

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

TUESDAY 3 APRIL 2012 AT 6.00 P.M.

**Panel Members Present:** Councillor T. Oliver (Chair)  
Councillor M.R. Burley  
Councillor D. Barker  
Councillor A. Ditta  
Councillor L. Rattigan  
Councillor D.J .Turner

**Officers Present:** Suzanne Joyner, Head of Community Care  
Peter Davis, Head of Community Care (Operations)  
Andy Rust, Head of Vulnerable Adults & Joint  
Commissioning Unit  
David Lockwood, Housing Standard and Improvement  
Manager  
John Batchelor, Local HealthWatch Co-ordinator  
Lisa Koc, Service Manager (Workforce Development)  
Natalie Borman, Commissioning Manager

### **163/12 APOLOGIES**

Apologies were received for the duration of the meeting from Councillor B. McCracken, Councillor B. Douglas-Maul, Councillor A. Paul, Councillor D. Coughlan and Paul Davies.

### **164/12 SUBSTITUTIONS**

There were substitutions for the duration of the meeting.

### **165/12 DECLARATIONS OF INTEREST AND PARTY WHIP**

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

### **166/12 MINUTES**

The attendance of Councillor R. Burley and Councillor D. Coughlan at the previous meeting was noted.

## **Resolved**

That the minutes of the meeting held on 21 February 2012, as amended, copies having previously been circulated be approved as a true and accurate record.

### **167/12 SHADOW HEALTH AND WELLBEING BOARD**

The Head of Community Care introduced the report (annexed). The main points of the report and subsequent discussion were as follows:

- The Shadow Board, required as part of the Health and Social Care Act, was now established and held its first meeting in February which focused on initial development;
- The Board is chaired by Councillor Zahid Ali, with the remaining Members consisting of the Executive Directors for Adult Social Care, Children's Services, Neighbourhoods, the Director of Public Health, Clinical Commissioning Group representatives, together with representation from the voluntary sector, LINK, NHS Walsall and My NHS;
- Terms of Reference are currently being developed, while items that are being considered for the draft work programme include the Joint Strategic Needs Assessment (JSNA);
- The importance of the use of development sessions, as well as the effective use of communication to ensure a consistent message is relayed regarding the work of the Board was highlighted;
- A second meeting is scheduled for 16 April. Invitations have been extended to both Walsall Healthcare NHS Trust and Dudley and Walsall Mental Health Partnership NHS Trust in relation to Foundation Status.

## **Resolved**

That the report be noted.

### **168/12 HEALTHWATCH**

The Local HealthWatch Co-ordinator introduced the report (annexed). The main points of the report and subsequent discussion were as follows:

- The passing of the Health and Social Care Act into law has confirmed the requirement for the council to commission a Local HealthWatch organisation by April 2013;
- Late amendments made to the Act prior to it passing require that the Local HealthWatch organisation be a body corporate carrying out statutory functions and will be required to be a "social enterprise";
- It was explained that given the likely size of the contract it would be necessary for the council to follow EU procurement rules. The timetable for procurement included a consultation period likely to commence at the end of April 2012, the completion of a contract specification document with a Cabinet decision in relation to the award of the contract sought by the end of the year;

- A Panel Member highlighted the importance of ensuring that HealthWatch responded to the diverse needs of different areas of Walsall. Members agreed that this would be most effectively supported by a local organisation with local employees. Officers explained that the legislation requires the council to contract with one organisation. However, it was possible that the contracted Local HealthWatch organisation might subcontract delivery to other local organisations. Members agreed that “Hub and Spokes “ would be likely to be the most effective model of delivery in order to ensure that local needs were identified and met. The Head of Vulnerable Adults & Joint Commissioning Unit explained that the JSNA would be used to assist in the development of the contract specification and the ability to be able to work effectively at local level in Walsall would also be a requirement. It was also explained that the indicative allocation of funding for HealthWatch for areas the size of Walsall was approximately £133k, this would be combined with the funding currently received for LINK of £150k;
- The Chair emphasised the importance of the procurement process identifying an approach which valued the local presence of any organisations that might bid. He also highlighted that both the Social Care Panel and Health Panel should be informed throughout the process.

## **Resolved**

- (1) That both the Social Care and Inclusion and Health Panels be updated throughout the procurement process;

and

- (2) That the report be noted.

## **169/12 BENEFITS-BASED CHARGING**

The Head of Vulnerable Adults & Joint Commissioning Unit introduced the report (annexed). The main points of the report and subsequent discussion were as follows:

- It was explained that a total of 466 out of 2,189 clients had withdrawn from care packages under the new benefits based charging arrangements. The council has continued to support these individuals by establishing how their needs were being met by external providers. This was particularly important in terms of good practice and health and safety. It was explained that under the new arrangements around a third of service users were better off, a third were worse off and a third had stayed the same;
- It was explained that a contract framework for external service providers had been developed which would operate from the beginning of May. This involved one single accreditation process with the council guaranteeing the quality of the services provided. Where an external provider did not meet the threshold for accreditation support would be provided to enable them to do so;
- It was also explained that the use of Individual Budgets would enable individuals control over how they spend their allocation. However, they would have to demonstrate that their needs were being met or funding would be withdrawn.

Officers explained that there would be a cap on the amount of funding an individual could save. In addition, the Risk Enablement Panel would meet to consider exceptional requests as to how funding might be spent, as well as issues of safeguarding.

## **Resolved**

That the report be noted.

### **170/12 MONITORING OF AGENCY STAFF**

The Service Manager (Workforce Development) introduced the report (annexed). The main points of the report and subsequent discussion were as follows:

- It was explained that there were various reasons why temporary agency staff were engaged by the Adult Social Care and Inclusion. These were to provide sickness cover, shift cover, to cover a vacant post, to meet a statutory requirement or for a specific project;
- It was explained that over the last ten months the use of agency staff by Adult Social Care and Inclusion was 16% (493) of the total used by the council (3,150). It was noted that given the nature of much of the Directorate's work in supporting vulnerable adults the use of agency was relatively low;
- It was explained that the Directorate Leadership Team monitors the use of agency staff and work had been undertaken to reduce use while ensuring that statutory responsibilities were being met. This has resulted in a 22.5% reduction in the number of agency staff used equating to a £600k saving. This approach had been supported by the recruitment of fifty young people as apprentices with a target of 160. In addition, work had been undertaken to recruit individuals with physical and mental disabilities, as well as those with sensory impairments.

## **Resolved**

That the report be noted.

### **171/12 DISABLED FACILITY GRANTS (DFGS) AND ADAPTATIONS**

The Housing Standard and Improvement Manager introduced the presentation (annexed). The main points of the presentation and subsequent discussion were as follows:

- It was explained that service improvements included streamlining schemes that were under £12k. The changes included a significant reduction in the use of Occupational Therapists (OTs) and had resulted in a higher number of schemes being approved and lower costs;
- The time from referral to approval for major schemes had fallen over the last two years. For straight stair lifts this had reduced from 18.5 weeks in 2010/11 to 4 weeks in 2011/12, while "new shower to replace bath" had reduced from 28 to 9 weeks over the same period. It was also explained that there was no difference

between the length of time for referral to approval for agency or non-agency applications. In addition there had been a significant overall improvement in the number of approvals from 135 in 2009/10 to 307 in 2011/12;

- It was explained that the cost of the average DFG had been reduced by 35% between 2008/09 and 2011/12 as a consequence of ensuring that adaptations meet minimum statutory requirements only. This has also meant that it has been possible to fund additional schemes;
- The council is the lead for the regional lift procurement process and the establishment of a contract framework. Those bidding companies which have successfully met quality and other requirements are then invited to participate in a reverse e-auction for work with individual councils. Increasing economies of scale are achieved as more councils join the framework. It was explained that the value of work undertaken in Walsall via the framework was likely to be around £0.5m;
- A major spend to save project has also been undertaken. This consists of adaptations being made to an individual's home at their request with the a proportion of funding being reclaimed in the form of land charges. The objective of this project is preventative, as well as to reduce ongoing care and nursing costs;
- Further work to support independence includes redevelopment of Hollybank House - Re-ablement Centre. This includes creating four independent living flats. This has enabled the council to return individuals to Walsall who were previously using out-of-borough placements. The improvements at the Re-ablement Centre have also resulted in a significant reduction in ongoing care costs for individuals upon leaving the Centre. Further activity includes a range of accessibility improvements to Pheasey Park Community Centre for disabled users, while wheelchair adapted and accessible homes have been developed for properties to be let by Housing Associations at Waterfront South. It was explained that the council has a Service Level Agreement with a number of Registered Social Landlords (RSL) to undertake certain adaptations. However, often RSLs will seek to move residents to smaller properties before undertaking any adaptations, particularly where there are issues of under occupancy. These landlords were also able to remove adaptations after the tenant had moved out if they wished;
- The Chair congratulated the Housing Standard and Improvement Manager on the significant reductions in length of time from referral to approval that had been achieved.

## **Resolved**

That the report be noted.

## **172/12 INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES)**

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

- It was explained that ICES is a service which is jointly delivered by the council and Walsall Healthcare Trust. The purpose of ICES is to undertake minor adaptations and to deliver standard and specialist equipment to individuals who have undergone an assessment of need. The key objectives include maintaining people's ability to live independently in their own homes and prevent hospital admissions;
- Governance of the service is provided by the Assistive Equipment and Telehealthcare Board which meets bi-monthly. The service has been delivered within budget since 2009/10. The key performance targets include the timeliness of delivery of equipment and completion of minor adaptations within either 7 or 28 days. Performance against these targets has improved since 2010/11, with 96% of items delivered within 7 days so far in 2011/12 compared to 91.5% last year;
- Future Service developments and improvements include alignment of child and adult equipment and assessment, a review of the policy on the supply of equipment to residential and nursing homes, as well as the introduction of a streamlined IT system. The Panel and officers agreed on the importance of tackling the issue of bed sores, including the use of specialist mattresses;
- Members expressed support for the recently opened Centre for Independent Living, including the use of workshops. It was explained that at the centre an individual would be assessed and the appropriate equipment identified and ordered.

### **Resolved**

That the report be noted.

## **173/12 WORK PROGRAMME 2011/12 AND FORWARD PLAN**

### **Resolved**

That the work programme and Forward Plan be noted..

## **174/12 DATE OF NEXT MEETING**

The Chair informed Members that the date of the next meeting would be set at annual Council on 21 May along with panel remits and membership.

The meeting terminated at 7.50 p.m.

Chair:

Date: