

Adult Social Care and Health Overview and Scrutiny Committee

Wednesday 14 February 2024

Minutes

Committee Members

Councillor Jo Barker (Chair)
Councillor John Holland (Vice-Chair)
Councillor John Cooke
Councillor Tracey Drew
Councillor Peter Fowler (North Warwickshire Borough Council) (NWBC)
Councillor Marian Humphreys
Councillor Andy Jenns
Councillor David Johnston (Stratford-upon-Avon District Council)
Councillor Chris Mills
Councillor Kate Rolfe
Councillor Ian Shenton
Councillor Mandy Tromans

Officers

Vanessa Belton, John Cole, Becky Hale, Kate Harker, Sophie Kitching, Sarah Moxon, Ian Redfern, Pete Sidgwick, Sushma Soni, Paul Spencer and Max Taylor.

Others in attendance

Councillor Penny-Anne O'Donnell
Chris Bain, Healthwatch Warwickshire (HWW)
Andy Mitchell (Press)

1. General

(1) Apologies

Apologies for absence had been received from Councillor Margaret Bell (Portfolio Holder for Adult Social Care and Health), from Councillor Colin Cape (Nuneaton and Bedworth Borough Council), Councillor Pam Redford (Warwick District Council), Councillor Sandra Smith (NWBC) and from WCC Officers Shade Agboola and Zoe Mayhew.

(2) Disclosures of Pecuniary and Non-Pecuniary Interests

None.

(3) Chair's Announcements

The Chair reported on her recent meeting with Coventry and Warwickshire NHS Partnership Trust. The Trust would like to present its plans for transformation of community mental health services. The Chair gave an outline of the areas raised including, additional staffing needs, a change in the telephone triage for mental health support, and the perceived benefits of more community-based support. Background information would be circulated to members. The talking therapies service (formerly known as IAPT) was under-utilised presently and availability of this service should be promoted. The item was proposed for the June meeting.

(4) Minutes of previous meetings

The minutes of the Committee meeting held on 15 November 2023 were approved as a correct record and signed by the Chair. Councillor Humphreys asked that provision of end-of-life beds in the north of Warwickshire remained a focus for the committee. Councillor Johnston asked if a response had been received from Stratford-on-Avon DC regarding the concerns raised by residents of Rosalind Court.

2. Public Speaking

None.

3. Questions to Portfolio Holders

None.

4. Questions to the NHS

None.

5. The Care Act 2014 and The Care Quality Commission

The Committee received a combined presentation from Pete Sidgwick, Director of Social Care and Support and Ian Redfern, Head of Adults Practice and Safeguarding. This detailed the County Council's responsibilities under the Care Act and the support provided, before focussing on the Care Quality Commission Assessment. The first part of the presentation covered the following areas:

- The three priorities:
 - Safeguard adults and protect them from avoidable harm.
 - Enhance the quality of life for people and delay and reduce the need for care and support.
 - Ensure that people have a positive experience of care and support.
- Adult Social Care – The Care Act 2014 and upper tier authorities
- General responsibilities in the Care Act 2014
- Specific aspects of the Care Act 2014
- The criteria for support
- Eligible outcomes
- The Mental Capacity Act 2005

- How we support people
- The people we support (all adults)
- The people we support (adults under 65)
- The people we support (adults 65 and over)

Members discussed the following areas:

- The presentation was considered interesting, informative and an important area for the Council. More information was sought on quality control from the customer's perspective. The financial challenges required improved productivity and reduced costs. It was better to get the service right first time and to avoid costs linked to handling complaints and reviewing services. Pete Sidgwick outlined how this was assured. Support for the provider market ensured they could deliver what was required. Providers were regulated by the CQC and they were inspected. The County Council also had an in-house quality assurance team. Finally, staff listened to feedback and complaints from residents on the care and support services received and took appropriate action to rectify concerns.
- Further information was provided about eligible outcomes and the use of community facilities, 'out of county' care and the differential on numbers of people using services. Some people needed support to meet friends, to go shopping or visit the library. This was about the County Council providing the support to enable this. It was in the context of meeting each person's broader support needs and to focus on what mattered to the individual. The 'Out of County' aspect was a technical area, detailed in the Care Act, and it concerned responsibility to continue funding the support needs where a person relocated to another area for legitimate reasons. It meant Warwickshire would continue to fund such support costs in some cases and any disputes were referred to the Secretary of State for resolution. The average amount of support required was discussed and in general the support needed by younger adults tended to be greater than that for older people.
- The provision of reablement and aftercare following hospital discharge was raised. In particular, this concerned longer-term care by home carers rather than occupational therapists. There were two 'enabling' services, being the reablement service (occupational therapy) and a community recovery service (physiotherapy). There was an overlap between these services which were for a period of six weeks. The role of domiciliary care in enabling people to be independent was also discussed. Providers received training on this ongoing service area. The Councillor would pursue this area with officers after the meeting.
- Linked to the above, context was provided that around 1200 people received reablement support each year. The community recovery service was higher and for December was 400 people, more typically being 300 per month.
- Reference to a BBC report on assessment and eligibility for services. The report stated that people were able to get assessed, but few were eligible for support. Funding levels varied by area. The member would send the report to Officers so this could be discussed further outside the meeting.
- Clarity was provided on the differing pieces of legislation in force for care services. The Care Act 2014 was the main legislation, but some aspects of much older legislation were still in force. Linked to this the move to support people in the community rather than in an institution was confirmed.
- Discussion about the deprivation of liberty provisions and which organisation was the final arbiter. The County Council was responsible in some cases and the NHS for others, dependent on where the person was supported. The Court of Protection also had an arbiter role.

- It was noted that the presentation made no reference to the rehabilitation facilities at Ellen Badger or the Nicol Unit. There was no data on the reablement services they provided. These NHS facilities did not form part of the County Council's statutory duties under the Care Act.

The second part of the presentation focussed on local authority Care Quality Commission (CQC) Aspects

- CQC assessments – a two-year process to assess all 152 authorities
- The four assessment themes
 - Theme 1: Working with people
 - Theme 2: Providing support
 - Theme 3: How the local authority ensures safety within the system
 - Theme 4: Leadership
- Evidence categories
- Pilot assessments
- Themes across all five local authority pilot areas
- CQC learning from pilots
- What we need to be able to do
- CQC next steps
- How WCC is preparing
- Readiness review
- The review team's feedback
- Next steps

Members submitted the following questions and comments:

- A comment that people needing care didn't always fit the system or their needs were not met, an example being where the person had the early stages of dementia. Pete Sidgwick referred to mental capacity and best interest assessments. The outcomes which people needed to achieve but which were unmet had to relate directly to a physical or mental impairment, as defined under the Care Act. There were other people who did not meet the criteria of the Care Act, but they still needed support. Mental capacity was a key area where the individual's engagement with the assessment was important.
- Chris Bain provided context that this cohort was 7,500 of the County's population, many whom would also receive NHS support which was assessed against different criteria. There were concerns about integration, whether this all worked for the benefit of residents, about delays and access to services. Poor communication where people did not understand what was being said to them was a particular challenge. Improving communication and the language used was linked to culture. The vast majority of a person's contact with the NHS (90%+) was with primary care services. He asked how well it was linked into this process, so a holistic view was taken rather than looking solely at the social care aspects. Also, a need to ensure that mental health services were engaged effectively as the boundaries between services were not always clear and could overlap.
- Pete Sidgwick responded that the Integrated Care System would have an assurance process which was being developed. This would take more of a system approach and how different parts of the system would work together to meet patient needs. Ian Redfern added that this was a complex area. The pilot assessments included a specialist adviser with detailed knowledge. They 'unpicked' example issues helping to identify those issues resting

with the NHS, with Social Care or a where a partnership approach was needed to work through them.

- Previously, data protection requirements could impede communication between agencies, but this was no longer the case and there were effective working arrangements in place. Officers confirmed the performance data which was considered by the scrutiny committees and Cabinet. This included data on the use of direct payments to support people with eligible needs. Many of the indicators were aligned to areas which the CQC would consider.

The Committee noted the presentation.

6. Development of the Adult Social Care Strategy

Kate Harker, Head of Older People Commissioning provided a presentation to the Committee. This outlined the development of the new Adult Social Care Strategy which was in its early stages. The presentation included the following slides:

- Why produce an Adult Social Care Strategy?
- What will it look like?
- Context for the Strategy
- Strengths
- Challenges
- A note about engagement, consultation and co-production
- Strategy – emerging overarching priorities
- Emerging areas of focus under 'Safeguarding, Supported and Satisfied'
- Sustaining and building our strength based approach
- Proposed solutions we anticipate will feature in the Strategy
- Any comments on the overall approach and development of the strategy
- Timeline for drafting, engagement and governance

The following questions and comments were submitted, with responses provided as indicated.

- A member spoke of the challenges and workforce pressures faced. It was questioned if the minimum wage and reduced numbers of overseas care workers was having an impact. Kate Harker explained the annual inflationary increases in pay rates and for service provider funding. There had been workforce pressures, and care workers from abroad were employed. Currently there was bed capacity and providers had the staffing levels required to deliver services.
- The Chair commented that brokerage was important. In some cases, people had to move when their current placement could no longer be funded. Kate Harker gave an outline of how brokerage would work, through specialist staff negotiating with providers for each placement to agree an appropriate price for the care required. The brokerage approach may ensure that care rates remained broadly the same and did not escalate, which would be viewed as a successful outcome.
- Reference to the five district and borough council local plans, it being questioned if the Adult Social Care Strategy was integral to them. Significant population growth was predicted and as people got older, they would need more support. The member referred to assistive technology, reminding of the projects of two NHS providers to support people at home. Social Care should join with the NHS in developing joint strategies to help people to be

supported at home. This would improve quality and bring cost savings. It may be a role for this Committee to monitor.

- Pete Sidgwick reminded that this was an Adult Social Care strategy. The strategy was likely to reflect the work that was already taking place, including that required by the Care Act. However, there may be opportunities to do things better, in a more integrated way and to hear from service users and residents. Moving to how the strategy would be delivered, the assistive technology approach was a key factor to enable people to be as independent as possible. Such technology was already in use and there was a wish to innovate and to improve. Becky Hale spoke about housing with care, linking even more with districts and boroughs on the local plans and the opportunities through this strategy to develop the housing that would be needed for future residents. The Chair added that all councils had adopted the Health and Wellbeing Strategy, which required viewing everything from a health and wellbeing perspective. Monitoring by the appropriate portfolio holder of each district/borough council should improve the integration of this strategy with local plans.
- Chris Bain spoke of the pressures created through an imbalance between demand and capacity. There was a need to understand what was driving both aspects. He would like to see more emphasis on the role of carers and support for them, as the role of carers was crucial to the strategy's success, and he urged it was given a slightly higher profile.
- A comment that this was an inspired vision for a vast service supporting the most vulnerable residents. It was questioned how closely the CQC rating was examined when commissioning services. People were being discharged from hospital with more complex needs. A question on how the Council ensured the correct training was provided for those delivering care at home. Becky Hale confirmed that CQC ratings were checked when seeking tenders for services. Regular checks were made on the ratings of all commissioned services. Other mechanisms were the risk-based approach used by the quality assurance team and there was a service escalation panel which cut across both health and social care where there were concerns about provider quality. It was important to receive feedback from elected members and the public to inform of any concerns. It was confirmed that there were some care providers rated by the CQC as 'Requires Improvement'.
- The presentation had shown the focus on empowering service users. Some slight changes were suggested to the language used which officers found helpful. It was also about how the information and advice was provided. The aim was to help people to remain independent. As their care and support needs increased, it was about maintaining independence, choice and control as much as possible. This had proved most challenging for those in care with significant and intensive care needs. The aim was to look at what could be improved. Pete Sidgwick added that the language was important, it needed to be consistent and be part of the 'golden thread' referenced in all the written materials. For the final strategy, this needed to be written from the resident's perspective.
- People with dementia should not be viewed as complex customers. They were on a journey and needed to be supported by carers or family members in all health and care settings, but this was not recognised by some staff. A request that this was referenced in the strategy, which was viewed a helpful point. In care settings, some individuals had complex behaviours so securing better, tailored provision was a particular aim of the strategy.
- A member asked how views on service improvements would be sought and if such research would be ongoing. The member noted the aims for co-production of the strategy, and the constraints referenced, asking if this could be a barrier to co-production. Kate Harker outlined the approaches to engagement on the strategy. Staff were being trained so they could hold 'ordinary' conversations with service users, aimed at gathering information on how they viewed their care, and what could be improved. This approach would give detailed

feedback. There was work with providers too and staff would attend events like coffee mornings, group activities in care settings or at community centres to gather such feedback. Good co-production was continuous, to ensure that the services remained of good quality. This was a core role for Commissioning and the Quality Assurance Team. Realistically, this process was engagement, and it might identify gaps and potential improvement areas. An example was used to show how this in turn could lead to co-production. Becky Hale added that through the strategy, areas for improvement would be identified. The Council could commit to a co-production approach for the review of those areas with an example used to illustrate this.

- The Chair referred to the timeline for production of the strategy, asking how the Committee could assist. She suggested a round table meeting may be useful to give more focus away from the formal committee setting, as there was a lot of experience between members and Healthwatch.

The Committee noted the presentation.

7. Futures and State of Warwickshire

The Committee received a report and presentation, to consider the trends and themes highlighted in the 'Warwickshire Futures 2030/40' and 'Warwickshire in 2030 and beyond' reports. The aim was to link to ongoing and future policy development and assist shaping of the Committee's future work programme. Sophie Kitching supported by Sushma Soni introduced this item. The presentation covered the following areas:

- Warwickshire futures – the aim
- The approach
- 'Futures' in context
- Warwickshire 2030-40 – key themes, council-wide issues and specific considerations for this committee
- Overall general priority issues into 2030-40
- Specific impacts on the remit of the committee
- Going forward and questions

Members discussed the following areas:

- The report was viewed as precise, concise but worrying. It was noted that there was no reference to people working beyond retirement age which impacted on the job market. The member questioned if this contributed to a loss of skills too. Officers replied that there could be many contributors to why people were working longer.
- The demographic data on the increased number of people aged over 85 and proportion of people who were overweight was questioned. This data would be checked, and confirmation provided.
- Reference was made to the district and borough council local plans, and the projected, significant population growth. The need to engage effectively with those authorities and to ensure sufficient developer funding to meet up front costs of new services and facilities was stated. Sushma Soni responded that developer contributions was a complex area, and this point had been considered as part of the Education Sufficiency Strategy. It was understood that the Government was considering changes to such contributions and further information could be provided on this area.

- There were concerns for future generations about increasing obesity rates, the shrinking workforce, which had taxation implications, and people living longer, but with complex needs. For adult social care services, the 2% ringfenced funding would not be sufficient to meet those growing needs. The member spoke of the scale of this problem for central government, describing the statistics as frightening in terms of meeting demand. This data demonstrated the funding problems and further points were raised in terms of climate change and housing.
- The Chair concurred with the comments of several members on the high quality of this report. She also touched on the urgency and hard decisions in prioritising.
- Chris Bain commented on the social contract where one generation effectively paid for another, and this would come under pressure unseen previously. He focussed on how people sourced their information. From Healthwatch analysis, most now accessed information from friends and relatives, or used social media. There was a key responsibility to manage social media channels and communications to give balanced information, especially for future generations.
- The Chair spoke about representative democracy, the cross section of Warwickshire Councillors, and the reference in the report to citizens' assemblies. She was concerned at the potential for social media to influence such a body to become a pressure group.

The Committee placed on record that the report was excellent, noting its content and asked that the comments outlined above be taken into consideration.

8. Quarter 3 Integrated Performance Report

The Committee received the Integrated Performance Report, which gave a retrospective summary of the Council's performance at the end of Quarter 3 (April - December 2023) against the strategic priorities and areas of focus set out in the Council Plan 2022-2027. Key sections of the report focussed on:

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

The following questions and comments were submitted by members.

- There was an overspend on the budget for social care services, which was responsible for the performance indicator showing that 95% of the target had not been met. This service was demand led and demand was much higher than expected, especially for older people services. The data would be checked for accuracy. Context was provided on the reprofiling of the budget for the 2024/25 financial year and the additional allocation of £26m for this service area. The member was mindful of the previous item and concerned at the ongoing cost pressures. Pete Sidgwick spoke further about the trajectory of demand based on evidence, forecasting and the small proportion of the population in receipt of social care services. There was hope that the new strategy would assist, supporting people to be independent and to manage the trajectory of need differently. He touched on dementia which was increasing. Pete Sidgwick then spoke of the Medium-Term Financial Strategy and the projection that the percentage overspend at the end of the next financial year would be less than that for this year.

- The Chair added that the key aim was to achieve better health for longer and she reflected on the healthy life expectations of previous generations.
- On carers' assessments a member asked what else could be done to ensure these assessments were completed. It may be beneficial for some carers to complete the assessment process a few months after starting their care role or to offer a review. Pete Sidgwick assured there was no waiting list for those wanting a carer's assessment. This was being publicised to stimulate more demand and performance in this area had improved. The member added that some people were not aware that they could have an assessment. Pete offered to send a link to the [dedicated page for support to carers](#). The Chair suggested use of social media platforms too. In response to a related question, it was confirmed the assessments were undertaken by the Carer's Trust.
- Information was provided about the performance portal Power BI. This enabled members to view frequently updated performance information and the narrative on any improvement activity. The Chair explained the further mechanisms in place to enable members to scrutinise performance data in detail.

The Committee noted the Quarter 3 Integrated Performance Report.

9. Work Programme

The Committee reviewed its work programme. The report of the Menopause Services Task and Finish Group would be submitted to the next committee meeting in April.

On the section of the report on scrutiny activity by district and borough councils, Councillor Johnston advised that Stratford-upon-Avon DC had considered an item on the Upper Lighthorne Community Hub. It was hoped this would include a health facility.

Resolved

That the Committee updates its work programme as outlined above.

The meeting rose at 12.47pm

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Chair