

SOCIAL CARE AND INCLUSION SCRUTINY & PERFORMANCE PANEL

TUESDAY 23 JULY 2013 AT 6.00 P.M.

Panel Members Present: Councillor B. Douglas-Maul (Chair)
Councillor D. Barker
Councillor J. Rochelle
Councillor D. Coughlan
Councillor L. Rattigan

Officers Present: John Bolton, Interim Executive Director
Suzanne Joyner, Head of Community Care
Ian Staples, Lead Commissioner
Emma Palmer, Strategic Lead Officer
Lloyd Haynes, Senior Finance Manager
Tracy Evans, Lead Accountant
Anne Doyle, Service Manager
Matthew Underhill, Committee Governance & Business Manager

270/13 APOLOGIES

Apologies were received for the duration of the meeting from Councillor Oliver.

271/13 SUBSTITUTIONS

There were no substitutions for the duration of the meeting.

272/13 Declarations of interest and party whip

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

273/13 MINUTES

The Panel considered the minutes of the meeting held on 18 June 2013.

Resolved:

That the minutes of the meeting held on 18 June 2013, copies having previously been circulated, be approved as a true and accurate record.

274/13 Healthwatch

The Chief Executive Officer, Matt Bennett, and the Joint Chairs, Rupy Pandaal and Richard Przybylko provided an introduction to Healthwatch. The following is a summary of the introduction and subsequent discussion:

- It was explained that the process for establishing Healthwatch began around eighteen months ago. As applicants Rupy Pandaal and Richard Przybylko determined that the most effective way to seek the right operate Healthwatch would be a collaboration between Walsall Link, MyNHS Walsall and a number of other stakeholders and community groups. It was identified that this group would

- be best placed to understand how it should interact with communities and this helped inform the tender. The major organisations that led the bid and the consortium were MyNHS Walsall and Walsall Link, together with a number of other groups and organisations including whg, Walsall CAB, and Age UK Walsall;
- On 24 January 2013, Cabinet selected the community-led bid of the consortium to operate HealthWatch in Walsall and the contract commenced on 1st April. It was explained that there had been a significant level of activity undertaken as Healthwatch sought to set itself up as a properly constituted company, including establishing a cash flow and receiving legal advice in ensuring that proper governance was in place;
 - It was also explained that the initial board of Healthwatch was formed of seven community members and three organisation members, including from Age UK Walsall. However, it was recognised that a key requirement of Healthwatch was for its Board to be elected by the community to ensure that it represented the community. To support this aim elections for a new board will take place in September, post elections one third of members will resign after twelve months, with elections for a third of the membership taking place annually;
 - Initial activity of Healthwatch included establishing premises in the centre of Walsall. These premises are shared with Mencap and provide a health hub in the centre of Walsall. A chief officer was also appointed, together with a number of project officers. Other activity includes presentations to the Health and Wellbeing Board and the recruitment of a Healthwatch Assembly, with work to recruit members including an open day. Additional activity includes setting up a website and installing a telephone line, Healthwatch has also sought to establish links with regional and national partners;
 - It was explained that the contract to operate Healthwatch was initially on a two year basis, with the possibility of it being extended to a third year;
 - It was emphasised that Healthwatch was determined to be a community-led organisation that would seek to learn the lessons from Walsall link which suffered from poor attendance at its meetings. In order to improve attendance, Board members will be required to attend 66% of meetings or risk being removed from the Board. It was explained that Healthwatch will introduce a new three tiered structure: tier one is responsible for operational governance, legal compliance and risk management. The Board is the second tier, with the Assembly the third forming the strategic element of Healthwatch;
 - It was also explained that a key objective of Healthwatch was to challenge providers of health and social care in Walsall on behalf of service users. It would therefore be important to ensure that Healthwatch fully understood the issues and concerns of its members. It had been identified that the most effective method of gathering the views of members was via workshops rather than conventional board meetings;
 - The Chief Executive of Walsall Healthwatch explained that the organisation would seek to be a consumer champion for health and social care users in Walsall. It was also explained that the aim of Healthwatch was to represent individuals as well as community groups. In response to panel queries it was explained that Healthwatch will use a variety of methods to gather the views of local health and social care service users. This will then enable the organisation to positively challenge health and social care providers and ensure that change and improvements take place. The sign posting function of Healthwatch was also highlighted which will be reinforced by its prominent town centre location;

- Following a Panel query it was acknowledged that a key challenge was to ensure that Healthwatch effectively engaged with all communities and this would be supported by holding meetings in local areas. It was explained that the partnership arrangements with whg and Age UK would mean that Healthwatch would be able to make use of their links with local communities. In addition, agreement had been reached with the Patient and Advice Liaison Service (PALs) at Manor Hospital to share information regarding the types of complaints and concerns that exist for service users they are in contact with and determine if there are any common themes.

Resolved:

That the report be noted.

275/13 UPDATE ON EMPLOYMENT INITIATIVES FOR ADULTS WITH DISABILITIES

The Lead Commissioner introduced the update. The following is a summary of the update and subsequent discussion:

- It was explained that employment for adults with disabilities can be measured in terms of paid of at least minimum wage and either full time (16 hours upwards), part time, for a fixed term also known as temporary work or self employed. It was also explained that Walsall had been the second most successful area within the region in terms of the provision of employment for disabled people. However, the government now allows councils to measure these employment statistics using their own measures and so future comparisons would not be meaningful;
- It was explained that nationally and regionally the sustainability and effectiveness of initiatives have been shown to be limited. Walsall has piloted two schemes, including the “Employ Me” scheme with Mencap, which resulted in six people from Walsall entering paid employment during a 12 month period at a cost of £3,300 to the council per person. In addition, the charitable enterprise Landau worked with the council and Remploy using the government work choice funding programme and supported two people into paid work at a cost of £1,275 to the council per person. The funding has now ceased due to a lack of referrals which was linked to “job readiness”;
- It was explained that a key difficulty with government funded schemes was that they encouraged “cherry picking” as there is a large final payment when someone has been at work 6 months which makes the majority of those whom the council comes into contact with unsuitable for these schemes. This has been evidenced by Disability Employment Advisers at Job Centres referring people requiring greater levels of support to the council’s job coaching schemes rather than working with them through their own work choice programmes. The Recrutability Plus paid work placement scheme has only assisted 14 people into work over two years. However, the scheme has been praised by individuals and their families. It was explained that the challenge was to capture the range of outcomes that these schemes delivered compared to the cost and outcomes of other interventions to establish their full value and effectiveness;
- It was also explained that there are a number of elements in employment strategies for those with disabilities, including partnerships in the service and retail industries. It was pointed out that Recrutability Plus needs to engage with

- health trusts as a key partner. In addition, job coaching schemes have been a success with a number of retailers both in terms of placements and paid jobs;
- It was explained that Links to Work continues to provide employment opportunities for adults with disabilities with the service now consolidated at the Electrium Point site. This includes light industrial packing and assembly for local industries, together with a range of other employment activities incorporating data archiving, recovery and destruction. Other Links to Work activity includes development of a community food distribution service, together with the development of Recruitability Plus, Recruitability and Corporate Recruitability schemes. Since 2011 the programmes have assisted 125 people employed on the programme on initial 6 month and 12 month fixed term contracts. As of July 2013 14 of the supported employees who have been through the programme have gained permanent, sustainable employment as a result of Recruitability/ Recruitability Plus. A further 8 more people have sustained work but in a voluntary capacity;
 - It was also explained that more than 200 young people who leave Walsall College annually have some form of disability and officers highlighted the importance of developing partnerships with Adult Education, Colleges and Training organisations, in order to link training with employment opportunities;
 - In response to a Panel query it was explained that the government had moved away from the sheltered employment model originally established by Remploy to one where the support and training provided better prospects for employment opportunities with commercial employers. This includes individuals gaining qualifications including NVQs;
 - In response to a further Panel query officers acknowledged that it would be important to ensure that the council received funding from local Jobcentre Plus branches for managing demand from individuals with more complex needs. Officers explained that discussions were underway to seek this funding stream. It was also explained that a disability job agency was also being established;
 - Following a further Panel query it was explained that autism awareness training programmes had been provided to local organisations and businesses.

Resolved:

That the report be noted.

276/13 Progress on Integration Between Health & Social Care

The Interim Executive Director introduced the report. The following is a summary of the report and subsequent discussion:

- It was explained that the report provided an update on progress on integration between health and social care in Walsall;
- It was also explained that Walsall had made an expression of interest in being a health and social care integration "Pioneer". However, it was not anticipated that Walsall would be successful;

- The areas where there was already cross-organisational working in Walsall were highlighted, including the Joint Commissioning Unit and the Joint Mental Health Trust with Dudley;
- In terms of future plans four areas have been identified that would further enhance the experience of older people in Walsall. It was explained that local GP's were strong advocates of a single access point for community health and social care services. A key element of this would be to ensure that individuals received the correct support and to reduce the number of unnecessary hospital admissions. A new way of working for services responsible for young adults and older people was the second of the areas. This will focus on a preventative approach which is able to identify future individual needs and assist them in managing conditions to reduce the chance of further deterioration. A further area will be an examination of how health (both primary and community care services) and social care staff can work more closely with models of co-locating being considered. The final area is to develop a single Intermediate Care Service with a single manager which both supports those who have been discharged from hospital and offers services which avoid unnecessary admissions to hospital. Current services that support this objective include Hollybank which forms part of community-based support services. It was explained that all proposals would be considered by the Health and Well-being Board;
- In response to a Panel query it was explained that the evidence available points to a single point of access for community health and social care services being effective. It would ensure that individuals received appropriate support to assist their recovery.

Resolved:

That the report be noted.

277/13 COMMUNITY ALARMS SERVICE

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

- It was explained that the Community Alarms Service operated 24 hours, 7 days per week. The service is a critical first line response that also operates as the out of hours contact service for Walsall Council;
- It was also explained that during 2011 a charge of £12.50 per month was introduced for the response element of the service. This is a pendant based service which provides support for urgent issues. However, those over 80 do not pay for the service, with some below this age also qualifying for a free service based on assessed need;
- During 2012-13 the Community Alarms Service received and dealt with 129,301 calls, with 37,017 follow up calls by the service resulting in the deployment of a response attendance 4,681 times;
- It was explained that at present the service is accessible to 5,002 Walsall residents, with 68% of the service delivered to Walsall citizens aged 80 or over.

The number of new service referrals received during the 1st quarter 2013/14 was 322, with 231 exiting the service during the same period;

- It was also explained that from April 2013 onwards all calls received were answered within 1 minute 99% of the time, while of the remaining 1% of calls, 98% of those calls were answered within 3 minutes;
- Following a Panel query it was explained that £12.50 was the cost of receiving the Community Alarms Service, although the equipment was free.

Resolved:

That the report be noted.

278 /13 Carers Update

The Head of Community Care introduced the update. The following is a summary of the update and subsequent discussion:

- Officers acknowledged the importance and significant number of unpaid carers in Walsall. According to the 2011 Census unpaid carers represent just over one tenth of the population. In Walsall the number of individuals estimated to provide unpaid care to relatives, friends or neighbours was some 30,632;
- It was explained that a range of local support and governance was in place. This includes the Carer's Operational Group, with joint working having commenced with those working with children with disabilities and young carers. It was also explained that following the production of the Carers Strategy a commissioning plan was developed. A range of services to support carers now have proposed budget allocations for 2013/14, these include a Carers Emergency Response Service, which provided 72 hours of support, Welfare Rights, which will ensure carers are able to access all entitlements and advice, and the Holiday Grant scheme, which will enable carers to take a break from their care roles. It was also explained that funding had been allocated to resolve the backlog of carers assessments from 2012/13;
- Following a Panel query officers acknowledged that the increase in the number of carers could be the result of the introduction of Benefit Based Charging, with individuals choosing to opt of services for which they would have to make payments to the council. In response to a further Panel query it was explained that work was being undertaken to ensure that those carers with different community languages were aware of the range of support available.

Resolved:

That the report be noted.

279 /13 Draft Revenue & Capital Outturn 2012/13; Quarter 1 Financial Monitoring Position 2013/14

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

- It was explained that the draft 2012/13 year end financial position for social care and inclusion was an overspend of £380k. The outturn included net use of and transfers to reserves of £1.541m where approval was given by Cabinet for additional funds for specific services. It was also explained that the capital outturn for 2012/13 was an underspend of £0.545m, this amount has been approved to be carried forward into 2013/14, resulting in a nil variance;
- In relation to the Quarter 1 Financial Monitoring Position, the predicted revenue and capital outturn for 2013/14 was a net nil position. It was explained that the predicted outturn includes use of reserves and approved carry forwards from previous years of £4.708m. It was further explained that there had been a rise in the number of residential care placements. It was anticipated that based on current projections the cost of the rise in placements could be met by reserves. However, these would be used by the end of financial year. The Interim Executive Director explained that an urgent review was currently underway to understand the issues which were causing the rise in the number of placements, with some type of systemic problem a possibility.

280/13 Work Programme and Forward Plan

The Panel considered the work programme and forward plan. Councillor Coughlan was chosen to represent the Panel on the Welfare Reform Working Group.

281/13 **Date of next meeting**

The Chair informed Members that the date of the next meeting would be 17 September 2013.

The meeting terminated at 8.20 p.m.

Chair:

Date: