

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

County Hall, Worcester

Wednesday, 20 March 2024, 2.00 pm

Present:

Cllr Shirley Webb (Chairman), Cllr Alan Amos, Cllr Lynn Denham,
Cllr Paul Harrison and Cllr Matt Jenkins

Also attended:

Cllr Adrian Hardman, Cabinet Member with Responsibility for Adult Social Care
John Taylor, Healthwatch Worcestershire

Kerry McCrossan, Assistant Director for Adult Social Care
Rebecca Wassell, Assistant Director for People Commissioning
Hannah Perrott, Assistant Director for Communities
Paula Gardner, Urgent Care Team Manager
Sally Baldry, Principal Management Information Analyst
Steph Simcox, Deputy Chief Finance Officer
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 20 January 2024 (previously circulated).

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

511 Apologies and Welcome

The Chairman welcomed everyone to the meeting. Apologies were received from Councillors Jo Monk and James Stanley.

512 Declarations of Interest

None.

513 Public Participation

None.

514 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 20 January 2024 were agreed as a correct record and signed by the Chairman.

515 Worcestershire Safeguarding Adults Board Annual Report 2022/23

The Chairman advised that Agenda item 5 (Worcestershire Safeguarding Adults Board Annual Report 2022/23) would need to be deferred to the next meeting as the Independent Chair of the Safeguarding Adults Board was unable to attend the meeting, due to unforeseen circumstances.

516 Update on the Role of Adult Social Care in Complex Hospital Patient Discharges

The Assistant Director (AD) for Adult Social Care introduced the update on Adult Social Care's (ASC) role in the process of hospital patient discharges, which was an update the Panel's previous discussion in November 2022.

The role of ASC meant that the focus for much of its capacity was around complex discharges, and the report set out the roles and performance of the three Council teams involved; the Onward Care Team, the Urgent Care Team and the Reablement Service.

The past 12 months to two years had shown that staff working across ASC, the community hospitals and acute hospitals, had merged well together and built good resilience, with good handovers and transfer of care as people moved through the different care pathways.

In summarising the report, the AD for ASC made the following main points:

- The Urgent Care Team had been focussing on the pace of assessments (including mental capacity assessments), in order to enable patients to transfer to the next destination, whether that was to home or a community hospital – although this could be difficult during times when hospitals were at critical incident levels.
- The Reablement Service operated to a high standard and the Council was frequently contacted about the model, its timeliness and outcomes.
- The Care Navigation Hub was a new development, which was a programme to bring teams together to facilitate patient discharge and ultimately tackle some of the tricky issues involved. At this early stage, some good results were being seen in speeding up discharge and overcoming the barriers created in working across a variety of partners.

- The report included challenges faced, a significant one being the sustained pressure on the hospital Emergency Department which prompted continuous demand and required a lot of capacity from partners.
- In terms of performance, it was highlighted that this could be even better for Pathway 1 (people who can return home) but work was required on the numbers of referrals and the days of the week they came through, so that capacity was always fully used.
- For Pathway 2 (those who cannot go home and need a rehabilitation bed), there were always sufficient referrals therefore work was required to understand the issue with flow.
- For Pathway 3 (where there was limited rehabilitation potential and the patient would go to a care home bed for assessment), work continued to look at the effectiveness of the intensive rehabilitation unit and whether it was the right model for the Worcestershire system.

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

- Regarding the Care Navigation Hub and issues identified so far, it was explained that capacity was always an issue, as well as resources. Continuing Healthcare (CHC) processes needed to be fast tracked, and there were issues around homelessness, and housing also required quicker responses. The possibility of a pooled budget was being looked at, to overcome instances where debate over the responsible organisation caused delay, and the Hub would enable issues in the wider system to be identified and resolved.
- The Hub did not require additional funding as it was a grouping of existing teams.
- The Chairman proposed a progress update on the Hub in 12 months' time.
- It was explained that discharge targets were set based on resources from the Better Care Fund and there were also some national targets applied to Worcestershire.
- Increased acuity meant increased numbers of people requiring support and increased attendance in all levels of the system. There were greater numbers of patients requiring four calls a day with double up care (two carers), and there was a project to reduce double handed care in reablement as soon as possible.
- The AD for Commissioning highlighted that over the past three to four years, discharge was taking place earlier due to the national push to clear capacity in acute hospitals, which had been widely discussed at the Council's Health Overview and Scrutiny Committee, for example around the issue of delayed ambulance hospital handovers. Earlier discharge led to a lot of the issues experienced by ASC in maintaining flow, and increased requirements for double up care, and while Worcestershire had more than average bed capacity in community hospitals, there were problems finding the best place for them to move onto and complications where patients moved between acute and community hospitals for care needs.
- There was a lot of challenge relating to patients discharged from acute settings into Pathway 2 and Pathway 3, in terms of the recovery period

and trying to get them home before long-term care provision became a permanent decision.

- Regarding the Reablement Service, it was clarified that the ‘refining of service recruitment processes to direct this toward the activity that delivers the best results’ (paragraph 12) referred to changes to make recruitment processes more user friendly to encourage more applicants, which had been successful.
- The Panel was interested to know further explanation behind the reasons for failure of referred discharges, and discharges by Neighbourhood Team, which the Officers undertook to circulate to the Panel, in particular those for ‘other’ and ‘unknown’. It was explained that reasons for failed discharges needed to be logged and included factors such as transport, family and equipment. Reasons for failed discharge may not be a failure of ASC, for example a lack of capacity to discharge a patient who required 4 calls a day, or equipment not being in place at someone’s home.
- The Officers explained that the report focused on the ASC aspect of patient discharge, whereas obstacles to patient discharge across the wider system had been widely discussed at the Council’s Health Overview and Scrutiny Committee.
- It was acknowledged that it was inefficient for ASC to be putting in place plans to discharge a patient who was subsequently re-classed as not medically fit for discharge.
- A question about data on outcomes for patients following reablement would be addressed under Agenda item 8 (Performance Monitoring), but performance remained high, with around 85% having no ongoing social care needs.
- The Healthwatch representative also asked about the experiences of carers who were referred to the Carers Hub, and the AD for ASC advised that the teams involved would always refer those with carer needs and this was a part of post hospital discharge.
- The Healthwatch representative suggested that for future updates, inclusion of patient journeys would be helpful to the Panel.
- The Panel was advised that weekly performance highlights were issued each month which were very helpful and included service user feedback, complaints and ratings – and examples would be circulated to the Panel.

517 Demand and Efficiency Management - Adult Social Care

The Assistant Director for Communities referred to the Agenda report which set out the financial pressures relating to Adult Social Care (ASC), which included increasing demand for services. Demand had increased by around 6% for the financial year, which the Council had taken proactive action to manage, and measures introduced were included in the report.

The following points were highlighted:

- Staffing reductions were being looked at in order to avoid a restructure exercise at this stage, mainly by removing vacant posts.
- More work was required to prevent demand and referrals to ASC, by expanding work around the Adult Front Door (AFD), which was where

care and support needs were accessed. Demand was reducing on the AFD and an update had been added to the Panel's work programme.

- Regarding the Council's information and advice offer, a strategic plan had been developed, working with Healthwatch Worcestershire.
- Currently around 85% of the focus of the Reablement Service was on patients discharged from hospital, therefore there was an initiative to increase capacity to *all* new customers presenting for adult social care. Pilots were taking place in Wychavon and Wyre Forest areas, although investment would be required to roll out this additional capacity.
- Double handed care (where more than one carer was provided to deliver personal care in someone's home) was now charged for, and the initiative to reduce it was a huge area of work.
- In order to refresh staff understanding of the Choice of Accommodation Guidance Policy when meeting peoples' needs, training had been provided to over 400 staff, and other local authorities had enquired about this cost avoidance guidance.
- Regarding Independence Focused Domiciliary Care, contracts had now been awarded in all areas, to one primary and two secondary providers, and the Council was starting to work with these providers as the first points of call.
- There had been a lot of interest from providers around the Older People's Framework for Residential Care, which, similarly, would mean certain providers were the first point of call. The scheme enabled three tiers of care to be set within older people's residential and nursing provision and was encouraging.
- Where providers had been set up as the first point of call as part of contracts, it would be important that this was adhered to and work was in hand to ensure this.
- Regarding work to ensure there was an approach to transitions of children in care to adults, it was explained that there were different legal requirements involved, and cases where care costs had been significantly reduced, an example being an individual whose care was costing approximately £6,000, reduced to around £600 – good outcomes were being achieved for individuals.
- Overall, a great deal of activity was underway to manage demand and efficiency, which would be monitored monthly by the leadership team, to assess progress and whether more work was needed.

The Chairman invited questions and advised that the Panel wished to add the demand and efficiency initiatives to its Work Programme to look at in more detail.

The following main points were made:

- Regarding the impact of the review of client contributions in line with any increase in their benefits, it was explained that the client contribution brought in approximately £2million additional income to Adult Social Care.
- A Panel member, who was also a member of the Children and Families Overview and Scrutiny Panel, referred to the work on the approach to transition of children in care to adults and the example given of

significantly reduced care costs, and asked whether this was a result of differences in legislation or the capabilities of Adult Services staff. The AD for ASC explained that the residential element changed in terms of legislation in adulthood – nonetheless there was potential for Worcestershire Children First to work differently, and this was taking place. The number of children in residential placements was being reviewed, which would really benefit Adult Services, and working together at an earlier stage would support decision making and would include discussion of any over provision and the level of acceptable risk.

- A Panel member asked for comment on local media coverage of Care England complaining that the Council did not pay enough, and the AD for Commissioning explained the process – which included statutory duties, Council's agreement of the budget and the Directorate's review of market pressures, vacancy levels, inflation, comparison with other areas and consultation with providers. It was inevitable that some providers would ask for more contribution, inflation had not fallen as quickly as had been predicted and a big issue was costs of fuel, food and travel as well as increases to the national minimum wage. Consultation had invited comment on what would be a fair funding level, with responses ranging from acknowledgement of the Council's position, to requesting an increase of 83%, therefore it could be difficult to strike a balance and a degree of fallout was to be expected. The Council was due to communicate the funding level shortly, and the new frameworks would help in covering a lot of the fixed costs. Care England only represented about 30% of the county's providers, and the Directorate was careful to reflect on all feedback and wanted to achieve as much of a balanced situation as possible within budget constraints.
- The Cabinet Member with Responsibility (CMR) for Adult Social Care highlighted the importance of people having the right care at the right price but cautioned that Care England did not represent all care homes and adopted an individual focus.
- Regarding charging for double handed care, it was explained that for someone in ASC services, they paid for care received and whereas historically this would have been the same if two carers were required, it was now charged for. It was clarified that decisions around single or double handed care were led by the occupational therapist and that this included assessment of any risks to staff or client.
- Regarding mechanisms for pursuing debts, it was explained that debts were now chased after 30 days, where previously this had been from 90 days, resulting in a massive reduction in new debt. Considerable work had been carried out with the Council's Financial Services, for example to make direct debits mandatory and it was planned to bring forward the point at which financial assessment took place. The newly introduced Debt Panels were working on the significant amount of historic debt remaining and those who continued to refuse to pay after letters, social worker conversations etc – some of these would pursue a legal route, however the process allowed for appeal and took into consideration a person's ability to pay.
- It was agreed that doing as much as possible to avoid debt at the start of the process of arranging care was the most efficient approach.

- The Officers referred to the release of a ‘How to pay for the cost of your care’ leaflet, which explained charging policies, had received fantastic feedback – and would be circulated to the Panel.
- Comment was invited from the Healthwatch Worcestershire representative present, who asked whether advocacy or support was offered to those people who refused to pay for care to help them to understand and to know any benefit entitlements, and the AD for ASC advised that benefit maximisation was part of an individual’s financial assessment. For clients who had legal representatives for their finances, they were also written to if debts were being accrued, and for those with other debt pressures they were signposted to appropriate guidance - everything possible was done and the move to follow up debts after 30 days reflected the need to more quickly establish the reason for non-payment.
- It was also clarified that contracts for the Older People’s Framework for Residential Care had not yet been awarded and the Panel would be kept updated.
- There was a process to challenge situations where an individual had deliberately spent significant amounts of money to fall below the threshold whereby they need to pay for care (currently £23,250), which would be considered under deprivation of assets, although the Officers explained that people would be advised to first pay off their debts – some cases could be complicated, but it was important for people to understand that access to adult social care was means tested.
- When asked by the Healthwatch representative whether there was concern about the viability of care homes in view of vacancy levels, the Officers advised that a couple had closed over the past two to three years but there remained around 124 homes, and the number closing their doors due to financial losses was very small.

The Chairman observed that a lot of work was taking place to tackle the very challenging times, and the Panel would look forward to further updates.

518 Performance and 2023/24 In-Year Budget Monitoring

Performance Monitoring – the Panel had received information relating to quarter 3 (October to December 2023)

The Principal Management Information Analyst referred to the comparative data which had been added to the information provided about admissions to permanent care, which indicated that for adults of working age in Worcestershire there was a higher number of admissions than the comparator and England average. However, of interest was that Warwickshire, which was deemed the most similar area, had a rate of 25.3, which was much higher than 17.2 for Worcestershire. Additionally, the data for the rolling year to December 2023 showed that the number of admissions was reducing.

For admissions to permanent care for those aged 65+, performance in Worcestershire was not far from the comparator average, was below the England average and well below levels in Warwickshire (784 as opposed to 532.6). Figures for the rolling year indicated that admission levels in

Worcestershire were increasing, and actions being taken to address this included the introduction of residential block beds and continued scrutiny of all Continuing Healthcare placements.

Information had been provided to show the average age of people moving into long term care, which for older people was 85 and for working age adults was 49. The primary reasons for entering long-term care for older people was personal care followed by memory and cognition, and for working age adults was mental health and disability.

Following recent discussion by the Panel about those people where social isolation was listed as their support reason, this had been looked into, and the Panel was advised that whilst that had been their initial primary support reason when they came to local authority, it was not the primary support reason for them moving into a permanent placement.

For outcomes of short-term services, the result for Worcestershire was good and had increased to 84% which was above the comparator average, and the figure for Warwickshire was 83%. A pilot was underway to develop more community based reablement.

Performance for people aged 65+ still at home and remaining independent following rehabilitation was just below 84% (outturn for the previous year) which was higher than comparators, although for Warwickshire was 94% - their very high performance may reflect the type of services being included in this indicator.

There was good news regarding performance of annual care package reviews, which at the end of December was just below 90% against the ambitious target of 95%. Additional support had been put in over the summer, but teams were now managing to increase the number completed despite continued high demand.

Discussion points

- Regarding increased admissions to permanent care of older people, the Officers explained that this was monitored monthly to identify themes, however analysis showed there was no particular leading reason each month, but there was constant pressure. New admissions continued to be audited.
- A Panel member remained concerned about the impact of social isolation and sought reassurance that there was awareness and resourcing of this need amongst older people. The Officers explained that while social isolation would not be a primary reason for someone being placed in a care placement, it was acknowledged to have an impact on physical and mental health. Advice and information was available through the Adult Front Door for example to signpost people to befriending and other community services, and there was a targeted psychiatric adults team which worked very successfully with people to help them be more independent.

- Noting that the primary support reasons for older people being admitted to residential and nursing care was overwhelmingly physical support (personal care support), followed by support with memory and cognition, a Panel member queried the potential impact on Adult Social Care (ASC) should the (low) figures for memory and cognition increase, as it was NHS target to increase the number of people with dementia diagnosis. The AD for ASC explained that figures for primary support reasons were not diagnosis led. If a social worker carried out an assessment and the requirement for 24 hour care was because of somebody's dementia, then that would be the key reason, and personal care support may be the primary reason if someone required physical care overnight, for example to go to the toilet without a fall –overnight care was the trigger for needing to consider a different setting and there were limitations within extra care schemes and supported living for overnight care. Diagnoses were recorded, but it was presenting needs and associated risks which were actually looked at, therefore an increase in dementia diagnosis would not necessarily increase numbers entering residential or nursing care.

In-Year Budget Monitoring – the Panel had received information for period 9.

The Deputy Chief Finance Officer (DCFO) referred to the overall corporate financial position, and that for ASC for period 9. Spending controls had been put in place however these were less stringent within ASC because of the statutory nature of services, however there were detailed reviewed taking place of all placements and expenditure.

The overall message remained the same as over the past 6 months, in respect of the very difficult financial position of local government and lobbying to central government continued, through the Local Government Association, the County Councils' network, MPs and Scrutiny.

There had been no real changes to the financial position for ASC, demonstrating good forecasting and that demand for services was absolutely being held.

However, the DCFO explained that patterns of demand were changing due to increased acuity, increased placements and complexity of need, and pointed out that the peak in demand was starting to occur later, and the decrease and 'bridge' in demand occurring later, leading to overspending. A 6.6% growth had been seen by the end of December, compared to the 4% which had been budgeted for. The graphs demonstrated the same trend in increased demand, and therefore the need to manage price and complexity of demand at the Adult Front Door.

Discussion points

- In relation to plans to make savings and reduce overspends, a Panel member highlighted the need to monitor the impact over the year since there could be a risk that savings in one area could impact adversely on other areas and the DCFO agreed this was important, moreso for this

Panel than others, and plans for savings would be monitored alongside normal budget monitoring. Cabinet, Council and the Overview and the Scrutiny Performance Board (OSPB) would be regularly updated on the £37.2m savings plan for 2024/25, and data was available to the Panel.

- The Cabinet Member with Responsibility for Adult Social Care acknowledged the ambitious savings plan and the potential challenge to cohesive work with partners such as the NHS in the face of such budget pressures – and the Officers gave the example of Continuing Healthcare cases being reviewed.
- A Panel member referred to the overall budget position and expressed concern about spend within services for children and the issues with expenditure on home to school transport, which he felt were driving down other statutory services and exacerbating problems for areas such as Adult Social Care.
- A Panel member asked for the Minutes to record her disappointment at the cancellation of the April meeting of the OSPB, since the Board had overall oversight.
- A Member expressed concern that the loss of 16 posts in the ASC staffing structure could be a risk given the new commissioning initiatives, the DCFO explained that there was a balance to making savings. Some staff had chosen to leave through the voluntary redundancy, some vacant posts had been deleted and some posts had been had been frozen.
- The Panel member made a follow up comment that commissioning was not necessarily the skillset for the Council to lose with the increasing need to negotiate costs with providers.

519 Refresh of the Scrutiny Work Programme 2024-25

The Panel considered the draft 2024/25 Work Programme, which was being refreshed as part of an annual exercise.

The Chairman thanked the Healthwatch Worcestershire representative present for the suggestions sent in and advised that these would be added to or incorporated into the Work Programme.

The Chairman also advised that the Panel planned to add initiatives considered as part of the discussion on managing demand and efficiencies.

In response to a query about the Public Telephone Network Switchover, and implications for care homes, the Interim Democratic Governance and Scrutiny Manager confirmed this had been looked into by the Corporate and Communities Overview and Scrutiny Panel.

A suggestion was made to consider opportunities for the Panel to hear from frontline staff for appropriate Agenda items.

The Interim Democratic Governance and Scrutiny Manager would also follow up a query about whether the new Office for Local Government (Oflog) would have implications for the performance indicators monitored by the Scrutiny Panels.

The meeting ended at 4.35 pm

Chairman