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| MEETING: | Full Council |
| DATE: | Thursday, 28 July 2016 |
| TIME: | 10.30 am |
| VENUE: | Council Chamber, Barnsley Town Hall |

SUPPLEMENTARY AGENDA

Minutes of the Scrutiny Committees

24. Overview & Scrutiny Committee - 12th July, 2016 (*Pages 247 - 254*)

A handwritten signature in black ink that reads 'Diana Terris'.

Diana Terris
Chief Executive

27th July, 2016

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| MEETING: | Overview and Scrutiny Committee |
| DATE: | Tuesday, 12 July 2016 |
| TIME: | 2.00 pm |
| VENUE: | Council Chamber, Barnsley Town Hall |

MINUTES

Present

Councillors Ennis (Chair), G. Carr, Charlesworth, Clements, Franklin, Frost, Gollick, Hampson, Hayward, W. Johnson, Lofts, Mathers, Philips, Pourali, Sheard, Sixsmith MBE, Spence, Unsworth and Wilson together with co-opted members Ms P. Gould and Ms K. Morritt

6 Apologies for Absence - Parent Governor Representatives

There were no apologies received in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

7 Declarations of Pecuniary and Non-Pecuniary Interest

There were no declarations of pecuniary or non-pecuniary interest.

8 Minutes of the Safeguarding Scrutiny Committee

The minutes of the meeting held on 3rd May 2016 were approved as a true and accurate record.

9 Transformation of Adult Social Care in Barnsley

The Chair welcomed the following experts to the meeting, which included:

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Margaret Essex, Professional Support and Development Manager, People Directorate
- Kyra Ayre, Head of Service Mental Health, Disabilities and Professional Support, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Karen Houghton, Team Manager, Adult Assessment & Care Management, People Directorate
- Johanna Hirst, Assistant Social Care Practitioner, Adult Assessment & Care Management, People Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Joanne Barlow, Carer in Barnsley

Margaret Essex advised the committee a short video was to be presented which highlighted a service user's perspective of the new Target Operating Model (TOM) for Adult Social Care Services. At the Local Government Chronicle (LGC) Awards 2016, held earlier this year, Barnsley was 1 of 8 Councils that had been shortlisted, for the Business Transformation category. This video was one of the videos that had been shown to the judges to illustrate the service's achievements. The transformation started during December 2013, in what were challenging times and was successfully implemented in three phases over a 16 month period. The transformation was designed with customers in mind and the service is proud of

what has been achieved. To ensure this was delivered, the workforce were appropriately aligned with the skills needed for their new roles within the model, making sure the most highly skilled staff were working with customers with the most complex needs. The main incentive for the change was to ensure the service remained customer focused, was operating as effectively and efficiently as possible, improving outcomes for individuals within a financial environment where the budget had reduced. A new single point of access, with only one contact telephone number has been developed, with the customer contact team handling all contacts into adult social care. The service has undergone fundamental changes including consolidating and creating new teams as well as improving the pathway to reablement.

The committee were then shown a short video; this gave an account of a mother whose daughter has learning disabilities and her experience of the service. After their appointment with a social worker within the new Transition Team, who they found to be very helpful, her daughter's case was then transferred to the brokerage team. They found this team to be very positive and uplifting, concentrating on what her daughter was able to achieve, through the help of a personal assistant. At all times they felt empowered as the service remained in contact with them including through email and by text message. There was an enormous sense of reassurance knowing her daughter was doing activities she enjoyed, as well as being safe. This increased her daughter's independence and enabled the mother to have some time for herself also.

Members proceeded to ask the following questions:

- i. What percentage of contacts are made via IT versus face to face and are we training people in how to use such devices?

The committee were advised the digital solutions have not yet gone live; this is due to be implemented during mid-August 2016 and is currently undergoing final system testing. The digital service will provide customers with the option to contact the service 24/7 and complete an assessment form to give an indication of their needs. Having completed the form, they will be given a summary of the information they have provided and will either have the option to get further information if this could resolve their request or they will be able to submit their form for further assessment. Users will also be able to complete an on-line financial assessment, which will provide them with an indication of how much their social care contributions might be. Once the digital solution has 'gone live' we expect to see a reduction in the number of telephone enquiries; however this will be over time. The service currently receives around 55,000 enquiries per annum including via telephone, fax, email and post.

- ii. Will Information Technology (IT) training be provided for people in preparation for the move to digital services?

Members were advised the service is working with colleagues in the Communities Directorate to promote digital channels in all our communities and we are also working through Area Councils. The service appreciates the digital option is not suitable for all of our contacts however the next generation expect to be able to do most things online therefore we need to ensure we offer this. We are also investing in staff in relation to this work which will be part of our Workforce Development Programme.

- iii. The report talks about reducing demand; with the transition to digital solutions, how will you ensure people continue to have appropriate access to care and are not denied a service due to not being able to use IT?

The group were advised by introducing a digital solution this is opening up access to the service 24/7; the early intervention and prevention work through this is key in the service being able to manage service demand. Working within a smaller financial envelope has necessitated the service to develop a new way of working, which can both accommodate and

be developed to allow for an increase in demand. Work is being progressed with the Communities Directorate in relation to an adults' early help offer; it's about focussing our services on those with greatest need and supporting them in the right place at the right time including signposting them for reablement. It's about improving outcomes and we have processes in place and data as evidence to show this is effective.

- iv. Whilst Digital Champions are employed in the borough, you still have to know that these services exist to access them and it is concerning that our service users in the most need of care will be missed, therefore how will you prevent this?

The committee were advised the model is about better management of services and getting appropriate support to those in need of it. Using IT is broadening the channels available, the other channels still exist but IT facilitates people being able to get answers to their own queries and needs.

- v. Is the TOM designed to help catch the most vulnerable so they don't get missed?

Members were advised this was correct and that all calls are being logged, with a record being made of the nature of the enquiry. By logging the different types of queries the service will be able to identify any gaps and take appropriate action.

- vi. Have social workers taken to the new model and have they been involved in its development?

The group were advised during the 3 phases of the transition, social workers were involved in the development; 100 were actively engaged in designing and developing the new model. During the implementation stage front line staff took on the role of 'change champions'. The changes made require huge cultural change which will take time. We have systems in place for this for example as part of our workforce development, employees with supervisory responsibilities are undertaking the Corporate Leadership Programme and teams are having 'developments days' to ascertain what is working well and what is working less well. In relation to reducing demand, it's about developing our prevention, early intervention and reablement offer so other options are available for those people where social care involvement is not appropriate. We are working to provide personalised, individual services based around service users' needs and outcomes. We have an increasing population and increasing austerity which increases demand on services therefore we need to use available resources to best effect. Whilst reduced budgets have been one of the drivers for change the development of the new operating model was about improving outcomes for individuals as well as offering clearer and better systems for people to access Adult Services.

- vii. Mental health services have always been the 'Cinderella' part of the NHS; however we have a lot of low level mental health problems on our estates including people with addictions, depression and loneliness therefore how will the TOM help us support those people?

Members were advised Mental Health Services in Barnsley are separate to the TOM and are provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). The service works closely with SWYPFT as they need to be knowledgeable of the new operating model. There are good relationships between BMBC's Customer Access Team (CAT) and SWYPFT's Single Point of Access (SPA) Team. The model has been approved by the Health and Wellbeing Board; additionally, numerous presentations have been given to our partners. The service recognises however that different organisations have differing priorities and as such there may be the need for further 'fine tuning' to be done to ensure it continues to meet everyone's needs.

- viii. To what extent have Social Workers bought into the model? Do they understand its operation and has it changed their practice?

The group were advised all staff have been involved in the development of the model from day one. Without the service's dedicated workforce, we couldn't have made the changes. The service reviewed the customer journey and there is now a new organisation structure to reflect the new ways of working. The new model has enabled us to sign-post people to the most appropriate service and to focus on those with greatest needs.

- ix. What actions could be taken by Members to continue to assist in improvements to Adult Social Care Services in Barnsley?

The service responded by stating that Members' role as Community Leaders is key in giving out the message of what the service is trying to achieve with the model. This includes encouraging people to be personally responsible for their own health and wellbeing; explore with people what help and support can be provided from our sources, encouraging a more active lifestyle, to help reduce the levels of obesity, as well as stopping smoking.

- x. With the help from area teams, would the service support the organising of roadshows to assist with the promotion of the new model so we can ensure we are sharing the same message with our communities?

The service advised Members they welcomed this suggestion as it would help in engaging with a much wider audience.

- xi. How effective is the integrated working between different teams and agencies including local health service providers? Are all key stakeholders on board and supportive of future plans and development?

The committee were advised that, the service has good joint working relationships. Feedback from nursing colleagues provided good examples of where, as a result of working with the Customer Access Team, this has prevented people going into hospital. Good work has also been done with the Independent Living at Home Service, SWYPFT's SPA Team as well as with GPs. This however does not mean that there isn't room for improvement. Since go live, the service is reviewing the customer journey which has highlighted some challenges with our NHS colleagues which is being addressed and will form part of our future development plans.

- xii. What engagement has there been with service users and what do they think to the services?

The group were advised before the model 'went live' they held a workshop for service users, which was well attended, by approximately 30 service users and carers. Those attending were shown the new model in a way they could understand and the service received good feedback. Any concerns that were raised were fed back into the design stage. In addition service users have been testing the service's online solutions and provided the service with very useful constructive feedback and changes have been made as a result. The Engagement Manager was a member of the Project Board and fed back to the Service User and Carer Group. As part of the service development, the service intends to implement a feedback loop so they will randomly call some of those individuals who have been through services 3 months later to find out how they are.

- xiii. The Chair asked Joanne Barlow, a local carer if she would share her experience of using the new model with the committee.

Joanne explained she had found the service to be both very responsive and proactive in looking to find solutions, which had prevented her daughter from being hospitalised. The staff that assessed her daughter were very knowledgeable and the brokerage team responded appropriately. There were regular appointments and things were progressed quickly; avoiding us getting 6 months down the line without any action being taken.

- xiv. In the presentation you mentioned champions in relation to Area Councils; what would you expect from these, e.g. a Safeguarding Champion?

The service advised they want Members to have a general knowledge of the services, what a safeguarding situation is and where to report concerns. The service wouldn't expect Members to act as Social Workers but want them to advise people how to contact Adult Social Care. The suggestion of roadshows will be an additional platform to raise awareness on the subject including to the whole community as safeguarding is everyone's responsibility. The Chair reiterated this, emphasising the more opportunities there are to publicise this and increase awareness, the better.

- xv. Given we have an ageing population with reduced healthy life expectancy and reduction in NHS funding, what is the long-term sustainability of the model if funding in the NHS and Social Care is not improved?

The committee were advised the service is in a much better position now than it was 2 years ago and the TOM is a solid foundation to build upon. The service is undertaking continual review and looking at other ways of working efficiently, for example mobile working for staff. The service advised there is a national drive for health and social care services to work together closer and we also need to work with the population to change lifestyles.

- xvi. In terms of resources, what are the levels of staff sickness absence, vacancies, use of agency staff and the effects on working practices?

The group were advised there are very few agency staff; around 4 or 5 were recruited to complete a time limited piece of work. Recruitment and retention of employees is not as much of a problem here as elsewhere; currently the service only has 1 vacancy.

- xvii. The model has now been operational for just over a year; what data do you have that the service is performing and is better now than prior to the changes; also, please can you provide this?

Members were advised comparative data can be provided to demonstrate their performance before and after the introduction of the model. The target for the CAT is to be able to handle and resolve 72% of all enquiries, and as part of the PricewaterhouseCoopers (PwC) review they found this to be 66%. Total contacts into the CAT are between 220 and 300 calls a day. Therefore we're resolving around 2 thirds of these currently which allows us to spend time dealing with the more complex and long term cases. The reablement team has increased from dealing with numbers around the low 50's to over 100 a month which means we have re-abled more people. 70% of those customers are leaving services either with no services or reduced services which is a positive result. Also, more people now have choice and control over their care and support, with an increase in direct payments from 29% pre-implementing the TOM to 40% now. The service offered to provide further information to Members if required.

- xviii. Following Pricewaterhouse Coopers' review in October 2015, are they going to be involved in future reviews or will this be done internally?

The committee were advised the service was not intending them to be involved again in any future reviews as this work was agreed as part of the initial implementation package.

- xix. With the new model now in operation has there been any increase in the number of complaints?

The group were advised there has been no increase in relation to the model and following their customer survey, this has shown the level of customer satisfaction has increased.

- xx. If there was a sudden increase in the number of complaints would the service react to this accordingly?

Members were advised this was the case and were reassured the model is continually being reviewed and refined and if any issues arose these would be addressed.

- xxi. The independent review undertaken by PwC demonstrated good practice; would the service consider another independent review to ensure our processes are appropriate?

The committee were advised whilst this review was welcomed, key service users and carers groups advising on effectiveness of the new ways of working was the most powerful. With the service regularly reviewing the care needs it provides, they are able to continually feed in improvements.

- xxii. As service users and carers, and us as Elected Members are not experts, then we should be having an external review and shouldn't be afraid of letting someone look at our services?

Members were advised the service welcomes feedback and external evaluation if required. The service is currently undertaking a thorough review of the customer journey.

- xxiii. As Councillors we do not consider we are sufficiently trained to review the new model; however, as members of the committee we need the reassurance there are no problems, therefore we suggest you use another Local Authority who is performing well to undertake a peer review of our services?

The group were advised the service would continue to work with other local authorities to look at sector-led improvement.

- xxiv. The service is trying to be efficient in implementing the new model, therefore Members need to be patient in terms of reviews being undertaken; is our own internal audit process reviewing systems?

The committee were advised the service agrees that independence in relation to reviews is helpful and mentioned they will take this on board. Members were advised the experience and knowledge brought by two successive interim directors has brought independent challenge and external perspectives as to what has been done.

- xxv. The report details the percentage of the population aged over 85 years is to double within the next 20 years, is this locally or nationally; also, an ageing population are less likely to embrace the transition to an online service, therefore how will this be managed; finally, please can you advise of the single point of contact telephone number?

The group were advised the telephone number is 01226 773300 which the service advised they would circulate to all members and suggested this would be an opportunity to refresh our communications to the public and our partners on how to contact us and our services.

Members were advised that in relation to digital access this is not the only way to contact the service and is just an alternative means, but for many will be more convenient as they may want 24/7 access. Members were also advised that statistically, residents who live in the West of the borough generally live longer than in the East. Although we are now witnessing an ageing population, we are living unhealthier for longer which is starting in our fifties. The committee were advised the Director of Public Health's Annual Report 2015–2016, is available online and shows this information in an interactive way.

The service also explained it can provide statistical information on the demographics of the area.

- xxvi. Was the introduction of the new model driven by the financial constraints within the service and would it have been implemented if this had not been the case?

Members were advised that they would have still introduced the TOM but not at the same pace; however it had to be done within Future Council deadlines. The model has brought together the direction of travel the service was going in anyway.

The Chair thanked all the experts for their attendance and helpful contribution.

Action Points

- 1) With the help from area teams, the service to consider the organising of roadshows, to help with the promotion of their new model and ensure consistent messages are given out to communities.
- 2) Members to advise if they require additional comparative data of service performance, prior to and after the introduction of the model.
- 3) Service to consider the use of another local authority to undertake a future peer review of the TOM.
- 4) Service to circulate the single point of access telephone number, 01226 773300 for Adult Social Care to all Elected Members and relevant partners, including information on our services.
- 5) Link to the Director of Public Health's Annual Report to be circulated to Members.
- 6) Service to provide figures in relation to population demographics in the Borough referred to in the report.

10 Exclusion of Public and Press

RESOLVED that the public and press be excluded from the meeting during consideration of the following items, because of the likely disclosure of exempt information as described by the specific paragraphs of Part I, of Schedule 12A of the Local Government Act 1972, as amended, as follows:-

| Item Number | Type of Information Likely to be Disclosed |
|-------------|--|
| 10 | Paragraph 2 |

11 Children's Social Care Reports

Members reviewed and provided challenge to Children's Social Care performance information in relation to early help assessments, contacts, referrals, assessments, section 47 investigations, child protection, looked after children and caseloads. Witnesses gave further information on issues raised by the report submitted in response to questions from Members. During this meeting, Members were also given a briefing session and were provided with a guide to Children's Social Care performance indicators, to assist them with challenging the information.

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