

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

THURSDAY 2 September 2010 AT 6.00 P.M.

**Panel Members Present**            Councillor T Oliver (Chair)  
   Councillor A Paul (Vice-Chair)  
   Councillor D Turner  
   Councillor J Barton  
   Councillor M Burley  
   Councillor B Douglas-Maul

**Officers Present**                    Paul Davies – Executive Director, Adult Social Care & Inclusion  
   Andy Rust – Head of Vulnerable Adults and Joint Commissioning Unit  
   Brandon Scott-Omenka – Performance & Outcomes Manager  
   Lloyd Haynes – Finance Account Manager  
   Michael Hicklin – Services Manager, Provision  
   John Fell – Head of Strategic Development  
   Matthew Underhill – Scrutiny Officer

**Invitees Present**                    Dr Mike Ashburner – Chair of Walsall LINK  
   Lisa Smith – Research Officer – Black Country Housing Association (BCHA)

### **19/10 APOLOGIES**

Apologies were received on behalf of Councillor V Woodruff

### **20/10 SUBSTITUTIONS**

The following substitutions were made for the duration of the meeting: Councillor E Hughes for Councillor J O'Hare; Councillor Yasin for the late Councillor A Griffiths. The Chair expressed regret on behalf of the Panel on the passing of Councillor Griffiths.

### **21/10 DECLARATIONS OF INTEREST AND PARTY WHIP**

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

### **22/10 MINUTES**

The minutes of the previous meeting were noted.

### **Resolved:**

**That the minutes of the meeting held on 15 July 2010, copies having previously been circulated, be approved as a true and accurate record.**

## 23/10 WALSALL LOCAL INVOLVEMENT NETWORK (LINK)

The Chair of Walsall LINK introduced a presentation (annexed). The main points of the presentation and subsequent discussion were as follows:

- The Chair of LINK explained that he became interested in local health issues having witnessed the experiences of a neighbour in receipt of domiciliary care;
- The structure of the LINK includes 15 Board Members and 7 working groups, which have been looking at a range of issues including GP Services, disability and health inequalities;
- A key difficulty is that only a small minority of the population are actively interested in local health and social care. Often participation is limited to those who have problems and are seeking resolutions. The membership of the LINK reflects local socio-economic and health inequality factors;
- It is apparent that very few people understand how the NHS actually works. As a consequence the LINK established a number of working groups to try and gain some understanding of the complexities of how services operate;
- The Chair of LINK expressed frustration at some of the difficulties experienced as a consequence of the change of host organisation. For example, activities have been interrupted and impeded by delays as a consequence of it not being possible to transfer Criminal Records Bureau (CRB) checks of LINK members to the new host. This was in spite of commitments which had been made for a seamless transfer;
- The LINK's work plan is driven by concerns in the community. This is achieved through various forms of community engagement, promotion through community events and groups, the identification of hard to reach groups and work to encourage pro-active membership. Recent events include an Autism day in Willenhall. There is a challenge in avoiding duplication of issues identified and ensuring participation across the borough, particularly where significant variations in health inequalities persist;
- A number of issues exist regarding the future of LINK, including the implications of the introduction of Health Watch, a further mechanism for patient and public involvement in local health matters, as well as how LINKs will be funded.
- The Chair of LINK concluded by explaining that the key role was the effective monitoring of local health services, for example, ensuring that there was an effective bridge between health treatment and after-care;
- Following Panel questions, the Chair of LINK explained that one issue that had been identified was the hospital discharge procedure which did not appear to be operating very successfully. He hoped that the introduction of the Equality Act 2010 will further assist in providing transparency regarding the monitoring of processes. The Chair of Link also agreed to return to the Panel to provide feedback to a future meeting regarding the outcome of activity being undertaken to achieve improvements. However, there would be some difficulty in being able to measure where success had been delivered.

### **Resolved:**

**That representatives from Walsall LINK attend a future Panel meeting to provide guidance regarding activity aimed at improving local health and**

## **care services.**

### **24/10 LINKS TO WORK**

The Services Manager introduced the report (annexed) explaining that significant activity had been undertaken to reduce the services funding deficit. The main points of the briefing and subsequent discussion were as follows:

- Fifteen posts were originally identified for possible redundancy. An associated process involving trade unions and the council's Human Resources (HRD) service resulted in thirteen staff now having either selected voluntary redundancy or early retirement;
- Following the conclusion of this process there remained two members of staff who remained at risk of compulsory redundancy. Following a re-evaluation process the sight and learning difficulties suffered by these staff meant it was not possible to assimilate them into the post of Supervisor. However, it was agreed for two posts of "Production Operatives" to be created and these two members of staff will now remain with the Links to Work service;
- Efforts are also underway to establish a core business for Links to Work, which includes market testing potential activities. There are also proposals to consolidate the Links to Work sites from three to one. Following a Member query the Services Manager explained that action is being taken to develop services that are able to take on new work. For example, potential work streams include the production of vertical blinds. The present three sites were not cost effective and the development of one site, with a consolidated service team, supported a focus on the development of future work streams.

### **25/10 MAJOR ADAPTATIONS AND DISABLED FACILITIES GRANT**

The Head of the Joint Commissioning Unit introduced the report (annexed) explaining that between April 2008 and present the number of people on the waiting list for a Disabled Facilities Grant had fallen from 861 to 230. The main points of the briefing and subsequent discussion were as follows:

- Appendix A (annexed) provided guidance regarding efforts to further reduce the waiting list to 184 by October 2011;
- The reduction to 230 has been achieved through a range of activity including, use of regional and national procurement partnerships for lifts and maximising capital available over and above the Government awarded grant. There has also been closer liaison with Planning and Building Control, this has proved particularly important as more schemes now need planning permission as a result of national planning policy;
- Following a Panel query the Head of the Joint Commissioning Unit explained that the council's significantly improved delivery of major adaptations now placed it within the average performance within the West Midlands. The service had successfully addressed the forty-two week assessment "bottle-neck", with an objective of moving the time taken from enquiry to works starting from 70 to 42 weeks. Officers agreed with the Panel that it would be important to further improve on this target so as to compete with the best performing councils within the region, including Solihull who are achieving a 28 week delivery period. However, there was collective agreement that Walsall had much greater health inequalities to

tackle than some regional neighbours which made this process significantly more challenging;

- Officers explained that while action including the operation of a list of approved building contractors and improved coordination with the council's planning function had improved the efficiency of much of the major adaptations activity, statutory requirements meant it was often difficult to progress issues without referral to the Planning Committee.

**Resolved:**

**That those officers from Regeneration jointly-responsible for undertaking major adaptations attend the next Panel meeting.**

**26/10 PERFORMANCE SCORECARD**

The Performance and Outcomes Manager introduced the scorecard (annexed) explaining that it provided guidance regarding performance for the first quarter 2010-11. The main points of the briefing and subsequent discussion were as follows:

- NI132 and NI133 which relate to timeliness of social care assessment and introduction of packages were highlighted with services having delivered strong performance in excess of 80%, significantly above statutory targets of 70%;
- Poor performance was noted within a number of indicators, including NI 130 Social care clients receiving Self Directed Support, NI 131 Delayed transfers of care from hospitals and HR3 The percentage of Social Services working days lost to sickness absence during the financial year. The Performance and Outcomes Manager explained that consequently these indicators are subject to corrective action plans;
- In relation to C 73 RAP Admissions to residential/ nursing care per 10,000 population 18 – 64 produced performance for the first quarter of 3.1 against a target of 2.5. It is not yet possible to determine the impact on performance of efforts by the admission panel to ensure the development of local alternatives to care and further support in the home. However, management action continues, including out of borough placements and preventative options that promote independent living;
- Following a Panel query, the Executive Director for Adult Social Care and Inclusion explained that the action plan relating to C 73 had previously been presented to the Panel in the form of the Joint Commissioning Unit Business Plan. However, officers agreed to provide greater detail in future performance reports regarding corrective action plans.

**RESOLVED:**

**That**

- 1. future performance reports will provide guidance in relation to corrective action plans;**

**and**

- 2. details of the Joint Commissioning Unit Business Plan are provided to Councillor E Hughes.**

## **27/10 CURRENT FINANCIAL PRESSURES & RISKS FACING ADULT SOCIAL CARE**

The Finance Account Manager introduced the presentation (annexed). The main points of the briefing and subsequent discussion were as follows:

- The previous Comprehensive Spending Review (CSR) settlement made by Government to local councils in 2007 was relatively generous. This may mean that the reductions that are anticipated from CSR 2010 may prove to be particularly demanding. At the same time the council's adult social care services will be required to lower expenditure and operate more efficiently while managing the increasing demographic challenge. Officers are acutely aware that the CSR may impact on society's most vulnerable people;
- It is anticipated that the CSR 2010 budget reductions will be sustainable and permanent, with phased reductions e.g. 5% each year for five years, rather than significant cuts, i.e. 25% by 2015/16;
- Following a Panel query, officers explained that while overall the population is enjoying better health for much long, within Walsall this is tempered by significant health inequalities;
- Other pressures will include supporting the care requirements of those who suffer from disabilities who, as a consequence of medical advances, are living to a significant age and a decrease in the number of care self-funders;
- It will be necessary to invest in preventative action, including tackling poor housing and the importance of informal support, as well as telehealth care services. It will also be vital for those who require social care services to meet a greater proportion of the cost;
- Other issues highlighted by officers included the decommissioning of Primary Care Trusts PCTs from 2013, as well as the responsibility for Public Health likely to shift to councils.

## **28/10 WORK PROGRAMME 2010/ 11 AND FORWARD PLAN**

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

## **29/10 DATE OF NEXT MEETING**

The Chair informed Members that the next Panel meeting would held on 7 October 2010.

The meeting terminated at 8:00pm

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