

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 19 April 2023

Minutes

Attendance

Committee Members

Councillor Clare Golby (Chair)

Councillor John Holland (Vice-Chair)

Councillor Colin Cape (Nuneaton and Bedworth Borough Council)

Councillor John Cooke

Councillor Tracey Drew

Councillor Marian Humphreys

Councillor Jan Matecki

Councillor Chris Mills

Councillor Penny-Anne O'Donnell (Stratford-upon-Avon District Council)

Councillor Pam Redford (Warwick District Council)

Councillor Kate Rolfe

Councillor Ian Shenton

Councillor Mandy Tromans

Officers

Shade Agboola, Becky Hale, Nigel Minns, Isabelle Moorhouse, Ian Redfern, Pete Sidgwick and Paul Spencer.

Others in attendance

Councillor Margaret Bell, Portfolio Holder for Adult Social Care and Health

Chris Bain, Healthwatch Warwickshire (HWW)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Sandra Smith (North Warwickshire Borough Council) and from Councillor Penny-Anne O'Donnell for her late arrival.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None

(3) Chair's Announcements

None

(4) Minutes of previous meetings

The Minutes of the committee meeting held on 15 February 2023 were approved as a true record and signed by the Chair.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

Councillor Colin Cape had submitted the following questions:

“What is being done to monitor the provision of care to veterans, in line with the Armed Forces Covenant legislation? Are the principles being followed and do ex-servicemen and women get the focus that they should?”

As part of the covenant veterans are supposed to receive accelerated or enhanced provision, depending on need. How is this monitored? What percentage of the target populations are veterans?

On Social Care, how many veterans are on the books, what enhanced treatment do they receive? Access to mental health resources, how many veterans etc. If we don't have the figures, we cannot monitor. If we don't monitor, we don't know if the covenant is being met and it is purely words on a page”.

A written reply to these questions would be provided after the meeting.

5. Council Plan 2022-2027 Integrated Performance Report Quarter 3 2022/23

Pete Sidgwick, Assistant Director, Adult Social Care introduced this item and gave a presentation to pull out the key messages. The report summarised the Council's performance at the end of the third quarter (April-December 2022) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. This report drew out relevant areas within the Committee's remit from that presented to Cabinet on 16 February. Sections of the report together with detailed supporting appendices focussed on:

- Performance against the Performance Management Framework
- Progress against the Integrated Delivery Plan
- Management of Finance

- Management of Risk

The report provided a combined picture of the Council's delivery, performance and risk. Overall, there had been an improvement in performance when compared with the Quarter 2 position. There were ten key business measures (KBMs) within the remit of the committee. Of these, nine were reportable in this quarter. A table set out the quarterly performance data, with eight of the KBMs assessed as being on track and one was not on track.

The report detailed key emerging themes. These included increasing service demand, capacity and workload issues impacting delivery across the organisation and difficulties in recruiting and retaining staff in a highly constrained national and local labour market.

There were notable aspects of positive performance, with the report highlighting that no care providers had exited the market due to business failure. Another area was the consistently reducing data for people with a learning disability or autism in an inpatient unit.

Performance challenges were reported, the main one being a steep decline in the number of carers in receipt of support during this quarter. However, this could be attributed to additional support being provided by the Carer's Trust.

The report set out services' projected performance trajectory. This was positive, in terms of delivery of the 29 Adult Social Care actions set out in the Integrated Delivery Plan, with 80% being on track and 3% complete. Seventeen percent of actions were classified as at risk and these actions were reported on in more detail.

One of the Councils strategic risks related to Adult Social Care and Health directly and currently had a 'red' status. Two other red rated strategic risks related to inflation and the cost of living, and the economy might impact on service provision and service demand. At the service level, two risks were rated 'red', being the risk of care market failure and the risk of an ongoing impact on public health resources of responding to Covid-19.

The presentation included slides on:

- Council Plan 2022-2027: Strategic Context and Performance Commentary
- Performance relating to this Committee
- Area of focus: Support people to live healthy, happy, and independent lives and work with partners to reduce health inequalities
- Projection
- Integrated Delivery Plan
- Financial performance
- Management of risk

Questions and comments were invited with responses provided as indicated:

- A member asked which area was the biggest concern to officers. Pete Sidgwick spoke about the subsequent item on the work being undertaken to prepare for the recommencement of Care Quality Commission (CQC) inspections. This included the detailed review undertaken and key areas of focus. Specific reference was made to the annual reviews for people who received care and support, which was not detailed in the

performance report currently. Demonstrating the support for carers would be a key focus with an improvement journey needed for some areas.

- The budget overspend for social care and support was 1.3%, equating to £2.4m. Context was provided on this demand led service, with reference to the £52m of income generated from client contributions against overall expenditure of £230-240m per year.
- It was confirmed that the data in this report did not include young carers. For adult carers there was a likelihood that this was underreported. Some carers had care and support needs themselves. It was a complicated area to report on effectively. Data was sought for young carers, which would be provided.
- A discussion on the positive performance in reducing numbers of patients with a learning disability or autism being located in inpatient units for long periods. Through transforming care this cohort of people were now being supported in community settings, with inpatient support for their complex needs, only when necessary. This service was led by the NHS and monitored by the Committee. The health and social care support was tailored to each person's needs, with packages of support.
- Healthwatch had hosted and attended a number of events for carers. Chris Bain reported on the findings locally. Some people didn't identify as being a carer, but still needed support. Others were not aware of the support available to them. Questions about the effectiveness of the support provided and whether it met the carer's needs. There were barriers to accessing support, especially where people were mentally and/or physically exhausted, so any simplification of processes would be welcomed.
- Pete Sidgwick responded that officers were aware of and looking at the areas raised above. He spoke of the statutory responsibilities for both the Council and the NHS. Pete acknowledged the need for clear information and advice with effective publicity. The role of the Carer's Trust was mentioned. There was a cohort of carers who themselves needed care and support. The CQC preparedness project had identified carers as a key area of focus.
- Becky Hale explained the joint work with NHS colleagues on the plan for delivery of the Integrated Care Strategy. There would be work with Coventry colleagues over the next two years, to provide support for carers as a priority. Joint work to co-produce an action plan and delivery plan in conjunction with carers would also take place, to pick up the known issues raised by Healthwatch.
- Chris Bain questioned how to address the stigma associated with seeking social care support. There was no such stigma when people needed healthcare because they were ill. The point was acknowledged, and the stigma was longstanding. With support being provided by an independent charity, the Carer's Trust it may help.
- A councillor spoke of the need for carers to have time for themselves, also mentioning the support provided to young carers in her locality. She asked if there was a bespoke leaflet for carers just containing the key information they needed. There were different ways people wanted to access focussed information, with digital services and perhaps advertising in communities. This would be researched and the information available would be shared with members. A current focus was improving the digital offer, recognising that some people preferred other media.
- A discussion about staff capacity and the capacity for care in the community to provide relief for carers. The report referred to staff capacity and workload issues which was being worked through. Feedback from the annual staff survey was that workloads had increased in many departments. In Social Care and Support there was work underway to respond to this. Whilst staff were very busy this didn't impact directly on support for carers. The Councillor was referring to respite for carers, shortfalls in the numbers of community carers

and how this could be addressed. Becky Hale gave assurance that the local care market had capacity to provide services for respite and short breaks, alongside other services. There was continuing work to support the care market with recruitment and retention.

- The Portfolio Holder Councillor Bell referred to a recent carers' conference, where the key messages concerned communication and respite care. She touched on community respite services such as dementia cafes. She was meeting with officers to discuss the respite services commissioned and learning from feedback to improve services. There was an aim to stimulate sustainable community-led initiatives. Carers needed a break. Whilst the Council could not provide services for all it could support groups to deliver such services. The Chair agreed there was a need to move away from the perception of the Council as the only service provider as there were voluntary organisations which could assist, and new groups could be formed.
- The data on number of carers in receipt of support was discussed. There seemed a gap from the typical levels to the target and it was questioned if that was the support provided by the Carer's Trust. Pete Sidgwick confirmed the data shown was from the Carer's Trust. It was difficult to identify carers who needed support themselves. There had been an exponential growth in the work of the Carer's Trust.
- A question was submitted on the current performance for successful completion of treatments for drug and alcohol services. The position in the quarter three report had fallen when looking at the live data via the Power BI platform. Actions were planned in the fourth quarter to seek to improve performance. The Councillor sought more information on what was planned and how confident officers were that this would improve performance. Dr Shade Agboola would research this and provide a reply to members. Becky Hale reminded of previous reports on this area, the continuing multi-agency approach, and work with the commissioned service provider. This was a national issue and whilst action was being taken, it was not having the desired impact. This was an area of ongoing work and a briefing would be provided to members. The Chair touched on the wider implications of drug and alcohol misuse.
- A councillor referred to the financial risk chart within the report providing clarification on the budget variance, which was 2.5%.
- Reference was made to the 'warm hubs'. It had been observed that many people using the hubs may require care. As people became aware of the care services available and how to seek support it would place more demands on already stretched services. The member questioned how additional service needs would be met. Pete Sidgwick responded on the people who met the threshold for support under the Care Act. This was increasing steadily but was expected that the additional numbers from those presenting at the warm hubs would be relatively small, or that people needing support would have been identified through other means anyway. The member asked that his be monitored.
- The Chair referred to staff feedback on workloads. She asked about the proportion of people still working at home, feeling that this may impact, for example on the ability for discussion with colleagues. Pete Sidgwick explained that for this service area many people worked flexibly before the pandemic and continued to work in a hybrid way now. They may use office bases around the county or work from home. Nigel Minns gave a broader view. Some Council staff worked in the community on a regular basis, whilst others worked in a hybrid way, from both home and in the office. The offices were getting busier. Staff surveys were undertaken regularly, and the hybrid approach was supported by staff, who felt this helped them to do their job effectively, whilst also benefitting their health and wellbeing.
- Officers were asked to define 'what is a carer'? A response was provided around differing levels of caring responsibility. For this committee it concerned people who had care and

support needs under the Care Act. In Warwickshire this was about 7,000 people. If carers were not providing the required support this would fall to the local authority. An offer to provide a definition when identifying carers from a commissioning perspective.

- The Chair welcomed the endeavours to identify more carers and provide targeted information. She asked that the language used be kept very simple and easy to understand.

Resolved

That the Committee notes the Quarter 3 organisational performance and progress against the Integrated Delivery Plan, management of finances and risk and comments as set out above.

6. Care Quality Commission (CQC) Inspections

Pete Sidgwick and Ian Redfern gave a presentation to outline the work being undertaken to prepare for the recommencement of CQC inspections.

The presentation included slides on:

- Who are the CQC?
- Why are CQC assessing local authorities?
- The assessment framework for local authorities
- The key aspects of CQC local authority assurance
- The key components of the approach
- Theme 1: How local authorities work with people
- Theme 2: How local authorities provide support
- Theme 3: Ensuring safety within the system
- Theme 4: Leadership
- The CQC six evidence categories
- How we have approached CQC assurance
- What we have done to prepare
- Our CQC assurance opportunities
- Our CQC assurance challenges
- What improvement work we are doing
- Next steps

Pete Sidgwick provided a summary of the CQC approach over the next two years to undertake baselining activity of performance across the country. This would include a significant new area for client level data for every person supported, by every local authority in the country. It would be challenging as each organisation had different ways of recording the data. It was viewed as a sensible way forward and would give assurance to the public. He talked about the CQC approach for one-word judgements ranging from 'Outstanding' to 'Inadequate'. Pete provided assurance, exploring the areas where Warwickshire needed to focus around waiting lists and reviews. He explained the requirement for an annual review or assessment for clients in receipt of long-term support as a particular focus. From meeting with the CQC it was expected their focus would be on safety. There would be a need to demonstrate that services were safe and that clients' care and support needs were being met. Ian Redfern added there was a CQC expectation that there would be areas for improvement in each local authority. It was expected that local authorities should be

aware of the improvement areas and have realistic plans in place to achieve them. Pete added that this would be a different oversight regime to that of the Ofsted approach.

Questions and comments were invited with responses provided as indicated:

- A member welcomed this approach, whilst posing questions around the integration of health and social care IT systems to provide the single assessment. She asked about the arrangements for dementia services, using an example to show the challenges faced. She looked forward to the new framework. Pete Sidgwick spoke of the narrative for the documents which needed to be concise and could not detail every service. It did explain how people in different cohorts/groups were supported, including those with dementia and their carers, also the services provided direct and those commissioned from other providers. This process could be uplifting and should be enabling rather than punitive. It was considered that there was a positive account to give of Warwickshire's services, whilst wanting to learn and improve.
- A councillor considered inspection to be essential, particularly for public sector services in identifying strengths, reinforcing good behaviour, reassuring staff and to give examples of good practice that could be replicated, whilst also addressing identified weaknesses. For councillors it would be helpful to have similar inspection frameworks and reports across all the agencies. He agreed that a service could not be assessed by a single-word assessment. That said, it helped to prioritise endeavour and budgets to secure improvement where it was needed. The Councillor noted the value of securing client feedback via Healthwatch, adding that surveying councillors may similarly be useful. He gave an example to demonstrate this involving an unannounced visit to a care home following concerns being raised by an elected member to staff.
- Pete Sidgwick reminded members of the Council's statutory responsibilities not only for services that it commissioned, but also around market shaping and management. The example given could be good evidence of intervention and the outcomes achieved. This process would bring a transparency that would not be there without a regulator or assurance framework. It would include reports to scrutiny giving a level of openness which hadn't been seen before. It was a positive process which would inform decision making and budget setting based on performance.
- An area discussed was the potential outcomes from inspections and the measures that could be imposed, including reinspection, or ministerial intervention. The CQC may have a view already of the areas likely to need intervention and the associated support. This would be part of the baselining processes. Authorities rated 'Good' or 'Requires Improvement' would likely have a list of areas of focus which would then be reinspected at a future date. It was emphasised that this was a new process and there were likely to be changes over the next two years.
- A lot of clients were supported by the NHS and social care. A key concern was effective communication between the organisations, otherwise this may impact negatively on the assessment of services. Pete Sidgwick confirmed that under Part 1 of the Care Act, there was a clear understanding of the duties for social care. For joint areas such as continuing healthcare, the local authority would be clear where its statutory duties ended. It would need to demonstrate that, including in the customer focused conversations and where the NHS funding started. Mr Sidgwick added that the CQC would undertake assurance work of integrated care systems. The conversations with customers would explain where statutory duties lay. However, from the patients 'lived experience' the arrangements would seem complicated, for example around funding and financial contributions for social care support.

This process would uncover the historic differences which the Government may need consider.

- Ian Redfern added that the CQC would look to triangulate the information it received which would include conversations with officers around any challenges identified in the local system. Conversations were happening with partners as part of the preparations to identify any such areas and to date the feedback received had been positive.
- Chris Bain explained that all ‘enter and view’ visits from HWW were unannounced. He broadly welcomed this regime as it may be slightly better, leading to a common language and common understanding. However, experience of CQC inspection findings and patient experience were not always the same. The CQC gave advance notice of inspections, which put staff under further pressure to prepare for the inspection. Healthwatch would examine the impact on welfare for residents, which should be the ultimate measure of success. If not, he questioned why the regime was being introduced. Pete Sidgwick responded that this was an assurance regime. Face to face contact was part of the regime, but not all of it. Staff would build an evidence log of how they worked, areas that needed to be improved and how to improve services. This would be a continuous journey not just when inspections took place periodically and it would inevitably cause some additional pressures. The quarterly submission of client level data would be interesting, showing trends and potentially the need for interim discussions.
- Chris Bain added that some NHS organisations had a tendency to focus on satisfying CQC requirements rather than patient need. Pete Sidgwick assured that the Council would not take such an approach of seeking to improve individual metrics. It wanted this process to be meaningful. It was a great opportunity to do the right things, celebrate the good and to improve where this was required. It was not and could not be just about satisfying the CQC, given the way this regime would work.
- The Chair considered this to be positive. Anything requiring improvement would be a learning exercise too. She commented on the amount of data that would be required but considered that Warwickshire did quite well, and staff should take pride in what they did.

Resolved

That the Committee notes the presentation.

7. Work Programme

The Committee discussed its work programme. The Chair noted that some items had been deferred due to the pre-election period. It was agreed to discuss the future agenda content at the next meeting of the Chair and party spokespeople. The Chair closed this meeting, the last of the municipal year thanking members and officers for their contributions. Chris Bain similarly thanked the Chair.

Resolved

That the Committee notes the work programme as submitted.

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Councillor Clare Golby, Chair

The meeting closed at 12:15pm