

SOCIAL CARE AND INCLUSION SCRUTINY & PERFORMANCE PANEL

THURSDAY 20 FEBRUARY 2014 AT 6.00 P.M.

Panel Members Present: Councillor T. Oliver (Chair)
Councillor B. Douglas-Maul
Councillor D. Barker
Councillor D. Coughlan
Councillor D. James
Councillor L. Rattigan

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

325/13 APOLOGIES

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

326/13 SUBSTITUTIONS

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

327/13 DECLARATIONS OF INTEREST AND PARTY WHIP

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

328/13 MINUTES

The Panel considered the minutes of the meeting held on 9 January 2013. In relation to Item 321/13 Operating Model for Adult Social Care and Inclusion an amendment was made to reflect that a Panel Member's Mother had broken her hip not her ankle. Officers also agreed to provide further clarification to Panel Members regarding the numbers of carers who receive holiday grants annually, in addition further guidance would be provided in relation to carer emergency support, as well as respite provision.

Resolved:

That the minutes of the meeting held on 9 January 2014 as amended, copies having previously been circulated, be approved as a true and accurate record.

329/13 **BETTER CARE FUND (BCF)**

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

- It was explained that BCF was the key element of the Government's requirement for local health and social care systems to deliver greater integration as part of a five year strategy. It was further explained that in order for Walsall's health and social care economy to achieve long-term financial sustainability, it will need to reduce the number of people over the age of 75 who are admitted to hospital in an emergency, as well as reduce the number of people who are receiving care packages or entering care homes. It was explained that the deadline for submitting the Walsall Better Care Plan to NHS England was 14 February 2014, with the next milestone in the process being the end of March. It was explained that the Plan had been approved by the Health and Well Being Board, followed by the CCG and finally Cabinet. It was also explained that all local health partners had contributed to the development of the Plan including the Health and Social Care Integration Board, the CCG, the council and Public Health;
- It was explained that the vision for integrated health and social care on the one hand was to proactively identify those older members of the community who may be at future risk of requiring health and social care assistance. Those at potential risk could be identified, for example, by family or social care providers. This approach will enable a very rapid response of community-based services providing care support which will reduce the need for hospital admission. The success of this approach will rely on the creation of an integrated team across all health partners, including primary care, mental health, secondary and social care. If the model is successful it will result in fewer people going into hospital. It was explained that there was a Government policy focus on a reduction in emergency admissions to the acute hospital for older people over the age of 75. There is a target of a 15% reduction in admissions from this group for 2015/16. However, officers explained that this was an ambitious target not only because it relies on the success of the Better Care Plan, but also because evidence suggests that many of those who are currently being presented at the acute hospital have more complex conditions which are more likely to require an admission. In fact a 10% increase in admissions had occurred in recent months, therefore in practice it was likely that a 25% reduction would need to be achieved to meet the Better Care Plan target in Walsall. It was explained that the implementation of the Better Care Fund will be based upon a number of work-streams. This activity will involve the participation of GPs, together with secondary and primary health colleagues and up to five organisations;
- In relation to funding streams it was explained that there was neither any new or additional funding being made available by government for the Better Care Plan in Walsall. It was further explained that work was being undertaken locally to identify funding to be drawn from existing services. It was also explained that the Better Care Plan must include contingency plans for additional demand on health and social care services if the local integration schemes do not deliver the anticipated reduction in demand;
- It was also explained that there were six national conditions that the Better Care Plan in Walsall must meet. These include protection for social care services, 7-day services in health and social care, improved data sharing between health and social care and a joint approach to assessments and care planning. In

addition, agreement would have to be reached on the consequential impact of the changes in the acute sector. It was explained that the key impact would be fewer hospital patients which would result in less income for the hospital, as well as for Dudley and Walsall Mental Health Trust (DWMHT). As a result both the hospital trust and DWMHT have placed the Better Care Plan on their risk registers. In addition to the six national conditions there are a number of national metrics. These include admissions to residential and care homes, effectiveness of reablement, together with the use of a survey to gather data regarding the patient/ service user experience. It was explained that local areas can also choose an additional indicator which will contribute to the payment-for-performance element of the Fund. The possible local options include the estimated diagnosis rate for people with dementia and the proportion of patients with fragility fractures recovering to their previous levels of mobility/ walking ability at 30 / 120 days. It had been determined that the most appropriate local measure for Walsall was the estimated diagnosis rate for people with dementia as part of the objective of ensuring that mental health is appropriately addressed as part of Walsall's Better Care Plan.. It was also explained that the appropriate improvement targets agreed for Walsall were a 15% reduction in emergency admissions for people over 75 years by the end of March 2016 and a reduction in expenditure on social care packages and residential placements for older people by the council by the same date;

- It was explained that there was also a requirement for local areas to produce a risk register. This will include an agreed response to the impact on NHS and social care delivery if the Better Care Plan is not successful and, for example, emergency or nursing home admissions increase;
- Officer agreed with a Panel Member who highlighted that, given the absence of additional funding to meet the requirements of the Better Care Plan, a high level of cooperation would be required across partners. The Member also pointed out the importance of the Panel continuing to be informed regarding the implementation of the Plan. Officers agreed and also noted that the Health and Well Being Board formed part of the governance structure that would operate to monitor the implementation and operation of the Plan. A further Panel Member highlighted the reductions in the budgets of Social Care, the NHS and other partners, together with the fragmenting impact of the Social Care Act, creating significant challenges in ensuring the continued delivery of both services and meeting the requirements of the Better Care Plan. Officers agreed that declining budgets did create a challenge. However, in spite of the potentially negative impact on their income should the Plan be successful, both the Hospital Trust and DWMHT had been very proactive partners in the Plan's development. In response to further Panel queries it was explained that the Plan represented an opportunity for the health and social care system to be designed to be effectively integrated to ensure people remain independent. However, the challenge of reducing emergency admissions to hospital and admissions to residential care by 25% was significant. The Interim Executive Director explained that health and social care partners accepted the challenge of achieving this reduction. However, he also pointed out that part of the reason for a high number of admissions at the Manor Hospital related to recent events at Mid-Staffordshire Hospital. He further explained that it was possible that Mid-Staffordshire Hospital's A&E department would begin to close at 5:00pm daily. This would inevitably place further emergency admissions pressure on Manor Hospital. He explained that Social Care and Inclusion were constantly seeking to consider how it could most effectively deliver effective integrated services with its health and social care

partners. A Panel Member highlighted personal experience of the current social care and health delivery of services. She explained that an elderly relative with a bladder infection was finally admitted to New Cross Hospital following a four hour period in which the family were informed that the District Nurse would not be able to assist and that hospital admission to the Manor would not be possible as she was considered non-urgent;

- In relation to a Panel query officers agreed that there was something of a contradiction in that a key component of the vision for integrated health and social care in Walsall which forms the basis of the local Better Care Plan was the use of co-ordinated locality teams, yet the Reablement team is currently centralised at Electron Point;
- A Member highlighted a report from the local media which detailed the outcome a Care Quality Commission (CQC) inspection of Holybank House. The inspection had highlighted concerns regarding the training of staff and the dispensing of medication to service users. Officers explained that as soon as they were made aware of the issues raised by the inspection they immediately took action to rectify the problems, including training for all staff where required. Officers also explained that they remained confident in the model of reablement as operated at Holybank House. The Chair expressed strong concerns regarding the fact that he had only learned about the inspection just prior to the Panel meeting after a colleague showed him the newspaper article. The Interim Executive Director explained that he had been advised by the council's corporate governance that the inspection report should go to the Audit Committee and not the Social Care and Inclusion Scrutiny Panel. The Chair noted that Audit was one function of the council and requested that the Committee Business and Governance Manager investigate why this advice had been provided;
- In relation to the Better Care Fund the Chair noted that the Panel had frequently expressed concern regarding the significant budget deficit within the Social Care and Inclusion Directorate. The current overspend was at £4million with this position likely to further deteriorate given the increased demand on local health and social care services. The Chair also expressed concern regarding the use of reserves to manage the costs overspend. Officers explained that the expectation was that the Better Care Plan would ultimately reduce the number of those being admitted to residential care. The Interim Executive Director also set out what he had identified as the key causes of the budgetary overspend during this financial year: 1. That the year began with a minimum £2m overspend and it had only been possible to ameliorate that overspend by calling on reserves; 2. In proposals made for the Directorate's budget for this financial year savings of £2m had been put forward. However, no clear plans as to how these savings would be achieved were set out; 3. Proposed savings including in relation to residential care and learning disability that had been previously proposed for the current financial year were simply not achievable based on savings made in previous years. However, he did explain that the spend on major areas had remained stable, including in relation to the number of people in residential care; 4. It was explained that a number of posts had previously been created without long term funding being in place. However, action has been taken to delete posts without proper funding; 5. It was explained in relation to the Housing21 that the extra care housing contract was a block funding arrangement. However, some individuals were being admitted with high care needs that exceeded the amount of hours available in the block. This has led to a budgetary overspend of £1m. The Interim Executive Director pointed out that both he and the present Senior Finance Manager for Social Care had taken up their posts relatively recently and

had begun to investigate the issues with the budget in June/ July 2013. He sought to assure Members that the management team, in partnership with finance colleagues, had worked hard to identify the underlying problems and identify a number of solutions. He also explained that his management team had been successful in seeking the reduction of these budgetary overspends without allowing it to spill into the day-day delivery of services. However, he acknowledged the need to change things to avoid a repeat of the same type of problems. The Chair expressed further concerns regarding the issue of “internal” reserves, which was a concept he had not been able to fully understand until further questions outside of the meeting had highlighted that these were in fact NHS monies. This aspect of NHS funding had never been outlined to the Panel, which he felt was a significant omission, including that he had never been informed that such reserves actually existed. The Interim Executive Director explained that the reserves were in effect the NHS funding that had previously been received and which had been previously used to balance the budget. Officers acknowledged the Chair’s observation that as a result the savings that must be made were now much more significant given that these reserves would not be available going forward;

- It was agreed that the Panel would receive further reports which provide further guidance in relation to the financial history, performance and challenges and how these were being addressed within Social Care and Inclusion. The Chair would agree the format and timeline of this guidance. It was also agreed that the Panel would receive further guidance regarding the Better Care Fund at future meetings.

Resolved:

That:

- 1. the Panel would receive further reports which provide further guidance in relation to the financial challenges and how these were being addressed within Social Care and Inclusion;**
- 2. the Panel would receive further guidance regarding the Better Care Fund at future meetings; &**
- 3. the report be noted.**

330/13 PROCESS FOR THE RETENDER OF RESIDENTIAL AND NURSING HOME SERVICES

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

- It was explained that the process was on track for a four year framework contract for accommodation-based services relating to residential and nursing care home placements. The process is aimed at renewing the current framework contract which is due to expire at the end of March 2014. It was further explained that the process has been briefly halted while consideration of whether reverting to individual service contracts rather than a framework would be preferential. The review had concluded that the need to standardise terms and conditions, together with a common service specification for individual service contracts

would in effective mean that a framework contract was being used. As a consequence the council will proceed with re-establishing a framework contract;

- Following a query from the Chair regarding the state of the current provider market it was explained that there were currently twelve nursing homes in Walsall. However, there were concerns regarding the capacity of one provider. Officers noted that given the overall objective of supporting people to remain within their own homes a fall in the number of potential nursing home residents would have financial implications for local providers. A Panel query was raised regarding officer capacity to manage such contract arrangements and providers. In response it was explained that a reduction of three posts had been made in the Joint Commissioning Unit within the 2014/14 budget proposal. However, the Head of the JCU had realigned the work programmes of his team to ensure that all priorities would be met.

Resolved:

That the report be noted.

330/13 QUARTER 3 FINANCIAL MONITORING POSITION FOR 2013/14

The Senior Finance Manager introduced the report. The following is a summary of the report and subsequent discussion:

- It was explained that the forecast revenue position for 2013/14 was a £730k overspend. It was further explained that prior to the use of reserves the forecast outturn is an overspend of £4m. It was also explained that the budget for the current financial year included new savings of £1.5m. In relation to significant revenue variations it was explained that there was an overspend of £0.5m relating to additional hours, voids and respite charges on the Housing 21 contract. Officers confirmed that combined Housing 21 budget variations totalled a £1m overspend. In relation to the £12k overspend relating to Housing 21 premises it was explained that this had been a consequence of a lack of building capacity;
- Following a Panel query it was explained that while responsibility for the mental health of young people sat with Children's Services, there was significant work undertaken between Social Care and Inclusion and the Child and Adolescent Mental Health Service (**CAMHS**) team, including in managing the transition to adult social care. In relation to a query from the Chair regarding "service level agreements for the community hub and Caldmore Housing offset by contract savings", officers explained that a payment of £90k had been made to Mencap in support of a third and voluntary sector hub. In relation to the contract with Caldmore Housing it was explained that a budget provision had not been made for this service. However, a saving had been made as the service had been reduced. In relation to a further Chair query regarding Rushall Mews staff at Fallings Heath it was explained that the variance of £365k was as a result of staff transferring to Holybank House. In relation to Telehealth income it was explained that there had been a 10% shortfall in anticipated income. In relation to a further Panel query it was explained that a shortfall in anticipated benefits based charging income had been the consequence of the challenge of moving all of those in extra care housing into the scheme. Work is still going on to achieve this. It was explained that those service users in Housing 21 who had not elected

to participate in benefits based charging continued to make payments under fairer charging.

Resolved:

That the report be noted.

331/13 WORK PROGRAMME AND FORWARD PLAN 2013/14

The Panel considered the work programme and forward plan.

Resolved:

That the work programme and forward plant be noted.

332/13 DATE OF NEXT MEETING

The Chair informed Members that the date of the next Panel meeting would be 27 March 2014.

The meeting terminated at 7:46p.m.

Chair:

Date: