

# Minutes of the Adult Care and Well Being Overview and

## **Scrutiny Panel**

## **County Hall, Worcester**

## Friday, 24 March 2023, 10.00 am

#### **Present:**

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

#### Also attended:

Keith Brown, Worcestershire Safeguarding Adults Board Simon Adams, Healthwatch Worcestershire

Mark Fitton, Strategic Director for People
Rebecca Wassell, Assistant Director for Commissioning
Francesca Darby, Head of Learning Disabilities Service
Bridget Brickley, Worcestershire Safeguarding Adults Board Manager
Richard Stocks, Senior Finance Business Partner
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 23 January 2023 (previously circulated).

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

## 464 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies were received from Councillors David Chambers and Andy Fry.

#### 465 Declarations of Interest

Adult Care and Well Being Overview and Scrutiny Panel Friday, 24 March 2023 Date of Issue: 21 April 2023

None.

### 466 Public Participation

None.

### 467 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 23 January 2023 were agreed as a correct record and signed by the Chairman.

### 468 Safeguarding Adults

Professor Keith Brown introduced himself to the Panel and explained that in addition to his role as Independent Chair of Worcestershire Safeguarding Adults Board, he was also Chair of the Safeguarding Adults National Network, therefore he had a fairly large national profile in safeguarding.

The Agenda included the Worcestershire Safeguarding Adults Board (WSAB) Annual Report for 2021-22, and the Independent Chair referred to the areas of work which had continued to be progressed. The main area of comment had been around the need for some work on referrals meeting Section 42 criteria, since there was an issue nationally when considering Safeguarding Adults Reviews (SARs) around co-ordination of care and support for vulnerable individuals to make sure people did not fall between services. Worcestershire now had a CARM framework (Complex Adult Risk Management) which was very positive, and the Chair praised the Council's approach in its development. Work was also taking place to review processes around SARs to try and help bring down the time taken for Home Office sign-off.

Safeguarding referrals had increased, which the Council was commended for increasing resources to deal with and while some were not appropriate, a lot were very appropriate. Other areas of work included exploitation, and a review of rough sleepers. The Independent Chair felt safeguarding adults was well resourced and the Council was therefore well prepared for any inspection by the Care Quality Commission.

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

• Regarding activity data, the question was asked about confidence that issues were not being missed and the Independent Chair agreed this was a pertinent question since strategies and systems were based on what was known. Fraud was an example of an increasing problem, where it was estimated that only 5% of issues were reported – and safeguarding systems were based on this limited data. From his involvement in discussions about groups of people where there may be less insight, he believed the main one was lonely, older people who were isolated and therefore their voices were not well heard. For example, it was very revealing that follow up work on an exercise to assess the impact on wellbeing of older people who had been victims of fraud, by supplying call blocking devices – many had removed the

- blocks as they were so lonely, they preferred to receive the contact of fraud calls. He believed it was absolutely right therefore to explore new areas of safeguarding and to highlight inappropriate behaviour.
- The WSAB Manager added that locally there was a lot of work taking place and an adult safeguarding network had been established to hear from organisations working at ground level.
- Panel members agreed that greater reporting of safeguarding concerns indicated greater awareness.
- Assurance was sought about how safeguarding systems would prevent homeless people falling through the gaps, which had been highlighted as a concern by district councils. The WSAB Chair referred to new understanding around self-neglect and capacity, and whether an individual had capacity to be able to deal with decisions about everything; did they have capacity to deal with information and processes in order to make the right decision about particular areas, such as choosing to sleep rough. It was important to look at the reasons and impact of factors such as drugs and alcohol or mental health.
- The WSAB Manager pointed out that the Self Neglect Policy had been a game changer especially for rough sleepers and hoarders, who should receive a social care assessment, and many had now gone through this process. The Council had been very active in helping develop this Policy. An Assurance Panel met every two months, which looked at recommendations including those from the thematic review (on people who sleep rough) and set expectations for the way forward - and included representatives from organisations which provide homelessness services locally, a regional representative and Healthwatch Worcestershire, as an observer. The vast majority of homeless people were identified through the Complex Adults Risk Management Framework. The Panel's work had reached a period of difficulty around the Homelessness and Rough Sleepers Strategy, since questions had been raised around governance which had not met the expectations of some of the homelessness providers. The WSAB Manager highlighted the difficulty of addressing homelessness within two tier areas since homelessness and housing provision was a district council responsibility whereas many of the services aimed at preventing it were part of county council responsibility – a meeting involving all partners was therefore being scoped.
- The approach used with the Self Neglect Policy and Assurance Panel had brought rigour and the opportunity for organisations to influence policy, which was therefore being applied to other areas of safeguarding.
- The WSAB Manager believed the CARM framework would help to prevent homeless people falling between the gaps on services, and would provide a case study to help demonstrate this. While it would be impossible to eradicate deaths of rough sleepers due to the complexity of human nature and the fact that some would not accept help, she believed the risks had certainly been reduced.
- The WSAB highlighted the need over time for society to review the model of services open to rough sleepers, which was still largely based around hostals which were not well liked by many homeless people as they could be violent.

- Panel members agreed on the need to work together to create safe sleeping places, and for information about how to access provision to be readily available. The fact that some hostals did not allow pet dogs was also a barrier.
- Panel members were interested and enlightened to hear about the work overseen by the WSAB, which provided some reassurance.
- Panel member Cllr Denham, referred to discussions at Worcester City Council and expressed interest in continuing discussions with the WSAB representatives present in respect of Worcester's new Housing Strategy.
- Everyone agreed on the importance of supportive of communities and encouraging people to network, which also helped reduce issues such as fraud.
- When asked about the main challenges, the WSAB Chair spoke about workforce planning, the worry of providers having to close and how to promote the value of working in social and health care. The WSAB Manager referred to mental health services such as access to assessments, which she understood was also impacted by workforce issues.
- Regarding the fact that a large proportion of concerns reported related to people who had been the subject of concerns previously, it was explained that this amounted to only 26 people, and sometimes an element of risk remained for example if was a family member and while a concern could be reduced, they did not want to cut off all contact.
- Comment was invited from the Healthwatch representative present, who commented on the work being done on homelessness by the Quality Assurance Panel which was pleasing. The thematic review of deaths of rough sleepers in Worcestershire had been very much welcomed and included some very good recommendations however healthwatch was concerned that they were not all reflected in final Worcestershire's district councils' homelessness and rough sleepers strategies, and was therefore urging the Assurance Panel Chair to persuade councils to act on this.
- A further comment from Healthwatch regarded access to mental health services to encourage engagement, and the WSAB Manager advised that liaison was underway with colleagues in mental health services, for example not giving telephone appointments to someone who did not have a phone.

The Panel Chairman thanked everyone for their attendance and the information provided.

## 469 Learning Disability Operational Services

The Head of the Learning Disability Service (Head of Service) introduced herself to the Panel and thanked the members who had recently visited some of the social work teams, including the Learning Disability Team – staff had welcomed the interaction.

The Head of Service summarised the report and explained that the Learning Disability Service (LDS) supported over 1400 adults with a learning disability,

across two teams located in the south and north of the county, with the addition of a Vulnerable Adults Team (VAT) which supported around 120 adults aged 16-25 who had Autism, associated learning conditions and learning difficulties.

A peer challenge review in 2019 had identified several areas for development, and the Head of Service was very pleased to report good progress.

There were now good joint working arrangements with the Integrated Care Board had continued with work towards a formal agreement for joint funding. The LDS had introduced the named worker approach which was national best practice. Investment in an external agency to complete the backlog of outstanding reviews for the LDS caused by historically low staffing had worked very well.

The transition of young people into the service from Worcestershire Children First continued to strengthen with good operational working between teams.

The Vulnerable Adults Team had been reviewed to ensure a robust staff team was in place to deal with anticipated future demand – this would continue to be a priority along with overall LDS recruitment and retention and preparing for CQC inspection.

The Chairman congratulated the nomination of a member of staff from the LDS team for a national award of Newly Qualified Social Worker of the year.

Questions and the following main points were made:

- The cost and staffing numbers involved in the Learning Disability Review Project was queried, which the Officers undertook to verify. The aim of the project had been to complete a backlog of outstanding reviews which had built up due to inadequate numbers of staff, however going forward the LDS team was fully staffed.
- Regarding capacity of the Vulnerable Adults Team, it was explained that demand for, and capacity of the existing Team was being reviewed.
- The Head of Service agreed the importance of people having a named social worker, therefore there was a focus on staff retention and this was improving.
- It was explained that the projected figures for the number of people aged 18-64 with Autistic Spectrum Disorders were based on public health data but would change over time.
- The strengths-based practice was very much the vision for the Service, and based on people using their own strengths and community links to identify what was needed to enhance lives, and to focus on can rather than can't.
- The difference between the Young Adults Team and the Vulnerable Adults teams was clarified; those being helped by the Young Adults Team had previously been supported by the Children with Disabilities Service, within WCF, whereas those transitioning to the Vulnerable Adults Team had been supported by other WCF teams, such as the Looked After Children team.

- A Panel member sought reassurance about the effectiveness of services to support young people transitioning into adulthood and the Strategic Director acknowledged that the Young Adults Team was relatively new and that there was scope for more progress to be made to help young adults with learning disabilities have the same aspirations as everyone else – he referred to the scheduled joint discussion in July between the two Overview and Scrutiny Panels responsible for adults and for children and families, which could explore such issues.
- The Cabinet Member with Responsibility for Adult Social Care commented that the transition process used to start at 18 and had been described as brutal from the individual's perspective. Numbers of young people coming through were increasing and he believed planning needed to start at a younger age, around 12.

The Chairman thanked everyone for their attendance and the information shared.

### 470 Update on Social Care Reforms

The Assistant Director for Commissioning explained that the report provided a further update on Charging Reform which establishes a fair cost of care, and the introduction of a Care Quality Commission (CQC) assessment regime on local authorities, following earlier reports to the Panel.

The Government had delayed implementation of the Charging Reform for two years until October 2025, however work to prepare for this would continue and the delay gave more time for the Directorate to verify data, refresh the website and to work on the redesign of the Adults Front Door. A considerable amount of information and guidance was still awaited from the Government. Staffing requirements would be quite significant and were being considered.

The Fair Cost of Care exercise focussed solely on the 18+ domiciliary care market and the 65+ general and nursing residential care market, using analysis of provider data to establish a median cost of care. The word 'median' was very important as it was being found to vary quite significantly, and while although Despite delay of moving towards a Fair Cost of Care, local authorities were still required to publish some of the documents they had been required to submit to the Department of Health and Social Care, which the Council had done. The process was ongoing, with a large number of unknowns. There was a whole separate exercise to communicate the changes to providers, however due to the complexities involved, had not been well understood or accepted.

Preparation for the new CQC assessments involved an enormous amount of work and the Council had been fortunate to be able to do a series of dress rehearsals with other local authorities.

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

 When asked how the Council managed communication with care homes in such confusing circumstances, mindful of the existing pressures and the desperate need to avoid care homes closing, it was explained that the Council did all it could to identify the best use of resources when looking at fees, which was then out to the marketplace. Certain sectors had particular problems which may require work to shape the market. Unfortunately expectations had been set extremely high by the way in which the Fair Cost of Care exercise had been introduced.

- In terms of market shaping, it was important to look at what need was envisaged for the future. For example, there were national and local strategies to support people to live at home where possible and safe patient discharge from hospitals may require more home visits. Numbers of people entering residential care homes had declined however there were other needs around complex care including dementia there would be a lot of work to consider these factors, and to try to work with the market and providers to try and encourage the market to adapt.
- The Cabinet Member commented that despite the good intentions of the Government's Charging Reform, he envisaged further delays and was not sure it would ever be implemented.
- Panel members agreed it was good to have more understanding of the social care reforms.
- It was clarified that the median cost of care was calculated for Worcestershire as a whole.
- Clarification was sought regarding use of national market sustainability funding, and it was explained there were a large number of different budgets and contracts and the Council tried to be as innovative as possible and sought feedback from providers on a number of possible ways in which it could assist. There were real difficulties with workforce pressures and some work had taken place across the sector to look at how to support and develop the workforce although there were limitations. The Council tried to stretch every penny but whether it was ever enough was another question.

The Chairman thanked the Officers for their update.

## 471 Performance and 2022/23 In-Year Budget Monitoring

#### Performance Information (Quarter 3 October to December 2022)

The Strategic Director for People summarised the main headlines from the key performance priorities for adult social care (Appendix 1).

Regarding progress with completion of annual care reviews, it was highlighted to the Panel that while current performance of 85% was below the ambitious target of 95%, it was strong in comparison to other local authorities across the West Midlands, the average of which was 55-65% completion.

A Panel member suggested it would be helpful to have information about neighbouring local authorities' performance to enable comparison, and it was agreed that consideration would be given about how to incorporate this.

Regarding the target for the number of people aged 65+ at home following rehabilitation, it was confirmed that good performance meant more people in their home environment and he would verify the wording of the report format.

The Strategic Director acknowledged a query about the use of the age 65+ which was now below the pensionable age, which he would feed into discussions he was involved in with partners at national level about future reporting of adult social care, due to go live the following year – and which was likely to influence the format for this Panel.

#### In-Year Budget Information for Period 9

The Senior Finance Business Partner summarised the main headlines for the forecast financial position for Adult Services (Appendix 2) and explained that there were no new risks.

It was clarified that the change in figures for the Adults Commissioning Unit was a reporting issue, since the headline figure had a lot of detail behind it, and included elements of the Better Care Fund.

It was clarified that increases reported in client numbers since 1 April for older people (4%) and learning disability (5%), that variations would occur as they were demand-led services, and assumptions were based on what was predicted, using the data available.

The Cabinet Member with Responsibility for Adult Social Care explained that the Directorate always tried to model as accurately as possible and were aware of demographic changes. In respect of any predicted impact on services from the loss of elderly parent carers (for adults with disabilities) on demand for services, it was important to reassure elderly carers about the benefits of supported living arrangements.

#### 472 **Work Programme Refresh**

The Panel agreed it was content with the Work Programme, which had also received input from Healthwatch Worcestershire, as part of the refresh exercise.

The following item was adde	a:		
Care market for older adults	(includina	both r	esidentia

Care market for older adults (including both residential care homes and domiciliary care) – Officers would carry out further scoping
The meeting ended at 12.00 pm
Chairman