

<b>MEETING:</b>	Overview and Scrutiny Committee
<b>DATE:</b>	Tuesday, 30 April 2019
<b>TIME:</b>	2.00 pm
<b>VENUE:</b>	Council Chamber, Barnsley Town Hall

## MINUTES

### Present

Councillors Ennis OBE (Chair), Bowler, G. Carr, Charlesworth, Clarke, Frost, Hayward, W. Johnson, Makinson, Tattersall, Wilson and Wright together with co-opted members Ms P. Gould

### 62 Apologies for Absence - Parent Governor Representatives

Apologies for absence were received from Ms Kate Morritt in accordance with Regulation 7(6) of the Parent Governor Representatives (England) Regulations 2001.

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

Councillors Carr, Tattersall and Wilson declared non-pecuniary interests in Minute No. 67 due to their membership of the Corporate Parenting Board.

### 64 Minutes of the Previous Meeting

The minutes of the meeting held on 26<sup>th</sup> March 2019 were approved as a true and accurate record.

### 65 Adult Social Care Local Account 2017/18

The following witnesses were welcomed to the meeting:

Lennie Sahota, Service Director - Adult Social Care & Health  
 Kwai Mo, Head of Service - Mental Health & Disability  
 Margaret Young, Interim Head of Service - Older People Physical Disabilities  
 Julie Moore, Service Manager - Quality Assurance and Service Improvement, Adults & Communities  
 Councillor Margaret Bruff, Cabinet Spokesperson for People - Safeguarding

The Service Director introduced this item, presenting the 7<sup>th</sup> Barnsley Adult Social Care Local Account to the Committee. The report considers performance in 2017/18, identifying key strengths, areas for improvement and future plans and challenges. It was highlighted that Barnsley is one of the best performing authorities in terms of delayed transfers of care from hospital and direct payments. Overall satisfaction continues to be higher than the national average, whilst work is needed on some areas, including the proportion of adults with a learning disability or who are in contact with secondary mental health services in paid employment.

In the ensuing discussion, and in response to detailed questioning and challenge, the following matters were highlighted:

The Council has a responsibility to address and improve quality in care homes, which it does by working closely with providers. It was reported that health colleagues have launched a care home initiative to help care homes to manage health needs better and avoid unnecessary hospital attendances and admissions. Consideration is being given to the development of a 'Quality Board' for all contracted provision, not just care homes, working with providers as partners to collectively come together to improve.

When contracts expire at the end of March 2020 new contracts will present an opportunity to be clear about specification and requirements in cases of concern. Care homes are largely cooperative. Sometimes investment is required to improve quality but there may be no incentive to do this as payments will continue despite the need to improve. High quality care home provision can attract new people but local people may prioritise local provision over quality. Cross authority provision can create additional challenge such as fee rates but the service now has greater internal capacity to visit properties.

Sanctions can be used in cases of high levels of concern, whereby admissions are prevented or residents moved, but this is very much a last resort. A monthly contract monitoring report is produced, which has greatly increased understanding and ensures that conversations take place with providers before a crisis situation can develop.

It was reported that care homes are registered with the CQC, not the Local Authority, who have to satisfy themselves as to the appropriateness of the Manager and staff. If a Care Home is sold and ownership transferred, the provider will inform the Local Authority if they have a contract with the Local Authority in question.

The minimum level of qualification for residential care home staff is NVQ level 2 Health and Social Care. Staff who provide care in the community are also required to be registered with the CQC with the additional requirement that where care workers are employed by a provider who has a contract with the Local Authority they are required to work to a specification which is monitored by the contract monitoring team, who now have increased capacity to monitor this, which is important as people living in their own homes may be more vulnerable.

Healthwatch Barnsley is commissioned to monitor service quality and is very active in Barnsley – the Chair of Healthwatch will be a member of the proposed Quality Board.

It was felt that the telephone number for information and advice was not prominent and could be easily missed. Most information for the service is web based but there are leaflets for those who require them and workers visiting people can print off copies and take them out with them. It was acknowledged that not everybody is connected to the internet and the issue of paper copies is currently being looked at by the management team as there will always be a need for them.

Some of the performance information has changed since the report was published. The proportion of adults with a learning disability in paid employment has increased from 2% to 3.2%. The number of younger adults (aged 18-64) whose long term support needs are met by admission to residential and nursing care homes has fallen from 17.7 per 100,000 to 15.7 per 100,000 (23 placements in a whole year). With regards to performance in relation to adults known to secondary mental health who

were in paid employment, with this information provided through SWYPFT, however the latest position is not currently known. A new data system is being implemented which should go some way to alleviating the problem, enabling Barnsley based information to be more readily available.

It was noted that despite increasing demands the service was required to save a further £1.2 m in 2018/19. This was achieved through targeted reviews (to include continuing health care), maximising income and review of social care contracts. The service has met and delivered against targets whilst continuing to ensure people get the care and support they need. The risk is not in continuing to meet assessed need but rather reliance on making strategic investments to improve the local offer without knowing what funding will be received.

**RESOLVED** that:

- (i) Witnesses be thanked for their attendance and contribution, and
- (ii) Members note the report.

## **66 Exclusion of the Public and Press**

**RESOLVED** that the public and press be excluded from the meeting during the consideration of the following item because of the likely disclosure of exempt information as defined by Paragraph 1 of Schedule 12A of the Local Government Act 1972 (as amended).

## **67 Children's Social Care Performance**

The following witnesses were welcomed to the meeting:

Mel John-Ross, Service Director – Children’s Social Care & Safeguarding  
Councillor Margaret Bruff, Cabinet Spokesperson for People - Safeguarding

The Service Director introduced this item and gave an overview of key performance issues highlighted in the report as at 31<sup>st</sup> March 2019, including Barnsley’s historical performance and comparisons with other local authorities.

In the ensuing discussion, and in response to detailed questioning and challenge, the following matters were highlighted:

The number of Looked After Children is still relatively low but does exceed the current target, with more children coming into care than leaving. School attendance has improved but there is always more to do.

There has been a slight increase to caseloads for the Assessment/Joint Investigation and Safeguarding team but these are monitored closely by Managers and arrangements are in place to help mitigate particularly high caseloads if necessary.

The number of re-referrals tends to fluctuate and is higher than envisaged in line with child protection rates. Every re-referral is scrutinised carefully.

Work is ongoing with Berneslai Homes to ensure care leavers aged 18 are in suitable accommodation where appropriate and 4 'training flats' are provided to help the transition. Semi-independent accommodation is an option for those who are not quite ready to live independently. The preferred solution is a 'Stay Put' arrangement whereby the young person remains with foster carers, but this can be a challenge. Care leavers in residential accommodation have to leave at age 18, by which time some are ready and some are not.

Witnesses were thanked for their attendance and contribution.