

Minutes of the Adult Care and Well Being Overview and

Scrutiny Panel

County Hall, Worcester

Friday, 14 July 2023, 10.00 am

Present:

Cllr Shirley Webb (Chairman), Cllr Lynn Denham, Cllr Andy Fry,
Cllr Paul Harrison, Cllr Matt Jenkins, Cllr Adrian Kriss and Cllr James Stanley

Also attended:

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

Kerry McCrossan, Assistant Director for Adult Social Care

Rebecca Wassell, Assistant Director for Commissioning

Steven Medley, Lead Commissioner

Victoria Whitehouse, Better Care Fund Commissioning Manager

Sally Baldry, Principal Management Information Analyst

Richard Stocks, Senior Finance Business Partner

Samantha Morris, Interim Democratic Governance 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 22 May 2023 (previously circulated).

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

480 Apologies and Welcome

The Chairman welcomed everyone to the meeting.

Apologies were received from Cllrs Alan Amos and Jo Monk.

481 Declarations of Interest

Cllr Andy Fry declared a pecuniary interest regarding his employment for a care company which worked with the Council.

Cllr Lynn Denham declared a personal interest regarding Agenda Item 5 (The Role and Benefit of Assistive Technology) regarding her role as Chair of Worcester Dementia Action Alliance, and as an advocate for assistive technology, had opened the SmartLiving facility at Heart of Worcestershire College.

Regarding Agenda Item 6 (Better Care Fund), Cllr Denham also declared a personal interest as Worcester City Council's representative on the County Council's Health and Wellbeing Board (HWBB).

Cllr Shirley Webb declared a personal interest as Bromsgrove District Council's representative on the HWBB.

Cllr Paul Harrison declared a personal interest as Wyre Forest District Council's substitute representative on the HWBB.

482 Public Participation

None.

483 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 22 May 2023 were agreed as a correct record and signed by the Chairman.

484 The Role and Benefit of Assistive Technology in Care Planning

In attendance for this item were:

Assistant Director for Adult Social Care
Assistant Director for People Commissioning
Lead Commissioner
Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care

On behalf of the Panel, the Chairman thanked the Officers for facilitating the recent visit for Panel members to the new SmartLiving Academy at Heart of Worcestershire College which included two apartments which demonstrated the potential for technology enabled care. The Chairman had provided information on assistive living to Chadsgrove School and to supported living facilities in Bromsgrove.

The Lead Commissioner introduced the report which set out the cost benefits of assistive technology (AT) and the areas where technology could help in care planning, which was a growing list, as well the key areas of use at the moment and plans for the future.

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

- A concern was expressed about the high cost of an example of assistive light technology option at the SmartLiving apartment (costing £7,000) which seemed disproportionate for something which was becoming more common in normal life, and assurance was sought that best price was being procured. The Lead Commissioner explained that the SmartLiving facility was very much an example and would verify that there were economies of scale for any recommendations made by the Council. There was a cost to enabling someone to remain living in their own home, but an advantage of working with the existing provider was that they provided a range of costed options in liaison with the social worker, which would be reviewed and could be challenged.
- It was clarified that the 20,000 AT connections across the United Kingdom referred to in the report related to Community Housing (CH) connections alone, therefore the total number would be much higher. The report included the number of people in Worcestershire using AT through Community Housing (990) and average costs (£6.74 a week). AT could be something as simple as a call alarm and a key advantage of the Worcestershire offer was that the technology was in effect wrapped around the individual; the balance was right.
- The Assistant Director for Commissioning pointed out that the wider benefit of AT was that it could avoid someone requiring more expensive care including hospital stays or experiencing harm.
- A member sought assurances of monitoring the standard of response to alarm calls, following a recent case she was aware of where an individual was locked out and eventually left to resolve the situation. The Officers explained that the service specification included 3 metrics around time to answer calls and effectiveness, with calls prioritised, and the provision to divert to 999. A recent feedback exercise had been very positive however Officers would always be happy to look into any queries.
- Regarding equipment maintenance, it was explained that the contract with CH was to assess, install, monitor and uninstall, therefore if for example a battery started to degrade, this triggered a call to CH.
- A Panel member asked how use of AT was promoted, including to those not in touch with the Council, and it was explained that CH already had a presence within social work teams, which worked really well, and team meetings were also used to increase engagement.
- The Panel agreed that information on the Council website would be helpful in order to signpost the public to AT, which the Cabinet Member with Responsibility (CMR) for Adult Social Care agreed was a good idea, and the Officers would take this forward.
- Other opportunities where AT was being encouraged included when people were being discharged from hospital or following reablement.
- The Adult Front Door was a further way for staff to signpost people to AT, and the Lead Commissioner pointed out that there were wider opportunities for AT providers which did not necessarily involve the Council.
- Targets for increasing the number of people using AT were not felt appropriate as the Officers explained this could lead to AT being

introduced where it was not appropriate, resulting in unnecessary loss of skills.

- The CMR reminded the Panel of previous public roadshows where an AT provider had been present, which had been successful in promoting its use to older residents - he suggested their leaflets could be re-circulated to all members, and these would be forwarded.
- A Panel member highlighted the cost of falls to the NHS which the report stated amounted to £2.3bn nationwide every year and the Assistant Director for Adult Social Care agreed the importance and potential savings of maximising hospital admission avoidance, including falls prevention work. Conversations were underway with partners, for example looking at easy to install kit, which was readily available, however there were challenges to overcome, including increased acuity levels of patients being discharged whose needs were therefore more complex.
- The Assistant Director for Commissioning pointed out that trying to keep people safe and at home was paramount and was a key part of discharge planning, not just related to AT.
- The CMR referred to work by Dorset Council to predict those most likely to have a fall, which was of great interest to himself and the CMR for Health and Wellbeing, since it was judged to have halved hospital admissions, therefore had the potential for huge savings – 96% of falls occurred at home and the prevention agenda was very important.
- When asked about confidentiality safeguards, the Officers explained that for each piece of AT, CH would explain the role, data and how this was managed and stored, and the Council also worked with CH around data protection. Sensitivity around use of data generated lots of questions from individuals and family members, and while sensitivity was completely understood, this was also the biggest barrier to making use of the data. However, AT also had a role in providing reassurance to families by effectively breaking down some of the walls of care homes.
- It was acknowledged that the future role of artificial intelligence (AI) would be looked at by the Overview and Scrutiny Panel for Corporate and Communities.
- When asked whether AT data provided a means to monitor quality of care, the Officers advised that technology could identify areas which would benefit someone's care, for example previous work around an individual with learning disabilities and complex care needs, had revealed that carers were not always going in at the appropriate time, with unintended consequences.
- It was acknowledged that several changes in name of the Council's AT provision (although often the same staff worked for the provider) could be confusing.
- A Panel member highlighted the need to consider the potential unintended consequences of replacement care, the example given was of an elderly person had deteriorated dramatically after a respite care out of the home environment.
- A Panel member questioned whether there was the potential to integrate AT with artificial intelligence, however the Officers were unaware of any councils using this in practice,

- A Panel member raised the importance of encouraging people to keep fit, and of identifying those likely to fall through their medical condition. As part of preventative work, the Chairman referred to District Councils' work with the County Council on ageing care and encouraging community group participation.

The Chairman thanked the Officers for the information. The Panel would follow up the discussion with comments to the CMR and a further update was suggested in 12 months' time.

485 Update on Better Care Fund

In attendance for this item were:

Assistant Director for Adult Social Care
 Assistant Director for People Commissioning
 Better Care Fund Commissioning Manager
 Senior Finance Business Partner
 Cabinet Member with Responsibility for Adult Social Care

The Better Care Fund Commissioning Manager introduced the report on the Better Care Fund (BCF) Plan for 2022-23, and explained that two year Plans were now required by NHS England (NHSE), a change from previous one year Plans. The use of BCF mandatory funding streams had to be agreed jointly and reflect local health and care priorities. National metrics were set, which were expected to be reviewed in 2024. The report included funding allocations, BCF planning requirements and templates, including an additional discharge template for this year, due to additional funding for activity to support discharge from hospital.

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

- A Panel member asked how the overspend (detailed in Agenda Item 7 - the year end budget monitoring) compared with other local authorities, and the representative present from the Council's Financial Services undertook to contact other councils to have comparison on BCF overspend. He also advised that additional capacity had been built in.
- It was noted that the overspend against the budget related to Pathway1 activity to support timely discharge from hospital and was funded by one off contributions in year. All other BCF services were spent to budget.
- Regarding reporting and auditing of District Councils' use of Disability Facilities Grant (DFG) funds, it was believed that information on numbers of grants was available. The Cabinet Member with Responsibility (CMR) for Adult Social Care believed that the Council's Internal Audit Team had looked at the fact that several District Councils had underspent DFG funds which raised questions about their effectiveness, although he acknowledged that there were sometimes practical difficulties in taking forward equipment installation.
- In response to a query, it was not believed that BCF funds were used on work relating to tackling homelessness, although the Assistant

Director for Adult Social Care was leading some work with the Integrated Care Board (ICB) on homelessness, in conjunction with the District Councils.

- A Panel member queried the considerable increased allocation in hospital discharge funding in the report, and it was clarified that this was due to a difference in length of the reporting periods.
- The source and mechanism for the Council receiving BCF funds was clarified, with the NHS paying the Council for its spend on activity, up to a ceiling of allocation. There was a formula to distribute BCF funds across Integrated Care Boards. The Council was required to report back through a regime of reporting, which could be fortnightly or quarterly.
- Panel members observed the significant amount of work involved in BCF reporting and submissions to the Government, which the Officers agreed was considerable, with templates often not confirmed even 48 hours before submission deadlines – a Panel member suggested that the bureaucracy involved was detrimental to the Council's role in delivering services, and that this point could be fed back to the Government.
- Several Panel members were also District Council members of the Health and Wellbeing Board (HWBB) and they made the point that the detail of the BCF Plan had not been available at the point of signing off plans through the HWBB – they asked for improvements to the timing and governance of this process to enable better democratic scrutiny, which the Chairman took on board – the Officers acknowledged the unsatisfactory situation, however explained that the dates set by the NHS and lateness of templates made it extremely difficult to meet meeting cycles.
- The CMR felt there was a lack of understanding at a higher level of the partnership working locally between councils and the NHS.
- Regarding the proposed closure of the Home First pilot, it was clarified that this was an enormously successful wrap around care service, commissioned by the Council – conversations were ongoing with health partners to determine its continuation although this would likely be at a lower level of capacity.

In conclusion, the Chairman advised that recommendations around BCF processes would be forthcoming, based on the discussion that had taken place.

486 Performance and 2022/23 In-Year Budget Monitoring

Performance Information for Quarter 4 (January to March 2023)

The Principal Analyst for the People Directorate summarised the main headlines from the key performance priorities for adult social care (Appendix 1).

It was hoped that figures for admission to permanent care for those aged 65+ would be more in line with the comparator level as a result of measures in place, and a recent audit had demonstrated confidence in decisions around

new admissions. The performance dashboard now included a table to show the average age of admissions by care type, as requested by the Panel.

Regarding outcomes of short-term services, it was very positive that despite higher numbers of people coming through to services such as reablement, results were still improving.

The percentage of annual care package reviews completed had dipped, however it was pointed out that an increase in complexity meant reviews took longer, and there was an action plan in place.

A Panel member asked whether the data indicated any impact from people suffering from Long Covid, and was advised that this was a question for NHS colleagues.

In-Year Budget Monitoring for Period 12

The Senior Finance Business Partner present summarised the main headlines from the budget outturn headlines for adult social care for period 12 (Appendix 2).

In relation to the £6.5m overspend forecast for Adult Services, services for learning disabilities were the biggest contributing factor, in particular the Younger Adults Teams (with a £4.6m overspend).

Panel members queried the 43% variance in costs for the Younger Adults Team, when variances for the other areas were broadly in line with inflation, and were advised there were a number of factors, one being the higher rise in costs for bed based care. The Officers explained that costs had begun to exceed predicted levels quite early on, as children with home based care came through the system into Adult Services. As people's needs increased there may be difficult decisions in order to achieve best value, which could be in contradiction to the Council's aim of keeping people at home where possible.

The fact that higher than forecast numbers of young people were coming through to Adult Services from the Learning Disability client group was queried, and it was explained that this could stem from a gap in information, and was an acknowledged issue which was not fully understood, but that regular meetings between Worcestershire Children First (WCF) and Adult Services now took place.

The CMR suggested that another factor for budget variance for learning disabilities could be attributed to WCF taking a different approach to Adult Services. The Assistant Director gave a recent example of a 16 year old individual who had been receiving residential based care, at times with a staff ratio of 3 to 1, whereas Adult Services would typically recommend Shared Lives provision, where providers provide care and support from their own homes, and this could have a big financial impact. It was important to work with families during the transition to adulthood but now that this took place at a much earlier stage, there would be more opportunities for conversations about these type of different approaches.

The Panel was advised that in addition to inflationary cost pressures, a 20% vacancy rate across residential care also drove costs up, and the CMR commented that this fact did not deter more new care homes, which often relied on self-funded residents.

A Panel member asked at what point the Council may no longer be able to provide for adults' needs, however the CMR and Officers pointed out that legislation required councils to fulfil care duties, nonetheless it was concerning that Worcestershire had one of the largest older populations, which was rising.

487 Work Programme

The following items from the work programme were proposed for the 13 October meeting, which the Directorate Officers would confirm:

- How the Council works with partners on homelessness
- How to access adult social care (the Adult Social Care Front Door)

A Panel member suggested the work programme include an item on quality assurance processes around services for adults with learning disabilities. The Assistant Director for Adult Services Commissioning explained that no one would be placed with a provider with an inadequate rating and the Council worked with any provider where improvements were required; there were a lot of good providers and the same processes were followed for placements, irrespective of whether it was a new or existing package of care.

The meeting ended at 12.15 pm

Chairman