

Minutes of the Adult Care and Well Being Overview and Scrutiny Panel

County Hall, Worcester

Wednesday, 28 September 2022, 10.00 am

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 and Cllr James Stanley

Also attended:

Cllr Adrian Hardman

Mark Fitton, Strategic Director for People
Kerry McCrossan, Assistant Director for Adult Social Care
Sally Baldry, Principal Management Information Analyst
Steph Simcox, Deputy Chief Finance Officer
Paul Harbison, Consumer Relations Officer
Samantha Morris, Overview and Scrutiny Manager
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 18 July 2022 (previously circulated).

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

441 Apologies and Welcome

The Chairman welcomed everyone to the meeting. The Panel had a new member Cllr Andy Fry, although his apologies had been received for this meeting.

442 Declarations of Interest

None.

Adult Care and Well Being Overview and Scrutiny Panel Wednesday, 28 September 2022
Date of Issue: 19 October 2022

443 Public Participation

None.

444 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Previous Meeting held on 18 July were agreed as a correct record and signed by the Chairman.

445 Performance and 2022/23 In-Year Budget Monitoring

The Panel was updated on performance and financial information for services relating to Adult Services.

In-year 2022/23 Budget Monitoring – the Deputy Chief Finance Officer summarised the main points relevant to the forecast outturn, as included in the Agenda.

Adult Social Care was now showing an overspend, which was the picture for a number of local authorities with social care responsibilities. The current overspend was mainly due to an increase in clients and a significant rise in related costs; there had already been a growth of 2% in clients since the end of March which was forecast to reach 4% by the year end. Budgets had factored in inflation, however costs were now increasing in so many areas, particularly in provider services.

The Gross overspend of £13.6m was being partially offset by a £7.1m one-off mitigation, giving a £6.5 m net overspend, which was fantastic but left much more work to do.

Discussion points

- Regarding the task of identifying continued savings, the Strategic Director for People (the Director) referred to conversations within the Council as well as with other local authorities, with demand and contract management strategies being used where possible. A downturn in demand was beginning to be seen, possibly post-Covid, although it was too early to rely on this.
- Central Government's 'fair cost of care' exercise and expectations on councils to set sustainable market rates, which would inevitably be higher than current rates, was worrying since the expectation amongst councils was that this Policy would drive costs considerably.
- The Panel was assured that the Council was actively involved with the conversations taking place with central government regarding the 'fair cost of care' reforms through local government networks, and the Leader had a meeting with MPs the following week – all councillors were encouraged to take positive action through their own interaction with local MPs.
- Financial settlements for local government were not expected to be confirmed until very late before Christmas, and specific grants not confirmed in time for the Council's budget setting process.

- The Director acknowledged that invariably there may come a point where a council may have to make a call on its ability to continue to fulfil the statutory obligations of social care, which were set out in the Care Act 2014 – definitions in the legislation were quite open and there may be decisions to be made around some aspects of wellbeing, although it was emphasised that the Council had stopped providing ‘nice to have’ adult social care services some time ago. Importantly, aspects such as care for an elderly person living alone with care and support needs, was absolutely councils’ responsibility.
- Providers were facing significant cost increases and the cost of care packages was therefore increasing.
- Long-Covid was not an identifiable feature in increased numbers of clients.

Adult Services Performance Monitoring for 2022-23 Quarter 1 – the Principal Management Information Analyst talked through the background to each of the targets included in the Agenda.

Admission to permanent care for the 18-64 age group were 56 young people at the end of June. Numbers had been steadily growing from previously lower numbers in particular during the pandemic. Levels were now being managed down.

Admission to permanent care for older people figures were 746 at the end of June down from 804 at the end of March, following a concerted focus to reduce.

Performance for reablement was steadily increasing which was very positive. Performance for people aged 65+ at home following rehabilitation were good and just above target considering the challenging pressures during winter months.

Performance for annual care package reviews completed was now green for mental health teams. Pressures continued to impact on this target, and team representatives now met regularly to share good practice.

Discussion points

- The Assistant Director for Adult Social Care acknowledged that the target for review of annual care packages had not been met for some time, with issues in particular client groups, therefore an external provider had been tasked with improving performance, however the provider had also experienced significant recruitment issues. The Council continued to do everything possible to fill permanent staff vacancies. The Panel was reassured that regular monitoring took place to ensure new assessments and care package reviews were prioritised effectively.
- It was explained that the target for annual care package reviews was set at 95% since it was accepted that 100% was not realistic, however it was important to note that with increased levels of demand, there may be multiple contacts with people, rather than them being stable for a full year, with the result that the clock was constantly ticking.

- The swings in data for admissions to permanent care for older people over between 2020 – 2022 were the result of Covid. Families’ informal arrangements to meet an individual’s needs in the short-term were unlikely to be sustainable long-term, resulting in an inevitable spike in demand and it was good news that numbers were now reducing.
- In terms of the staffing pressures, there were a number of elements, for example significant recruitment issues for registered and non-registered social work staff – a levy had now been applied since pay rates were more favourable in some surrounding areas and retention had improved. The Council had its own social work academy. The broader care worker sector, most of which was within the independent sector, had experienced significant turnover with competition from other sectors. A range of initiatives were in place to make a career in care more appealing and the position varied with some teams fully staffed, and those in northern areas with more vacancies due to the proximity of Birmingham - the pressures explained some of the variances in performance, impacted on the ability to provide care and were nationally a significant challenge.
- It was difficult to pinpoint the reason for recruitment issues as whilst pay was not necessarily the top factor for social care staff deciding where to work, living cost increases made it increasingly important; for some, the pandemic had prompted retirement.
- The Cabinet Member with Responsibility for Adult Social Care did not feel Brexit was a particular factor in social care workforce pressures in Worcestershire and pointed out that the wider local economy now recruited from a global rather than European workforce.
- The Panel agreed the importance of promoting careers in the health and care sector, including earlier work with young people to promote the roles available.
- Comment was invited from the representative of Healthwatch Worcestershire, who asked whether the percentage of people who did not require ongoing services following a reablement service referred only to people requiring services from the County Council or also the independent sector and was advised that it could be provided by both, although statutory responsibility lay with the Council.

Information requested:

- The Directorate would provide examples of scenarios of care provided to the different cohorts of service users across the 18-64 age group, to develop understanding.
- Report on staff vacancies and retention to be added to the Work Programme.

446 Compliments and Complaints for Adult Services

Paul Harbison, Consumer Relations Officer (IT Customer Service), summarised the main points of the Agenda report on compliments and complaints relating to Adult Social Care Services, as part of an annual update to the Panel.

The Agenda report referred to the information presented in the Adult Social Care Statutory Representations and Complaints Procedure Annual Report for 2021-2022. Complaints had increased from the previous report's 123 to 233, with 13 being referred to the Local Government and Social Care Ombudsman (LGO), 3 of which were upheld and were found maladministration with injustice. The report included a breakdown of standards of service, which was the main area for complaints fully or partially upheld.

The highest areas of complaint concerned adult social care teams and provider services.

In terms of outcomes, 62 complaints were discontinued, which could be because the complainant had been asked for further information which had not been clarified or provided.

In the discussion which took place the following main points arose:

- The cost to the Council of dealing with a complaint or compliment was not recorded unless it was carried out by an external Investigative Officer.
- Low to medium risk complaints were dealt with by the Service Manager whereas medium to high risk complaints or those about a care provider would be dealt with by the Consumer Relations Officer or an externally commissioned Investigator.
- Regarding the extent to which key issues of a compliment were examined, compliments sent to individual members of staff from outside the organisation were included in monthly reports prepared by the Consumer Relations Officer, once the source had been verified as a genuine service user or representative. An area receiving particularly high numbers of compliments would be highlighted so that any learning could be shared.
- Quarterly reports on compliments and complaints were provided to the Directorate of People Leadership Team and Senior Leadership Team (SLT).
- The Director and Assistant Director were heartened by the volume of compliments they saw, and would send a letter of thanks to staff involved, with positive cases also being used in recruitment campaigns.
- The Panel Chairman agreed that thanking staff who received compliments was very important.
- The Assistant Director pointed out that issues were constantly being raised with many being dealt with by early intervention and she felt the management team was very competent in this respect.
- Consumer Relations did not look officially at other local authorities' reports, however it was important to consider the picture at other similar councils such as Shropshire and a networking group was due to restart, having paused during Covid.
- When asked whether the high number of complaints was a concern or due to historically low levels, the Consumer Relations Officer advised there had been a gradual increase, though not dramatically so. Some complaints were Covid-related, some were issues with providers and reablement was another identifiable area, although this service also

received high numbers of compliments. The Assistant Director added that the Reablement Service had doubled in size and subsequent recruitment challenges had increased pressures especially since the new 'discharge to assess' model which increased numbers being discharged from hospitals – unfortunately the pressures necessitated changes as staff were shifted to respond to pressures, however numbers of people being helped to remain in their homes remained high.

- The Cabinet Member with Responsibility for Adult Social Care used complaint reports as a valuable source of information, including those of neighbouring local authorities, and felt that a lot recently had been driven by lack of face-to-face contact during the pandemic.
- It was explained that in general, patients' ongoing care needs were planned for them as they left hospital; the discharge to assess model was to ensure that assessments such as continuing healthcare (CHC) assessments took place outside of hospital.
- The percentage of complaints which were escalated to the LGO and the themes of concerns were on a par with other local authorities. Of the 13 complaints referred, all had gone through the Council's complaints process, with a proportion asking for compensation for what in their view should have been provided to them. On occasion the Council had already stepped in, so while the complaint was upheld, the LGO would acknowledge action taken by the Council to put things right.
- Increased numbers of complaints for Learning Disabilities and Mental Health Services were attributed to the fact that this area had only recently moved back in house to the Council.
- The rise in complaints about decision making was likely to be financial for example around decisions about whether a person was eligible for social care and those related to CHC assessments were not purely the Council's decision.
- A Panel member commented that the report did not include many examples of complaints and related evidence of change or learning, which would have been helpful to the Panel, in view of increasing numbers. Whilst acknowledging the need to avoid potentially identifying the complainant, the Panel member pointed out that some would be very happy for their issues to be highlighted, and the Consumer Relations Officer would consider this for future reports, provided he had their full consent.
- The Assistant Director advised that quality assurance took place on all LGA complaints. The complaints received through normal channels were looked at by the Senior Leadership Team and the Council's Principal Social Worker and were not signed off until there was evidence that action had been taken. In recognition that more service user input was needed, a quality assurance forum was being established, and details could be shared with the Panel when available.
- The Officers present acknowledged the Panel's comments for future reports about including more narrative to explain any significant variances for particular services or issues and advised that future formats were being looked at.
- Comment was invited from the Healthwatch Worcestershire representative present, who asked how learning was captured from

complaints that had been discontinued, and also how the Council monitored complaints dealt with by providers. The Consumer Relations Officer explained if the complaint concerned a care provider, the complainant would be directed to the provider's complaints process but if they did not wish to do this or had not been responded to in a timely way, then the Council's statutory complaints process would apply. Following issues in the past with some providers' responses, the Council now requested copies responses and would work with providers on any unsatisfactory aspects. Safeguarding concerns would be highlighted to the Adult Safeguarding Team and would take precedence over the complaints process, something which was communicated to the complainant.

The Panel Chairman thanked the Officers present for their attendance and for considering the request for additional narrative in future reports on complaints and to explain any significant variances. A further report was requested in 12 months' time.

447 Work Programme

The following items were requested for the Agenda of the next meeting on 7 November:

- The Role of Adult Social care in Complex Hospital Patient Discharges / Delayed Transfers of Care
- Intermediate Care

A Panel member suggested deaths of people with learning disabilities for the work programme – the Director explained the Council did not lead on this area and the Panel Chairman undertook to consider this and future meeting agendas as part of agenda planning with Officers.

The Vice-Chairman had asked whether it would now be possible for Panel members to arrange to visit local area social work teams, which the Assistant Director for Adult Social Care was happy to facilitate and the Scrutiny Officers would liaise with the Directorate to set these up.

The meeting ended at 12.05 pm

Chairman