

## **SOCIAL CARE AND HEALTH SCRUTINY AND OVERVIEW COMMITTEE**

**TUESDAY, 17<sup>th</sup> DECEMBER 2015 at 6.00 p.m.**

**Conference Room, Council House, Walsall**

### **Committee Members Present**

Councillor M. Longhi (Chair)  
Councillor E. Russell (Vice-Chair)  
Councillor E. Hazell  
Councillor A. Hicken  
Councillor I. Shires  
Councillor D. Coughlan  
Councillor I. Robertson  
Councillor T. Jukes  
Councillor P. Bott

### **Portfolio Holders Present**

Councillor E. Hughes (Care and Safeguarding)  
Councillor R. Martin (Public Health and Well-being)  
Councillor A. Harris (Community, Leisure, and Culture)

### **Officers Present**

Paul Gordon – Head of Business Change  
Keith Skerman – Executive Director (Adult Social Care)  
Helen Dudson – Corporate Performance Manager  
Nikki Gough – Committee Business and Governance Officer.

### **21/15 Apologies**

Councillor G. Clarke gave his apologies for the duration of the meeting.

### **22/15 Substitutions**

There were no substitutions for the duration of the meeting.

### **23/15 Declarations of interest and party whip**

Councillor T. Jukes declared an interest as an employee of Walsall Healthcare Trust.  
Councillor I. Robertson declared an interest as a Governor of Black Country Partnership Trust.

### **24/15 Minutes of Previous Meeting**

The minutes of the previous meeting held on 3<sup>rd</sup> November 2015 were approved as a true and accurate record subject to the inclusion of a request for a briefing on the progress of Broadway North by Councillor Diane Coughlan.

### **25/15 Healthwatch**

The Portfolio Holder for Communities, Leisure and Culture introduced the item and stated that the current contract was approved on 23<sup>rd</sup> January 2013. A one year extension was agreed on 29<sup>th</sup> October 2014 and commenced on 1 April 2015. Subsequently the Healthwatch Board commissioned an independent investigation into financial procedures, procurement processes and the governance of the organisation in July 2015. Action had been taken to rectify the issues raised by the report. Members were assured by Officers that the contract for Healthwatch had been strengthened.

The following report was tabled 'WMBC support to Healthwatch – Update' (annexed). Members were informed that the independent review concluded that the procurement of the engagement work had not been undertaken in line with the organisations procurement policies and procedures. In mitigation Healthwatch Walsall had now terminated the contract in question and employed an Engagement and Membership Officer who will undertake all future work. The review also concluded that the organisation needed to strengthen its financial policies and procedures to reduce risk. Walsall Council supported Healthwatch Walsall to review and revise both financial control and procurement policies and procedures. The Chair stated that the Council as the commissioning authority should take responsibility for the issues found within the report. The Chair stated that he believed that the independent report should be made available to the Committee to allow a debate to be held.

The Chair informed Members that he had met with the new Chief Executive and he was pleased with how things were moving forward despite some legacy issues. Members expressed concern that there had been little oversight at the Committee. The Chair requested that Officers obtained legal advice on the publication of the independent investigation report and asked for future reassurance that the monitoring arrangements were adequate.

### **Resolved**

That the independent report into 'Healthwatch Walsall' is deferred to a future meeting of the Committee.

### **Quality improvement in the Social Care market**

The Portfolio Holder for Care and Safeguarding stated that there were over 70 care homes and 80 homecare companies providing services in the Borough. Officers were asked if Social Workers were required to report concerns and the Committee were informed that Social Workers had to adhere to codes of conduct, regulated under statutory regulations and were required to act upon care and safeguarding

issues. The Portfolio Holder confirmed that if there was a significant single safeguarding issue the team would lead an investigation. A Member informed the Committee that a care home may pass CQC standards but there could still be differences in the treatment of residents and staff attitude. The Committee acknowledged that a robust Healthwatch would be advantageous to investigate serious concerns. Concern was expressed at the speed at which a low level complaint would be addressed.

### **Resolved that**

The report was noted.

### **Black Country Partnership Foundation Trust**

Members were informed that Monitor had investigated the Trust due to concerns about its financial sustainability. The Black Country Partnership Foundation Trust subsequently informed Walsall CCG of their intentions to seek a horizontal merger with another Trust that will support the continuity of service provision whilst providing financial stability. The Chair expressed frustration that this had previously been challenged at scrutiny and reassurances had been given about this provider.

The Chair sought to assess the risk to Walsall clients if the provider was not able to continue. Officers stated that the Government would not allow the organisation to go bankrupt and would use its powers to take it over if necessary. Members asked for feedback if the situation changed.

### **Resolved that**

The report was noted.

### **Walsall Adult Social Care Peer Challenge**

The Portfolio Holder stated that the report presented findings of the peer review which took place in adult social care between 2 – 4<sup>th</sup> November 2015. Members discussed how things could be provided differently when Walsall operated at a 'best in class' standard.

The Committee agreed that the following points from the presentation were particularly important when considering the findings of the peer review; -

- The scale of Adult Social Care budget reduction between 2008/09 – 2013/14 was 16%, it is only one of three councils in the West Midlands that had reduced the gross total by more than 10%
- Planned spend on Adult Social Care 2015/16 as a percentage of total council budget is low at 28% and one of the lowest in the West Midlands region

It was concluded that in order to address the challenges faced by adult social care a whole Council approach was needed. The following points were highlighted by Committee Members; -

- Silo thinking was evident between and within directorates
- Community Integration and the pilot was reported as delivering improved outcomes for service users for example reducing people going to hospital repeatedly and increasing satisfaction amongst service users but it needed strategic buy in

Members expressed concern that there was a 55% failure for a caller to connect to the person that they needed to speak to. It was suggested that Managers spoke to the people carrying out the call centre job to find out how things could be done differently. The Portfolio Holder stated that the initial response service received lots of calls which were not relevant to them. By reducing these types of calls the capacity of this service would be increased. Officers agreed that staff would be supported to ensure that people contacting the service were given the right answer at the right time.

Members also considered the impact of cuts to public health and the suggestion that public health would be funded from business rates which would undermine its position in Walsall. It was concluded that the approach to social care needed to be considered as part of a corporate review and needed to involve partners.

#### **Resolved that; -**

1. Cabinet is strongly urged to carry out a corporate peer review without delay in line with peer review recommendations to allow future budget decisions to be informed by the review findings as soon as possible.
2. When considering future savings within adult social care it should be remembered that spend on adult social care as a percentage of total council budget in Walsall is low and one of the lowest in the West Midlands, future budget setting should ensure sustainable resources to fund adult social care.
3. Partnership working and a whole Council approach is integral to achieving desired outcomes for adult social care, so Cabinet is urged to accept the peer review recommendation in line with 'silo working' and organisation development.

#### **Local Account**

Members were informed that the Local Account was a report for a general audience, including residents of the borough and service users, reflecting the performance of adult social care for the year 2014-15. The Chair noted that this was the 3<sup>rd</sup> local account that had been produced and suggested that moving forward public health should have an impact. Officers informed Members that the impact of the settlement would be presented to Cabinet in January. It was agreed that this would be taken to the Social Care and Health Overview and Scrutiny Committee in the future.

A Member asked for reassurance that the Council Tax rise would be spent on Adult Social Care. The Portfolio Holder stated that this revenue would be ring fenced and that there was a consensus that money needed to be spent on the most vulnerable. A discussion on the transfer of attendance allowance to Council administration was held and officers stated that they did not know the detail of this proposal. However

there would be implications if Councils needed to assess individuals for attendance allowance. Officers clarified that the Government had urged Councils to spend more on mental health, however additional funding had not been ring fenced.

The Chair asked for an explanation about Social Care spend over the last 4 years. Officers clarified that learning disability was funded through a pooled budget with the CCG. Although this was controlled by the Local Authority it contained money from the CCG budget. Certain factors could impact on the cost of providing service e.g. expensive placements.

A Member queried which services would be provided for an older person with dementia? Officers stated that the majority of older people with dementia would receive services from mental health. Officers were asked to provide a breakdown of the numbers of both younger and older people using services for dementia.

**Resolved that; -**

- Officers provide a breakdown of the numbers of both younger and older people using services for dementia.
- The Social Care and Health Overview and Scrutiny Committee acknowledged that staff were doing an excellent job under the circumstances. The report was well put together but in the future the Committee recommended that a contribution from public health was included.

**Adult Social Care Charging**

Members were informed that this was an opportunity to consider and comment on the implementation of the Community Based Charging (CBC) process and the collection of pre CBC debt. The Committee were informed that the implementation of Mosaic had impacted on invoicing and caused delays. It was clarified that this meant that some customers may receive 3 invoices in a short space of time. Officers stated this it was anticipated that normally billing would resume around the end of January. A discussion on the decision to remove the charge for community care alarms took place and it was raised that there are community care alarms in social housing where residents do not need them.

A query was raised around the status of debt from the benefits based charging system. Officers stated that the legacy of debt had been reduced significantly. It was also clarified that a small number of cases were on hold as their charges had been appealed or queried. This prudent approach had been taken to try to ensure people were not out of pocket.

Councillor Coughlan asked for information on the number of formal appeals. Officers agreed to share this information outside of the meeting.

**Resolved that; -**

That Scrutiny noted the progress on implementation and the action taken to reduce outstanding invoices.

**Areas of Focus and Forward Plans**

Noted.

**Termination of Meeting**

There being no further the meeting terminated at 7.50 p.m.

Signed: .....

Date: .....