

<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 14 March 2017
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis (Chair), G. Carr, Clarke, Clements, Frost, Gollick, Daniel Griffin, Hampson, W. Johnson, Lofts, Mathers, Phillips, Sheard, Tattersall and Unsworth together with co-opted members  
Ms P. Gould and Mr J. Winter and Ms K. Morrill

### 53 Apologies for Absence - Parent Governor Representatives

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

### 54 Declarations of Pecuniary and Non-Pecuniary Interest

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

### 55 Minutes of the Previous Meeting

The Chair referred to the Action Points from the previous meeting and advised in relation to the first Action Point that information has been circulated, however the specific figures are not yet available due to time-lag in reporting. These will be sent to the committee once available. Both Action Points 2 and 3 are ongoing and the Scrutiny Officer will forward information to the committee once available regarding Action Points 4 and 5 which has been requested. The minutes of the meeting held on 17 January 2017, were then approved as a true and accurate record.

### 56 Adult Social Care Local Account 2015-16

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

- Lennie Sahota, Interim Service Director, Adult Assessment & Care Management, People Directorate
- Jane Wood, Head of Adult Joint Commissioning, People Directorate
- Glynn Shaw, Head of Service, Adult Assessment & Care Management, People Directorate
- Claire Edgar, Head of Service, Adult Disabilities and Mental Health, People Directorate
- Will Boyes, Performance Improvement Officer, HR, Performance & Communications Directorate
- Councillor Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)

Lennie Sahota introduced the report, explaining this is the fifth year such a report has been published. It evidences the sector led improvement approach within a public facing document to ensure transparency, scrutiny and accountability.

During 2015/16, care and support services were provided to 4728 older and vulnerable people; of these, 81% of people said they have control over their daily lives which is an increase on previous years.

Following a spell in hospital, Barnsley is one of the best areas for people to then make a quick return to their home, as well as regaining skills to live as independently as possible.

Of service users who tried to find information about services 76.7% found this to be very easy or fairly easy. The service is also continuing to make improvements to the care website.

95% of service users say that Adult Social Care services contribute to their feeling of safety.

However, challenges still remain including improving employment rates for adults with mental health issues and those with learning difficulties, as the 2.2% of people with learning disabilities who are in paid employment, is well below national and regional averages.

The Chair complimented the service on the Local Account report, confirming it was user friendly and easy to access the information within the report.

Members proceeded to ask the following questions:

- i. With media reports highlighting increased drug use, will this impact on the future care for the elderly or dementia sufferers?

Members were advised under the Care Act 2014, those who are eligible for care and support will be provided with this. Due to demographic changes as a result of an ageing population, the service will see increased demand. Another challenge is people's lifestyles. The recent funding from the government for adult social care is welcome but will not solve everything and there is no single solution to reducing demand for services. Work needs to be done with our communities to try to help them to understand the importance of making key life changes to look after their health. This includes working in partnership with Public Health colleagues. Provision of good quality information, advice and signposting to enable people to manage their own needs and use of reablement to support people to regain functioning and reduce on-going care needs are important in managing demand.

Given the demographic challenges, advances in medicine and the projected increases in dementia without change the current health and social care models are unsustainable.

The Chair advised that for Members' information, he and another committee member had recently attended a seminar at Barnsley Hospital and were advised that patients aged 75+ are automatically assessed for dementia and potential problems with this in the future.

- ii. Following the recent announcement of the increase in funding for adult social care, are the amounts known for Barnsley?

The group were advised Barnsley will receive £5.7m next year, and smaller amounts in subsequent years. The funding is welcome however does not provide a long-term solution to funding shortfalls. A big challenge is the general social care workforce as the low wages result in high staff turnover at the lower levels; however a consistent workforce is needed to ensure a sustainable system where care is delivered by the right person in the right place at the right time. The government has advised it will be producing a green paper in the autumn regarding funding options.

The Chair commented that it is positive to hear that the government is producing a green paper and not a white paper as using a green paper means that the government is open to contribution from others on this topic; therefore organisations such as the Local Government Association should be able to feed into this work.

- iii. A member of the committee commented on the good work being done by the service, however also enquired to what extent reduced finances impacted on assessment criteria and were diluted so that less people are eligible for services?

The committee were advised national criteria is used when determining a person's eligibility for service. Also that demand is now being better managed as the service works with individuals to look at their needs to see how they can be better met and also utilising early help and reablement to manage need.

- iv. With the report confirming the service is to monitor the number of 'hits' the electronic copy of their report receives on the care website and the results of this influencing their future marketing strategy; could this possibly alienate potential future service users who are unable to embrace this technology?

The group were advised a priority of Future Council is to be more customer centric, providing alternative means for customers to contact, as well as being more efficient. The service acknowledges however there is a cohort of people who do not use this technology; therefore services need to be mindful of them and ensure continued provision of face to face services to them. The recent Association of Directors of Adult Social Services (ADASS) mystery shopping exercise undertaken included consideration of face to face contact and this has raised queries regarding this element of the service which needs to be addressed.

- v. Why is the percentage of adults with learning difficulties and mental health issues in paid employment so low?

Members were advised this was a good point that had been raised and the service is looking into this. Work is being undertaken with both the Communities and Place Directorates to consider improving paid employment. Work is also being done to check recording processes and systems to ensure the stated performance levels are accurate. The service advised they need to work more closely with service users to understand their capabilities and aspirations however also being mindful that the service works with those with the most complex disabilities therefore the data will

never reflect that of the general population. The service confirmed however that they will do everything they can to assist these service users.

- vi. A member of the committee congratulated the service on their approach for 'thinking outside the box' in relation to one of the case studies in the report and then asked whether the money spent on Mental Health services was sufficient to meet the demand?

The committee were advised that given experience of other areas, the amount spent in Barnsley is proportionate. The support required is more often professional input and talking therapies rather than 'hands on' services. Also the budget headings refer to the working age population, therefore dementia does not feature in the mental health spend.

- vii. The Chair enquired that due to his former role as a Director on Berneslai Homes (BH) Board, he is aware that there are a number of people with low level mental health issues and therefore to what extent do our adult social care services value the specific work done by BH on this issue on our estates and does it help to alleviate some problems?

The group were advised the work done 'on the ground' by colleagues at BH is very good and is very much appreciated. Our Public Health service is also looking at what it can do better to help people manage their emotional wellbeing better. There are projects being done all over the country regarding this which services need to learn from. It was also advised that Area Councils have done a lot of work to contribute to this agenda, for example by working with older people to prevent social isolation.

- viii. The report identifies 38% of people in Barnsley needing care are receiving direct payments; 81% are receiving self directed support and 75% have a personal budget; how do these financial arrangements differ?

Members were advised a personal budget is a total amount of money a person is allocated to meet their social care needs based on an assessment. When a service user elects for this money be paid to them, this is a direct payment and they can choose to have all or part of it. Self directed support can either take the form of a direct payment, or a managed budget, which the service user can exercise choice and control over in deciding which services they want to buy to meet their assessed needs.

The service accepted the confusion these differing support descriptions may cause; however advised that they try to make sure everyone benefits from personalisation. The service also highlighted that some of the percentages in the report come from the customer survey whereas where data is given a coloured rating this is in relation to performance of the whole service and not just from those surveyed.

- ix. Given a number of changes which have taken place, how does the Council monitor care in nursing homes?

The group were advised that since Future Council, there is now a Contracts Team who go out to homes. Over the last year they have visited most of the care homes to monitor their services as well as undertaken reactionary visits when necessary. The service now has a much closer working relationship with the Care Quality

Commission (CQC), who themselves have a firmer regime in place for inspections. The service now has robust systems in place to monitor performance rather than simply undertaking one-off visits.

- x. How are concerns over the quality of care provided being recorded?

Members were advised the CQC has essential care standards that home care and care home providers have to meet. Any issues of concern are recorded and raised with the provider for them to address and are reported to the Service Director, the Lead Member and Barnsley Safeguarding Adults Board. With reference to the report, it is not that no issues have been recorded, there are a number of concerns regarding the recruitment and retention of nursing staff, therefore the service are working with the CCG on this including the co-ordination of input from community nurses and GPs.

Regarding the front line social work teams, the service funds placements therefore they carry out reviews of people in homes and ensure care needs are being appropriately met including if there are any safeguarding practice issues.

- xi. The CQC provides reports on our care homes however why don't we receive anything from the Council?

The committee were advised it is a fluctuating picture in relation to care homes and things can change rapidly. Information provided to the Barnsley Safeguarding Adults Board (BSAB) shows a lot of monitoring in this sector is undertaken. A small piece of information about a home could be very detrimental to their reputation and as a result their financial sustainability, particularly when a one-off incident may have occurred.

In relation to Continuing Health Care (CHC) the committee were advised fully funded places in homes do appear to have reduced over the years. The CCG has not changed its intentions and the service is working with their staff to be mindful of CHC.

The Cabinet Spokesperson for People (Safeguarding) has a monthly meeting with the Service Director where any concerns over individual care homes are discussed to ensure any issues are being dealt with. It was acknowledged that following a CQC inspection for example in November, the report will not be published until the following February which is frustrating for lay-people, by which time many of the issues are likely to have been resolved. The service however provided reassurance that work is done on an ongoing basis to monitor care homes.

- xii. Who monitors the provision of intermediate care?

The group were advised this service is commissioned by the Council's Adults Joint Commissioning Team on behalf of the CCG and monitoring work of these services is done by both the Contracts team and in partnership with the CCG.

- xiii. The report refers to social prescribing; the Central Area Council commissioned a scheme regarding this however frustratingly only received 1 GP referral, therefore how do you propose that moving forwards this will assist the prevention agenda?

Members were advised that the service was not aware of the Central Area Council scheme, however that there was now a significant push on social prescribing and a cross-borough service was due to start on 1<sup>st</sup> April 2017. The service has been commissioned from South Yorkshire Housing Association (SYHA); therefore good practice should start to be evident in relation to this.

- xiv. Are there adequate opportunities to enable carers to have a break from their caring responsibilities through the provision of respite facilities?

The committee were advised carers need to be fully supported in the work they do and respite is one of the options. To ascertain whether carers feel they are getting the right level of support a survey was done in 2015 - 333 carers completed the survey and the satisfaction of the service was positive and above national averages. The service advised that they need to make sure carers are offered an assessment on their own regarding their needs, not just a joint assessment with the person they support. The service advised that work is currently being led by the Communities Directorate to refresh the Carer's Strategy and this has been widely consulted on.

- xv. Of the service users cared for, how many are elderly compared to younger people with learning disabilities?

Members were advised there are around 400 people with a learning disability who are being supported by the service compared with the overall number of around 3000 people the service supports. The service highlighted that in 2015/16 over £15m was spent to support people with learning disabilities due to the complexity of their needs, for example some in specialist high cost residential care placements however where possible they support people to live independently in the community.

- xvi. Services in relation to planned respite care are good however emergency respite care is poor as this can take several hours to sort, what can be done regarding this?

The group were advised in an emergency, unless you have block purchased beds then they won't necessarily be available and therefore a placement has to be sought. Block-purchase of respite beds however is not best use of money as the service would be paying for them but they would not necessarily be fully utilised. The definition of respite is 'a break from caring responsibilities', therefore it does not necessarily need to be residential; it can be day care, or even a sitting service for just a couple of hours.

- xvii. There are long delays with obtaining aids and adaptations; what plans are in place to resolve this?

Members were advised the service acknowledged the delays and advised this was a challenge nationally. The service is therefore working with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT), who provides the service, to ensure support is provided in a more timely way.

The committee showed their appreciation to both Glynn Shaw, Head of Service for Adult Assessment & Care Management who is retiring shortly following working for the Council for 37 years and Mark Wilks, Scrutiny Support Officer who has moved to a new role in the Council.

The Chair thanked the witnesses for their attendance and contribution to the meeting and declared this item closed.

#### **57 Update on Licensing and Safeguarding (Report For Information Only)**

The Chair advised the committee this report was provided for information further to Members' request at a meeting on this topic during the previous year. No questions were raised; therefore the committee received the report.

#### **58 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

#### **59 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.

#### **Action Points**

1. Data regarding Hyper-Acute Stroke Services over the 2016 Christmas period to be provided to the committee once available.
2. Service to consider quality and provision of face to face adult social care services.