

## **SOCIAL CARE AND INCLUSION SCRUTINY & PERFORMANCE PANEL**

TUESDAY 17 SEPTEMBER 2013 AT 6.00 P.M.

**Panel Members Present:** Councillor T. Oliver (Chair)  
Councillor B. Douglas-Maul  
Councillor D. Barker  
Councillor J. Rochelle  
Councillor D. Coughlan  
Councillor D. James

**Officers Present:** John Bolton, Interim Executive Director  
Andy Rust, Head of Joint Commissioning  
Peter Davis, Head of Community Care (Operations)  
Dan Mortiboys, Senior Finance Manager  
Matt Underhill, Committee Governance & Business Manager

### **282/13 APOLOGIES**

Apologies were received for the duration of the meeting from Councillor Rattigan and Councillor Nazir

### **283/13 SUBSTITUTIONS**

Councillor James substituted for Councillor Nazir for the duration of the meeting.

### **284/13 DECLARATIONS OF INTEREST AND PARTY WHIP**

There were no declarations of interest or party whip identified at this meeting.

### **285/13 MINUTES**

The Panel considered the minutes of the meeting held on 23 July 2013.

#### **Resolved:**

**That the minutes of the meeting held on 23 July 2013, copies having previously been circulated, be approved as a true and accurate record.**

### **286/13 FINANCIAL ISSUES IN ADULT SOCIAL CARE & INCLUSION**

The Executive Director introduced the report. The following is a summary of the introduction and subsequent discussion:

- It was explained that a projected overspend of £4.5m had previously been reported for the current financial year. It was further explained that this was a consequence of a rise in the number of admissions to residential care and increased costs in the domiciliary care market. The Executive Director was both concerned about ensuring that there were sufficient resources to ensure that a balanced budget was delivered for the current financial year, but also that the underlying problems were resolved going forward;

- It was also explained that forecast savings were also unrealistic in relation to Learning Disability Services (LDS) and in Mental Health Services. In LDS there had been an expectation that the level of expenditure could be reduced by a) people who had previously been in residential care would be placed back in to their own properties within the borough with appropriate support; b) a renegotiation of cost of placement for those that would remain in residential care; c) that a residential unit run by the Black Country Partnership Foundation Trust (BCPFT) would close. In response to a Panel query it was explained that while some savings have been achieved through the movement of people from residential to community based care the previous expectations were for a much higher sum to be saved. Officers agreed that a sufficiently conservative estimate of the likely savings had not been included in forecasting models. It was explained that the closure of Sutton's Drive had not taken place and was now not expected to happen. In response to a Panel query it was explained that it was not actually a council decision whether or not the Sutton's Drive closed but rather that of Black Country Partnership Foundation Trust. However, the council was responsible for the cost of care of a number of residents at the facility. It was also explained that officers would prefer Sutton's Drive to close because it was not consistent with its model of community based care. In response to a further Panel query it was explained that previously forecasting assumptions had been made that the council would only be required to meet a maximum cost for users of LD services of £675 per week with the NHS being responsible for any costs above this amount. It was explained that this was not a decision universally agreed by the management team at the time and was not a good model upon which to base care. The Chair noted that those young people with learning disabilities transferring from Children's Services to Adult Social Care should not be described as new risks as they were already known to the council.
- It was also explained that the medium term financial savings set out twelve months ago identify an additional £500k against Mental Health Services and £1.1m against other client groups for next year (2014/15) against which there are no plans;
- In response to a Panel query it was explained that there continued to be consistently high numbers of people in residential care and there had been an increase in both the number of domiciliary care clients and the cost of that care. Officers also explained that the average cost of domiciliary care has increased from £10.64 per hour to £12.37 per hour, a rise of around 16%. The Chair noted that the increase in hourly rates was partly due to the removal of the reverse auction process for the tendering of domiciliary care, as well as the implementation of the new framework contract. This had followed a recommendation by the Panel as it was clear that such low contractual rates were impacting on the quality of provision. In response to a Panel query it was explained that November was used as the base month from which to analyse the trend in admissions to residential care as that was the point at which budgets for the following year were determined. Officers agreed with Members that there had not been proper use of risk forecasting and no budget provision had been made to allow for the possibility of an increase in costs;
- Officers pointed out that costs had actually gone down for residential care. However, the number of adults with complex needs, particularly older people, had increased with some costing £2 - £3k per week. The Executive Director explained that a key issue surrounded discharge of patients from the Manor Hospital who were ready to be discharged but for whom there was no immediate

care plan. A number of people were placed in residential care by the hospital with the cost met by the NHS in the short term, but where those placements become permanent the costs are met by the council. In response to a Panel query officers explained that in terms of hospital planning for high numbers of admissions (“surge” planning) spikes were experienced at various times of the year rather than just during the winter months, with June the month with the highest number of admissions. Officers also explained that a key pressure existed where if high numbers of people were admitted to A&E there would be a need to discharge some existing patients into residential care. It was also explained that the hospital had operated at Level 3 and Level 4 for long periods over the last 12 months as its capacity to admit new patients was placed under significant pressure. In response to a Panel query it was explained that the Executive Director had reached agreement with Staffordshire regarding meeting the cost of out of area patients receiving care in Walsall;

- In response to a Panel query officers explained that significant work had been undertaken to identify and risk manage the different budgetary pressures. It was recognised that a continued robust response to these pressures was required. However, the pressure to place individuals in residential care as a result of the Level 3 / 4 position at the hospital would continue and this would require budgetary resource decisions from Cabinet;
- In response to a query from the Chair it was explained that the cost of meeting the current suspension of members of the management team and the interim arrangements was being met by the corporate budget. It was also explained that income received against target for Benefits Based Charging (BBC) was around 90% at £2m.

#### **Resolved:**

That an update on financial pressures be received at the Panel’s meeting on 7 November; &

the report be noted.

#### **286/13 COMMISSIONING MENTAL HEALTH SERVICES AT BROADWAY NORTH RESOURCE CENTRE**

The Chair introduced the update. The following is a summary of the update and subsequent discussion:

- The Chair explained that this was a long standing item for the Panel which it had been considering for over two years amid concerns expressed regarding proposals for the future of the service. He explained that Members had received proposals from a Trade Union regarding a model which would see residential provision be retained at the Centre. The Chair invited a service user representative to provide a response to the consultation. She explained that service users had felt not listened to and that the council had not followed the appropriate consultation guidance and guidelines. She further explained that the council had run a number of “Have your Say” events at the Centre. However, a number of users of residential services were not present and had simply received a phone call instead, with some service users not being contacted at all. It was

also explained that no documentation had been received and there had been no coordinator whom service users could contact. The service user representative also challenged the savings that officers had identified would be achieved if residential services were no longer provided at the Centre. She questioned the £101k saving that had been identified and suggested that this only took account of staff reductions and did not reflect the fact that there would be costs associated with maintaining the building and providing security which would cost around £30k per year, together with the need to provide a health and safety officer or appropriate training for existing staff. In addition, the opportunity to tender for the right to operate a residential service from the Centre had not been offered by the council;

- In response officers explained that service users, unions and staff had been consulted. This included a consultation session for clinical and social care practitioner staff across the Dudley Mental Health Trust in August. The outcomes of the consultation included that reassurances were sought that beds will be available as they are needed and that there should be a greater emphasis on preventing people going into crisis. These outcomes will be included in the report to Cabinet on 23 October. Officers acknowledged that Unison had seriously considered the key issues in relation to the Centre in their proposals. However, 1) officers did not think it was viable for the Centre to be able to sell its services; 2) the proposal to increase the charge for services was also not viable as it was the council that met this charge; 3) security and maintenance of the building was met by the budget of a different council directorate; 4) there was no requirement for the council to go out to tender for the provision of services at the Centre as provision was being moved from block contract to sport purchasing arrangements;
- Officers explained that Caldmore Accord Housing had significant experience of meeting the needs of those who currently used the residential services at the Centre. However, officers recognised the anxiety that would inevitably be caused to service users with a significant change in service delivery. However, it was the view of officers that a thorough consultation exercise had been undertaken. It was explained that around four hundred letters had been sent out to service users as part of the consultation, while seventy-nine responses had been received in response to an online questionnaire. Officers sought to provide reassurances that the change in service delivery was consistent with the community based care model;
- The Chair pointed out that to date there had been no published document relating to the consultation, or the proposals. It would be important for the Panel to review any document which might recommend the closure of the residential service at the Centre before it went to Cabinet on 23 October. He proposed a special meeting of the Panel which would receive all reports and documentation relating to officer proposals prior to it going to Cabinet. This was unanimously supported by the other Panel Members;
- Officers agreed to assist a Panel Member in visiting Caldmore Accord Housing to view the proposed alternative service provision.

### **Resolved:**

That a special meeting of the Panel would be held to consider officer proposals in relation to Broadway North Resource Centre and mental health service provision; &

the report be noted.

## **287/13 INTERMEDIATE CARE AT HOME**

The Head of Community Care introduced the report. The following is a summary of the report and subsequent discussion:

- It was explained that the intermediate care service has been redesigned to provide an enhanced way of working.. Officers explained that the new operating model placed intermediate care and reablement at the centre of the hospital discharge process. Over the last two years demand for the service has doubled to about two hundred and fifty customers at any time. This has prompted new investment of £750k to increase the number Occupational Therapists (OT) and carers in the service. This is part of the objective of taking people out of hospital with support and rehabilitation in order to make them as independent as possible and minimising unnecessary assessments, with the service also incorporating intermediate care beds at Hollybank. In response to a Panel query it was explained that at present the current OT team was made up of around ten people;
- It is anticipated that the additional resources intermediate care will bring in fifty new people into the service, a significant increase from the average of twenty – five brought in over 2010/11. It was explained that the reablement key-workers will have to move on (or exit) fifty people to ensure that there is a smooth flow and there is on-going capacity. Performance indicators will be used to monitor flow, while customers who have been through the reablement services will be monitored for a further ninety-one day period as per the national indicator set, to ensure they are still at home after that point. It is anticipated that the monitoring via PARIS (client information system) will continue after this point;
- In response to a Panel query regarding PARIS it was explained that consideration had been given to working alongside Children's Services in assessing whether it was fit for purpose. The system had a lot of strengths, although one drawback was that it lacked the capacity to be connected with more recent systems and software;
- Officers also noted that the integration of Community Health and Adult Social Care was a key piece of work. In particular, services relating to older people. It was explained that joint community service funding had been received from the NHS of £5.2m, with the council position being that it has effectively committed £2.6m to the intermediate care service;
- The Chair proposed a working group to consider the issues relating to intermediate care at home, with an invitation for representation made to the Health Scrutiny and Performance Panel.

### **Resolved:**

That a working group be established to consider intermediate care at home, with an invitation made for representation from the Health Scrutiny and Performance Panel; and

the report be noted.

## **288/13 SUPPORT FOR LIVING AT HOME – NEW FRAMEWORK CONTRACT**

The Head of Joint Commissioning introduced the report. The following is a summary of the report and subsequent discussion:

- It was explained that a report recommending the implementation of new contract arrangements will be considered by Cabinet on 23 October 2013. The new arrangements will support personalisation on the basis that the council manages an individual's budget at their request and makes choices regarding providers and makes the payments to the providers. It will also support circumstances where the individual manages their own budget and makes choices regarding providers and makes payments themselves;
- In response to a Panel query officers explained that it was anticipated that the new contract arrangements would reduce the number of suppliers and enable a consistent fee level to be achieved. The Chair pointed out that a reduction in the number of suppliers was likely to make the provision of suppliers an attractive proposition to large national providers. He stated that the procurement process should seek to be supportive of locally based providers where possible;
- Panel Members stressed that they would like the living wage to be the minimum for care staff employed by providers and that zero hours contracts should be avoided. Officers explained that the nature of such arrangements would be determined by the overall budget.

### **Resolved:**

That the report be noted.

## **289/13 INTRODUCTION OF ASSISTED TRANSPORT POLICY**

The Head of Joint Commissioning introduced the report. The following is a summary of the report and subsequent discussion:

- It was explained that a report will be considered by Cabinet on 23 October. The Panel agreed for this item to also form part of the agenda of the special meeting.

### **Resolved:**

That the introduction of the assisted transport policy also be considered at the special meeting; &

the report be noted.

## **290/13 HOUSING21 SERVICES**

- The Head of Joint Commissioning introduced the report. Members noted that a consultation was now underway with the outcome of the consultation due to be reported to Cabinet in January 2014.

**Resolved:**

That the report be noted.

**291/13 WORK PROGRAMME AND FORWARD PLAN**

It was explained that the **local account of adult social care** was a report that set out the last year of the delivery of adult social care services. It was agreed that the **procurement of accommodation based services**, relating to procurement of care home placements, will be considered at a future meeting. It was also agreed that **support for living at home services** will be considered by the Panel at a future meeting

**Resolved:**

That the procurement of accommodation based services and support for living at home services will be considered at future Panel meetings; &

the work programme and forward plan be noted

**292/13 DATE OF NEXT MEETING**

The Chair informed Members that the date of the special meeting would be set, with the following meeting on be 7 November2013.

The meeting terminated at 7:55 p.m.

Chair:

Date: