## SOCIAL CARE & INCLUSION SCRUTINY AND PERFORMANCE PANEL

THURSDAY 24 MARCH 2011 AT 6.00 P.M.

Panel Members Present Councillor T Oliver (Chair)

Councillor A Paul (Vice-Chair)

Councillor J Barton Councillor I Azam Councillor R Burley Councillor D Turner

Councillor B Douglas-Maul

Officers Present Paul Davies – Executive Director, Adult Social Care &

Inclusion

Andy Rust – Head of Vulnerable Adults & Joint

Commissioning Unit

John Fell - Head of Strategic Development

Brandon Scott-Omenka – Performance & Outcomes

Manager

Julian Mellor – Principal Workforce Planning Consultant

Matthew Underhill – Scrutiny Officer

## **75/10 APOLOGIES**

Apologies were received for the duration of the meeting from Councillor V Woodruff, and Councillor L Rattigan

## 76/10 SUBSTITUTIONS

No substitutions were received for the duration of the meeting.

## 77/10 DECLARATIONS OF INTEREST AND PARTY WHIP

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

## **78/10 MINUTES**

The minutes of the previous meeting were noted.

## Resolved:

That the minutes of the meeting held on 15 February 2011, copies having previously been circulated, be approved as a true and accurate record.

## 79/10 QUARTERLY PERFORMANCE MONITORING REPORT

The Performance & Outcomes Manager introduced the report (annexed). The main points of the report and subsequent discussion were as follows:

- The Directorate has contributed to the consultation undertaken by the
  Department of Health (D of H) on performance outcome measures for Adult
  social care services. Following the national consultation the number of
  outcome measures have been reduced from twenty-two to seventeen. This
  will now be considered by government ministers;
- The overall picture for performance in third quarter was positive. It was also highlighted that NI 131 Delayed transfers of care from hospitals and HR 1 – percentage of SSD directly employed staff that left during the year have improved sufficiently to receive an amber designation. The NI 131 success reflected sustained work with partners, including the hospital, as well as social workers. The positive performance was also significant as a delay in discharge can be indicative of other systemic problems;
  - A number of corrective action plans have also been introduced. For example, although there has been an increase in individual sickness absence, there was an improvement in the overall level and rate of sickness absence. Officers explained that this was a result of a combination of management action, staff goodwill and new policies and it was anticipated that the target of 13 days of sickness absence would be met in the new financial year. The Executive Director explained that the rate of sickness was falling with a reduction for year end of 20% anticipated, although sickness absence was recorded cumulatively throughout the year so this total would inevitably rise. The Directorate is working hard to achieve the challenging 13 days target and noted that longterm sick absent staff were now being offered appropriate support, while levels of stress have now been recorded as the lowest within the council. He also noted that the Directorate operated with an older workforce who would often be faced with serious illnesses, including cancer, or risk of injury due to the physical demands of the care roles of some staff. The feedback that had been received thus far was that staff were getting appropriate support and that long term sickness cases were being properly monitored, this would also assist staff in coping with returning to work. This activity represented a virtuous circle in addressing sickness absence. Following a Member guery, the Executive Director explained that the sickness pilot in which the Directorate was participating had only been operating since January 2011, so it was too early to assess its impact. However, he had not received any expressions of concern from union representatives regarding the treatment of staff under the new arrangements which required staff calling-in sick to speak with an occupational therapy nurse in the first instance. Following a further query, the Executive Director explained that it was the objective for the Directorate

that ultimately the balance of long term to short term sickness moved to sixty-forty respectively from the previous position of seventy-five – twentyfive. Officers also explained that a number of corporate initiatives had also been introduced, including hotspot interviews, revision of procedures and management training. The two measures for sickness, HR3 (11.99 days) and HR6.2 (12.45 days) for nine months to 31 December 2010 compared favourably with the outturn from the same point last year;

- In relation to NI 130 Social care clients receiving Self Directed Support. officers are working hard to ensure that outturn for the year will be between 15% and 20%. Although this is below the 30% target, a robust local framework is being developed which will mitigate against problems experienced elsewhere in the country. It will also ensure that all citizens that are eligible to receive an individual budget will be offered this option from 1<sup>st</sup> April 2011. In the case of NI 133 Timeline of social care packages, performance had not moved as far in the direction of travel required and the target of 90.1%. Current performance indicates that of 1,595 packages in 2010-11, 216 packages had one element yet to be put in place after 28 days. However, improvement activity that commenced in the second quarter continues, including changes to recording systems;
- In relation to NI 146 Adults with Learning Disabilities in Employment, there are 27 people in paid employment with the expectation that this could rise to 57 by the end of March 2011. It was anticipated that 2010 -11 target score of 7.5 would be met in the 4<sup>th</sup> quarter, which equated to 50 people in salaried posts. This would place the council in the top quartile in the country and the highest performing authority in the region. The Executive Director explained that the action taken represented a substantial improvement on previous performance. However, going forward it would be important to maintain the throughput of individuals in the scheme. The Chair observe that this was an issue over which the Panel had expressed concern for more than two years and that they had closely monitored activity, including the restructuring of Links to Work. However, it was very pleasing to note the significant progress that had been made. Both agreed it would now be important to move progress on to the next stage;
- Officers received a Member query in relation to D54 Equipment/ adaptations delivered within 7 days, with 3<sup>rd</sup> quarter performance of 73.36% against outturn for 2010-11 of 85%. It was explained that the recording of the late delivery of items, where an order is not received at the

recording of the late delivery of Refine, where all order to flot received at a	
agreed time due to the recipient not being at home, was amongst the	
issues being addressed. Other action includes improved communication	
with housing providers and monitoring of action to clear backlogs.	
Resolved:	
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That

the report be noted.

## 80/10 IMPACT OF BUDGET REDUCTIONS ON SERVICES

The Executive Director introduced the briefing (annexed). The main points of the briefing and subsequent discussion were as follows:

It was anticipated that the Directorate would conclude the year with a slight

- underspend of £70,000. This was a positive outcome given the £6m savings during the year, in addition to the mid-year savings that were required by central government of £560,000. The Directorate is making better use of resources which has enabled services to do more and improve outcomes for local residents. Further challenges will be faced next year, with a requirement to deliver a further £7m of savings. However, a strong working relationship has been established with local health partners to deliver effective joint funding and commissioning initiatives;
- Officers were very aware that for many vulnerable people in the borough the council represented the only form of support, this demanded a realistic understanding of needs. The Head of Vulnerable Adults & Joint Commissioning Unit explained that it had been important to adjust the strategic balance to ensure that people were assisted to help themselves, rather than create a dependency on council support services. This would include further developing community-based support. In reference to NI 146, the Executive Director explained that it was significantly more cost effective and beneficial to employ an individual with learning disabilities than for them to be based at a day centre. A similar point was true regarding many of those elderly people placed in permanent long-term residential care. For example, for an individual who been in receipt of this type of care for in excess of nine years it was apparent that with the right kind of support they would be able to live independently in their own homes. The Directorate had set out its vision which was that it was not acceptable for adults, between 18 – 64 years of age, to be placed in residential care. The Executive Director had required this upon joining the authority and the merit of this approach had been demonstrated by alternative forms of supporting having been identified in each individual case, improve outcomes and making significant savings;
- The Chair expressed strong support for the strategic approach being taken. However he expressed concerns regarding those at the very margins. Officers agreed and explained that tackling this issue was a key part of the work of all local statutory partners. Officers also explained that the benefits-based charging process would commence on 1<sup>st</sup> April 2011, with residents receiving support to enable them to achieve benefits-maximisation. These benefits would then be used fund the cost of support;
- Following a Panel query regarding Neighbourhood Community Officers (NCOs), the Executive Director explained that they remained a critical front line service in supporting local residents and formed a key element of the council's prevention agenda and reablement service. Officers explained this approach included the use of community alarms system which was supported by NCOs. These systems were inexpensive to fit but were vital in ensuring that individuals were able to remain in their own homes.

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Resol	ved:				

That

the briefing be noted.

## 81/10 PERSONALISATION WORKING GROUP

Council Paul introduced the report (annexed) thanking all those who had contributed to the working group. The main points of the report and subsequent discussion were as follows:

- The working group had received guidance in relation to a number of key elements of the local approach to Personalisation. Members recommended that it would be important for there to be proportionate annual auditing of individual budgets. Officers explained that this would result in between two and three hundred individual budgets being audited annually, representing around ten percent. This was also consistent with Chartered Institute of Public Finance Accountancy (CIPFA) guidance;
- Councillor Paul also highlighted that the working group had identified the
  importance of Members having a good understanding of support plans. It
  was recommended that Member training would support them should they
  be required to assist a local resident in completing the form or providing
  other associated guidance. Officers advised Members that they would have
  the option of either attending stand-alone training sessions or the
  opportunity of attending social-worker training sessions. It was observed
  that the latter might give Members a further insight into how the support
  planning would work in practice;
- The working group also recommended that the Personalisation agenda
  was imbedded throughout the organisation. The Executive Director agreed
  and explained that a senior officer would be leading on this initiative as part
  of the council's Working Smarter Programme. For example, seeking to
  establish a single point of contact for an individual family where they are
  interfacing with a range of different council services e.g. Adult Social Care
  and Children's Services.

#### Resolved:

## That

- 1. all Members are invited to receive guidance in the operation of support plans;
- 2. the auditing of individual budgets is proportionate;
- 3. that further work is undertaken to link Personalisation with other services across the council, with regular guidance provided to relevant Portfolio Holders;
- 4. that the Personalisation working group is re-established in the next Municipal Year, and that the Panel receive regular updates on the ongoing implementation of Personalisation in Walsall.

## and

5. that the report be noted.

## 82/10 WORK PROGRAMME 2010/11 AND FORWARD PLAN

The Panel's work programme 2010/11 and the Forward Plan were noted

# 83/10 DATE OF NEXT MEETING

The Chair informed Members that the date of the next meeting would be se	et at
annual Council on 25 May along with panel remits and membership.	

annual Council on 25 May along with panel remits and membership.
The meeting terminated at 7:10pm
Chair:
Date: