, however, the Council would want to retain staff wherever possible and be transparent in the next phase of development
- Officers and Public Health colleagues were working with providers to stimulate the market before the process of tendering and procurement.

The Cabinet Member commented that the Directorate was aware of the numbers of young people coming through the system, but their needs were very different to those older than them and the system currently in place needed to adapt.

The Panel was reminded of the combined discussion with the Children and Families Overview and Scrutiny Panel on the All Age Disability Strategy, which had been arranged for 11 January 2022.

410 Work Programme

Members agreed to schedule 'Update on Review of Funding Arrangements between the Council and the H&W CCG' for the 14 January 2022 Panel meeting.

A Member queried the impact on Council services as a result of ambulance handover delays, to be informed that it was more appropriate for the Health Overview and Scrutiny Committee.

The Panel agreed to add the following Items to the Work Programme:

- Direct Payments
- Transitions (Young Adults Team).

The meeting ended at 4.25 pm

Chairman