

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

County Hall, Worcester

Friday, 13 October 2023, 10.00 am

Present:

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

Also attended:

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

Mark Fitton, Strategic Director for People
Kerry McCrossan, Assistant Director for Adult Social Care
Richard Stocks, Senior Finance Business Partner
Hannah Perrott, Assistant Director for Communities
Nikki Breakwell, Head of Service Adult Front Door
Sally Baldry, Principal Management Information Analyst
Kate Griffiths, 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 14 July 2023 (previously circulated).

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

488 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies had been received from Panel members Jo Monk, Alan Amos and Adrian Kriss.

The Chairman agreed to a change in the running order of the Agenda, and Item 6 (Update on Developments with the Adult Front Door) was considered first.

489 Declarations of Interest

Cllr Andy Fry declared a pecuniary interest regarding his employment for a Learning Disabilities provider which had connections to the Council.

490 Public Participation

None.

491 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 14 July 2023 were agreed as a correct record and signed by the Chairman.

492 Update on Developments at the Adult Front Door

In attendance were:

Mark Fitton, Strategic Director for People
Hannah Perrott, Assistant Director for Communities
Kerry McCrossan, Assistant Director for Adult Social Care
Nikki Breakwell, Head of Service Adult Front Door
Cllr Adrian Hardman, Cabinet Member with Responsibility (CMR) for Adult Social Care

The Assistant Director (AD) for Communities introduced the report, which provided an update on progress with the Adult Front Door (AFD). The AFD was now the main point of contact for Worcestershire residents (18+), their families, carers and professionals who require access and support to services, information and advice.

The AFD had been created by combining the previous Adult Contact Centre, the Connect Health and Wellbeing, and the Here2Help Teams.

The new way of working enabled strengths-based conversations to take place at the earliest opportunity, and in many cases people would be given or signposted to advice and guidance to meet their needs, or referred to available community support. For those who needed more support, a small team worked proactively with Care Act eligible individuals.

Progress was beginning to be seen however the AFD was in its very early stages. Work was also taking place with partners to improve the number of contacts coming to the AFD which were not appropriate.

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

- Regarding monitoring of the AFD model, the AD for Communities explained that this formed part of the CQC inspection, and that the social work team also audited cases – however at this early stage the quality assurance model was work in progress and she suggested

would be better placed in six months' time. Capturing feedback was very important and users of the AFD were contacted to verify if their needs had been met.

- A further benefit of the AFD was that it provided more data about why people asked for help, which would be useful to share with partners to develop understanding and a more proactive approach.
- A member suggested it would be helpful to include a range of scenarios in future updates to the Panel.
- Panel members sought clarification about the significant demand of, on average, 48-55% avoidable contacts, and it was explained that there may be digital solutions to enable people to find information themselves. Reducing avoidable contact meant that there was more capacity to deal with demand.
- When asked how people would know the correct route for their enquiries, it was clarified that currently, a large proportion of avoidable contact came from practitioners, who should know correct routes, whereas an element of avoidable contact from the public was to be expected and was managed.
- In terms of promoting the AFD, a balanced approach was being taken to avoid overloading the new model, however there was a continued push to communicate the AFD to partners and there were plans to develop the website.
- Examples of proactive partnership working included with the police, fire and ambulance services and public health.
- The role of councillors and parish councils in spotting vulnerable individuals was acknowledged, although the Officers pointed out that information on individuals could not be shared, nonetheless a collective understanding was needed to minimise risk.
- AFD Advisors did not need to be professionally qualified, although some were, but they did need previous relevant experience, knowledge of mental health support, and received induction and ongoing training. Management and social worker staff had oversight of AFD advisors.
- The CMR for Adult Social Care commented that the AFD was the exact right way to go, from what had been a very confusing landscape.
- A member suggested there was confusion around the new AFD, and the AD for Communities emphasised that the model was at the start of its journey. Staff and training had been the priorities and the feedback element had only just started. Officers had done as much as possible to manage the transition, and because of the fantastic success of the earlier Here2Help model, the decision had been taken not to cease this and other elements at this point, but to introduce the AFD alongside – the message was getting out and people were using Here2help less.
- The Strategic Director (the Director) stressed that fundamentally, the message was that the Council was there to help you to help yourself, which was a key responsibility. Nationally there was growing demand for adult social care and the Council's resources had to be targeted appropriately, whilst signposting people who just needed information and advice.
- The Chairman believed the AFD was building on the success of Here2Help, and acknowledged it took time for any new system to bed in.

- A Panel member asked how the change in police approach nationally to attend less mental health incidents, had impacted on the Council's work. The Director advised that early work had taken place with West Mercia Police, which had been positive, and the apparently greater impact in other areas may be because they had had more involvement previously – in Worcestershire the police would continue to be available to enable approved mental health practitioners to fulfil their duties, which was key.
- The AD added that Officers worked in particular with (the Police) Harm Assessment Unit on two-way training in order to be clearer about roles and referrals, and it was important to work together.
- The CMR acknowledged that the number of different statutory bodies could be challenging when trying to use health and social care funds as effectively as possible. He and the CMR for Health and Wellbeing would be meeting with West Mercia Police and Crime Commissioner and would discuss the Prevention Agenda - it was a fair point to give challenge, for example around the funding for issues such as speeding compared to preventing suicide.

The Panel requested an update of the AFD in six months' time, which the Officers agreed would be an appropriate point.

493 Performance and 2023/24 In-Year Budget Monitoring

In attendance were:

Mark Fitton, Strategic Director for People
 Kerry McCrossan, Assistant Director for Adult Social Care
 Richard Stocks, Senior Finance Business Partner
 Sally Baldry, Principal Management Information Analyst
 Cllr Adrian Hardman, Cabinet Member with Responsibility (CMR) for Adult Social Care

Performance Information for Quarter 1 (April to June 2023)

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

Although admissions to permanent care for those aged 18-64 had increased, social work teams worked constantly to minimise people entering long-term placements, and continued to monitor placements. The message was similar for those aged 65+ and best value principles were also always applied to placements.

As requested by the Panel, the performance dashboard now included a table to indicate the primary reasons for admission to residential and nursing care, with the highest number being personal care.

Regarding outcomes of short-term services, the complexity of needs had increased but results were still being achieved.

At the end of quarter 1, 80% of annual care package reviews were being completed, although it was highlighted that there was a range of performance, with some service areas as high as 90%, and the support from an external agency was bringing improvement.

Discussion points

A member queried the variance in the rate of admissions for adults aged 18-64 to permanent care, and was advised that factors included a wariness of entering these settings during the pandemic, which was now dissipating, plus increased severity of people's health conditions. There was considerable variance nationally, and it was also pointed out that numbers of individuals concerned were small, therefore figures were more likely to fluctuate. The Strategic Director reported that nationally concerns had been raised to the Care Quality Commission about the need to understand variances in adult social care across the country.

Responding to a query as to why the Council's performance for admissions to permanent care continued to be below the comparator average, the CMR for Adult Social Care said he did not believe the comparator average brought out the Worcestershire demograph, as the percentage of those aged over 75 was increasing considerably. The Assistant Director (AD) for Adult Social Care added that Worcestershire's high proportion of self-funders was a factor, as well as significant numbers who entered permanent care following a period of continuing healthcare funding, and they are then transferred to the local authority when they are no longer eligible.

A discussion took place about the fact that residential care was often the default route and one which may be advised by the GP, and the Officers advised that it was very difficult for the Council to turn around these decisions without prior involvement, although there as good information on the Council's website.

When asked to what extent adults of middle age entered long-term care, the Panel was advised that the majority would be adults with learning disabilities. The Director stressed that wherever possible the Council looked to provide alternatives to residential care, and he had visited three examples of this recently; there were real opportunities and adult social care continued to keep these open for those who had entered long-term care.

For those aged 65+ the Officers advised that length of stay in permanent care was generally in line with the national average, although it was pointed out that the Council did not report on the data for those aged under 65.

A Panel member suggested it would be helpful to separate out the data for working age adults to provide more insight.

When asked for more detail about annual care package reviews, the AD explained that the external agency had been tasked with completing approximately 220 reviews, starting with those for learning disabilities. Recruitment of Learning Disability staff had also taken place so that moving

forward the sector would be better placed, although it was a challenge to reach ideal staffing levels. The Director stressed that the Council had set itself high aspirations for this target, and performed the best in the region, as nationally often only 50-60% of reviews had been completed.

In-Year 2023/24 Budget Monitoring for Period 4

The Senior Finance Business Partner summarised the main points from the budget outturn headlines for adult social care for period 4 (Appendix 2), and information on adult social care placements, which had been requested by the Overview and Scrutiny Performance Board (Appendix 3).

The main pressures on Adult Social care continued to be care package costs and inflationary pressures. The current budget had been based on a 4% growth in clients, but this point had already been reached by the end of July 2023.

Discussion points

Particularly high placement overspends were queried within Shared Lives (Learning Disabilities) and nursing care (Mental Health). It was explained that the Shared Lives team was smaller, which meant a higher percentage increase. Within Mental Health it could be the result of increased care need and not just necessarily inflationary increases.

Learning Disabilities accounted for more than half the placement budget because of clients' complex needs and a further factor was increased costs amongst individuals coming through from Worcestershire Children First.

It was also explained that whilst WCF looked after young people until the age of 25 as part of the recently agreed all-age disability Strategy, costs for each individual switched to Adult Services from the age of 18. The Director believed there was more work to be done in getting involved at an earlier stage to plan different life paths.

A member commented that it was very interesting to see actual placements costs, and suggested it could be helpful to raise public awareness. The Officers advised that dialogue was being pursued within the integrated care system to highlight to health organisations the impact of decisions for individuals on adult social care budgets.

The Chairman reminded the Panel that an update on the All-Age Disability Strategy would be returning to the Panel, as part of the work programme.

494 How the Council Works with Partners on Homelessness

In attendance were:

Mark Fitton, Strategic Director for People
Kerry McCrossan, Assistant Director for Adult Social Care
Cllr Adrian Hardman, Cabinet Member with Responsibility (CMR) for Adult Social Care

The Strategic Director for People (Strategic Director) apologised that the report author was unable to attend. He explained that statutory responsibility for homelessness prevention and relief lay with the 6 District Councils, however clearly adult social care had a role to play due to the complex nature of people who found themselves homeless, which may be for factors including mental health, substance issue or domestic abuse.

An example of a key area of involvement for adult social care was around people ending up in acute settings, and work was currently underway to bring better partnership working for those individuals.

The Chairman invited questions about the joint working involved in the Council's work with partners, and the following main points were made:

- A Panel member who was also a district councillor and was aware of the district council roles, sought further insight about the role of adult social care in Worcestershire, including paragraph 22 of the report (referring to Section 23 of the 2014 Care Act and the Housing Act 1996). The Strategic Director explained that adult social care did not have the final responsibility for accommodation, and that its role was more about wrap around care related to being homeless; if an individual had no care and support needs they would not have access to adult social care, although they may have housing needs.
- A follow-up question was asked to verify that adult social care would be involved in the process of declaring an individual homeless, and it was clarified that this would be the case in a scenario where they had other needs.
- A Panel member suggested that current processes did not feel client centred, referring to a recent example where an individual who was not coping well at home ended up in hospital, subsequently declared homeless and moved to temporary accommodation which would have been extremely disorientating – the Director explained that the decision about whether a district council had a role to accommodate an individual was up to the relevant district council; the County Council had no duty, although where an individual may have become homeless by their own behaviour, the Council would try to pick up the pieces.
- Regarding suitability of temporary accommodation, the Assistant Director (AD) for Adult Social care explained that the health and housing sectors worked together, for example to ensure accommodation was suitable for health care needs to be given.
- A comment was made that while the report conveyed how the Council worked with partners it did not necessarily set out how well this worked – the interface was critical to ensure people did not fall through the cracks. In response, the Strategic Director explained that the new cross partnership role referred to in the report (Head of Housing and Health) was bringing improvements and that she met regularly with partners.
- In future reports, Officers would include example scenarios of where improvements were being made.
- The AD explained that one area of real improvement was the discharge process at acute hospitals, which meant that homeless issues could be

highlighted before an individual moved to treatment. She also referred to a recent example where the new Head of Service had found free temporary Bed and Breakfast accommodation for a homeless individual who had presented at County Hall reception on a Friday afternoon who was also due to be given an injection the next day - the case had subsequently been handed over to housing but showed how integral the new role was to working together and establishing good relationships.

- A Panel member referred to concerns expressed to him by Mr Jonathan Sutton, who worked with homeless people in Worcester, about a lack of oversight in relation to the Complex Adults Risk Management (CARM) process. The Strategic Director explained that the new process brought agencies together to determine which would lead the process of helping an individual, as often people may present at the Adult Front Door and it would be unclear who was responsible to help – the Director would be happy to speak with Mr Sutton.
- Access to resources and therefore waiting lists for organisations' support was highlighted by Officers as a problem – the CARM process helped to fast-track individuals where appropriate.
- The issue of 'hidden' homelessness was discussed, for example people sleeping on friends' sofas, and the Officers undertook to check whether the Council had data which indicated numbers of people without a permanent address, although they may not be sleeping rough.
- A member who was also a Redditch District Councillor, referred to Redditch's approach to find homes for everyone who appeared homeless.
- Panel members commented on the complexity of homelessness, including the fact that it may not be visible, and with multiple issues behind cases such as depression, substance and/or alcohol misuse and the fact that some chose to sleep rough.
- A member asked whether problems remained in accessing the alcohol and drug treatment service, in terms of meeting the criteria, and the Director advised that often issues of criteria were partly to do with people needing to want to stop drinking, which was often a barrier.
- The Director and CMR reassured the Panel that public health (which funded the alcohol and drug treatment service) was very well funded in Worcestershire for the size of its population.
- Referring to the County Council's supporting role to the District Councils in homelessness, the CMR acknowledged that relations in Worcestershire, whilst not perfect, were much better than in other areas, and that the work was difficult.

495 Work Programme

From the existing work programme, a report on how the Council works with carers was requested for the meeting on 5 December, to include feedback from carers.

Regarding packages of care, which was one of a number of areas the Overview and Scrutiny Performance Board had asked the Scrutiny Panels to look at as part of 2023/24 budget scrutiny, the Panel would determine whether

any further scrutiny was needed after the forthcoming informal briefing on the care market.

The following were added to the work programme:

- Update on CQC Inspection framework – for January 2024
- All Age Disability Strategy
- Self Neglect and Hoarding Policy
- Update on the Adult Front Door (in six months' time)

The meeting ended at 12.05 pm

Chairman