

Monmouthshire Select Committee Minutes

Meeting of Adults Select Committee held at The Council Chamber, County Hall, The Rhadyr, Usk, NP15 1GA on Tuesday, 21st January, 2020 at 10.00 am

Councillors Present

County Councillor F. Taylor (Chairman)
County Councillor L. Brown (Vice Chairman)

County Councillors: L.Dymock, R. Edwards,
M.Groucutt, R. Harris, P.Pavia, M. Powell,
S. Woodhouse

C. Bowie and T. Crowhurst

Also in attendance County Councillor P. Murphy

Officers in Attendance

Eve Parkinson, Head of Adult Services
Hazel Ilett, Scrutiny Manager
Robert McGowan, Policy and Scrutiny Officer
Richard Jones, Performance Manager
Sian Schofield, Management Information Officer
Ian Bakewell, Housing & Regeneration Manager
Sarah Turvey-Barber, Strategy & Sustainable Living
Manager
Tyrone Stokes, Accountant

APOLOGIES: None

1. Declarations of interest

Councillor Paul Pavia declared a personal and non-prejudicial interest in his capacity as Research and Policy Lead for the Association of Directors of Social Services Cymru.

Councillor Frances Taylor declared a personal and non-prejudicial interest in her capacity as a Member of Aneurin Bevan University Health Board.

2. Public Open Forum

3. Scrutiny of Disabled Facilities Grants and social outcomes for service users

The committee requested a report be brought to the meeting on how the Council utilises Disabled Facilities Grant monies to achieve critical outcomes for service users. Members had scrutinised this over a number of years, but were seeking to understand how effective partnership working between housing and social care staff can deliver adaptations in the home that would increase a person's independence and also their well-being. A case study was presented to the meeting which demonstrated how a ramp to the exterior of a property had enabled the person to following a critical operation to continue their interests independently in the community. The report's context was discussed, the following points noted:

- The number of cases had fallen through the middle of last year only to rise in the autumn and then plateau. The position can change frequently without cause.
- A new manager is in place and the service has recently been reviewed. Staff are confident that they can improve the timescale from referral to implementation and

reach the target of 7-10 days. The review had not identified any specific elements of the process that were causing delays, but it suggested there were several areas where timeliness could be improved.

- The priorities for the service are to strengthen the offer and to ensure that work undertaken is of a high quality, whilst reducing the timescales for completion. Some of this may be achieved through finding synergy with contractors.

Challenge:

- The report indicates a reduction in funding from £900k to 600k and this can be seen also in the budget proposals. What are the implications of this? in the budget and what are the implications?

This is the current position. The service received additional funding a few years ago to process the backlog of cases. The funding increase means we have not had to ration funding for people.

- The reduction in funding when we are not currently achieving our target seems nonsensical and is a concern. The cases outstanding does not indicate we should be reducing funding.

Cabinet Member for Finance ~ The £600k is the base budget and that £300k was allocated to clear the backlog. We have asked for a progress report on how the £300k has alleviated that, so we now need to consider the findings and review the capital budget to see if there is scope to provide funding above the base level.

- Who can make referrals? Can members make a referral for a member of the public?

Yes, Members, friends and family can refer people to this service and also to Careline. We will make information available to all elected members on the services and how to refer.

- Are the delays in processing these adaptations leading to people needing to stay in hospital for extended periods when they would be better cared for in their home?

This is not something we are experiencing, but our detailed examination of this has shown that we cannot shorten the 7-10 days' timescale for completion. We have good relationships with contractors and we have no delays associated with Occupational Therapists (OT's) processing applications, but we need to ensure we consistently provide a high quality service.

- The new Local Development Plan being produced needs to consider accessibility issues for all housing and design 'homes for life'.

This is something that is being considered and we would urge the Planning Committee to champion this.

- Are contractors approved to ensure a high quality service is provided?

Yes, contractors are Disclosure and Barring Service (DBS) checked and feature on an approved list to ensure a high quality service is delivered.

- Is there any potential for funding from Aneurin Bevan University Health Board (ABUHB) for delivering this?

The health sector is starting to realise that we need to work together and ABUHB did fund Careline and they have also provided funds for ramping to properties through the Intermediate Care Fund, so we are working in partnership.

- You have referred in the report to previous delays associated with Occupational Therapists processing applications, however you have said this isn't causing delays at present. Please can you explain the reasons for delays?

We have a very good relationship with the OT's, but particularly with children's adaptations, a surveyor may be required to assess the job. Our OT's work part time and the surveyor post is 0.6 of a full time equivalent post, so sometimes, this does mean if this stage is required, applications can take a little longer. There are also times when an approval may be waiting for a second manager. This was highlighted in an audit, so we are questioning whether a second signatory is necessary. In addition, information was being sent by post and sometimes there were delays in paperwork being returned, but we recognise we need to be more proactive, in that we have staff in communities who could check whether people are finding it difficult to complete the paperwork. We also recognise that we should give contractors a date and then check with them on the progress. So whilst there is no single aspect of the service that is causing a delay, we think we can reduce the timescale by addressing all of these issues. The surveyor has planned time off for a health issue which is something we will need to plan for and mitigate, but as explained, our staffing situation is fragile.

- Is the Intermediate Care Funding allocated on a year by year basis? Does this cause issues for your service? Is there any expectation that funding can be mainstreamed?

It is allocated annually and the Wales Audit Office (WAO) suggested that there isn't enough mainstreaming of funding. We have highlighted this as an issue, but it is a common one for all local authorities.

Outcome and Chair's Conclusion:

We are grateful for the case study as this demonstrates how the grant can make significant improvements to many lives and not only increase a person's independence, but also to enhance their well-being. We are also content that the service has been reviewed and that you have identified that improvements can be made through developing relationships with the public and also with contractors.

We are aware that Welsh Government are researching practice across Wales and we request officers to input into that work if possible and demonstrate the impact of the grant funding on people's lives.

We are concerned that the £600k base budget is insufficient to meet demand and to enable you to provide a high quality service and we recommend to the Cabinet Member

for Finance that the £900k remains to provide this vital service that is contributing to our corporate objective to build strong and resilient communities.

4. Reporting of performance of Adults Social Services for 2019-20.

The report was presented to members and the following key points were highlighted in terms of explanation of performance against targets:

- We are focussing on person centred care and delivering the outcomes people want. That can be difficult to qualify against Welsh Government performance indicators for 'delayed transfers of care'. Some of the problems in reaching targets for having care packages in place within a specific timescale are related to complex cases where there may be a need to re-house a person.
- Hospitals tend to err on the side of caution and admit people to hospital and keep them in for a period, when we feel they may be better cared for in their homes. The question is what preventative work could help people to stay well at home so that they do not need to be admitted to hospital. The 'Homefirst Project' is a key example of this.
- We are engaged in effective partnership working with health to increase hospital discharges. A team is in place at the Royal Gwent and Nevill Hall to ensure that the person has the right support to enable them to leave hospital and avoid unnecessary lengthy stays.
- A key area of concern is the target around adult safeguarding ~ we have seen an increase in concerns, which has put pressure on the service. It is positive that the 'duty to report' has led concerns to be taken forward and it does demonstrate that awareness raising is working, however, capacity will need to be managed going forward and will feature within our budget discussions.

Challenge:

- The report indicated that the delayed transfers of care are featuring more in the community hospitals, with the brokerage of care hours cited as a reason. The joint discharge team in larger hospitals appears to be effective. Are these in place in community hospitals too? And if so, what are the reasons for higher delayed transfers of care in community hospitals?

The teams are in place in community hospitals. The reason for the higher levels in community hospitals is because these hospitals deal with more complex cases. The primary hospitals have discharged people to the community hospitals because they have complex needs and require specialist support in order to be able to go home. The occupational therapists and physio teams discharge people as soon as possible and in many cases, people are able to go home, but sometimes complex adaptations may

require the person to move to alternative accommodation, but we try to avoid this as far as possible.

Outcome and Chair's Conclusion:

The committee accepts the explanations around the service's performance in terms of 'delayed transfers of care' from community hospitals being due to complex cases. We recognise that this is not an issue solely for Monmouthshire and that there are concerns for the care sector nationally.

In terms of the increase in adult safeguarding concerns, we recognise this as an issue of demand is exceeding capacity. We request an email from the Chief Officer as to how we are addressing this, given that we are in lower performance bracket in this regard. We understand it's a changing picture and that this issue is not going to become easier to solve, but would like to be reassured that mitigations are in place.

5. Budget Monitoring Report Month 7 - Report for quarterly scrutiny.

The committee were presented with a report on the revenue and capital outturn position at month 7 which outlined capital slippages and the use of reserves to assist the revenue budgetary position. Officers drew attention to paragraph 2.21 which reported a net revenue forecast of £3.99m deficit and the adjustments to return the budget to a balanced position prior to the end of March 2020.

Officers presented the revenue position and the individual positions for each service area outlined in paragraph 3.2. Members were advised that the key areas of concern are social care for both adults and children's services. Members discussed the reasons with the chief officer who explained that services for younger adults with disabilities had contributed toward the budgetary pressure and that the budget position for service area is relatively volatile. She explained that whilst the service area is very committed to supporting young people who need independency through supported living, each case can significantly affect the financial expenditure of the service.

Officers drew attention to paragraphs 3.5 and 3.7 and explained the flexible use of capital receipts to offset some pressure in the revenue budget and meet the cost expenditure associated with service reform. Whilst the use of capital receipts has been welcomed, the committee were advised that this does not eradicate the position for future years and is not regarded as a sustainable budgetary approach.

Members heard that the council is anticipating one-off windfalls in respect of VAT recovery from HMRC from the implementation of Ealing ruling, an in-year grant contribution from Welsh Government for teacher's pay costs and some additional funds arising from the capitalisation directive.

Challenge:

- Do we need to spend Integrated Care Fund monies within a specified timescale for the Crick Road redevelopment, because if so, we are concerned about the delays in progress?

We need to spend the ICF monies by the end of next year and we have had some substantial delays which is typical with large capital schemes, but we should be able to spend the ICF monies and the council funding is not time limited.

- I am concerned about the impact on our own budgets of Aneurin Bevan University Health Board (ABUHB) reducing the funding for continuing health care, particularly in terms of support for people with learning disabilities. Is there an opportunity to look at pooling budgets, as I feel the health board needs to consider this given that the act has been in place for 6 years.

We do have a major issue with learning disabilities and we feel that the focus should be on the individual and how as a partnership we can best support them. In terms of pooling budgets, it's very complex legally, but there is a willingness to look at this. Officers sit on the Gwent Adult Safeguarding Board and we have had discussions about this and we will continue to express our desire to look at this from a regional perspective, but we do acknowledge it's difficult and there is a long way to go, but discussions are starting.

- We understand that there are pressures around commissioning in terms of staff vacancies. Are we doing any regional work in terms of commissioning to address the issue?

We are undertaking regional work with the Transformation Team utilising ICF monies, particularly looking at commissioning in the care sector and how we can address the issues associated with recruitment in the care sector, through offering incentives, training and help with registration. We are experiencing particular issues with recruitment in Monmouthshire and there are a variety of reasons, so the ICF monies we have been specifically allocated is assisting us to address this. Other authorities have different problems, such as a shortage of Occupational Therapists and Reablement staff, which can cause 'delayed transfers of care'. Whilst there is a national shortage of Occupational Therapists, we have not had problems recruiting other disciplines.

Outcome and Chair's Conclusion:

The committee notes the pressures on the social care and health budget, some of which are assisted by grants, others assisted by the use of capital receipts. We do not feel that this is a sustainable long term budgetary approach, given the underlying budget deficit and we would have concern in taking money out of this budget when we know there are such pressures. We are reassured that the move from quarterly to monthly budget monitoring is offering officers and the executive a much earlier insight into 'cause and effect' so that the situation can be managed as effectively as possible. The next report on the budget saving proposals will enable us to explore mitigations further.

6. Scrutiny of the draft Capital and Revenue proposals for 2020-21 within the context of the four year Medium Term Financial Plan

Given that we have already set the context for the budget saving proposals through discussing the pressures and you have had the proposals and the Wellbeing of Future Generations Assessments and the Cumulative Impact Assessments that went to

Cabinet in December, we shall have a brief explanation of the savings proposals before taking questions.

The Finance Manager explained that the budget setting process for each year begins with an assessment of the baseline budget, the known pressures, the Welsh Government settlement and the Council Tax input and then try to bridge the gap between this with saving proposals. The headline is that we have a £5.5 million pressure for next year for this service area. The revenue budget is more relevant to this service area as it is not a major contributor to the capital budget.

Headline Pressures of £5.5 million

- £1 million pressure for adults with disabilities ~ due to increasing age of the population, increased demand for residential college placements and supported living placements and the throughput from children becoming adults.
- £373k pressure for provider fee increases ~ this is tied into the recent announcement of living wage increase of approximately 6.2%.
- Turning The World Upside Down (our domiciliary care model) ~ with unmet need outstanding, we will require £1.048 million extra funding for next year.
- MIST project in children's services (multi agency team looking at high end care for children) ~ requires £287k to increase team support.
- In year pressures in children services of £2.6 million.
- Proposal to bolster the safeguarding team at a cost of £153k.

Savings proposals totalling £1 million:

- £116k as a result of Welsh Government increasing the non-residential weekly charge cap which will provide us additional income.
- Renegotiation of the contract with the health sector on bed provision at Severn view contract which could amount to £166k.
- Savings within legal provision in children's services amounting to £100k.
- MIST ~ whilst it is asking for £287k investment, it plans to deliver savings of £250k.
- Overall fees and charges in social care (including public protection charges) amounting to £189k.
- Some smaller efficiency savings
- £150k as part of the practice change agenda

Challenge:

- Why has the Integrated Care Funding for the MIST project ceased?
It was a specific project with Blaenau Gwent for a multi-disciplinary team for children's services.

- Whilst we are concentrating mainly on the adult's services remit, recognising that the situation is likely to get increasingly difficult and acknowledging there needs to be a national solution, we still need consider how to balance our books. So in efforts to think outside the box, Turning The World Upside Down has been such a good example of innovative practice, would there be merit in investing in our own staff rather than commissioning commercial providers?

The question of whether to 'grow your own' service through investing in your staff versus commissioning external provision is something that we have considered. We've had to consider whether it would work even if it was possible, because at the moment, we are struggling to attract staff and so is the private sector. It's a massive nationwide problem. Even if we had a huge cash injection, I'm not sure we could change that dynamic. We are having to be very creative as we receive the lowest level of funding and it has required us to be inventive. Welsh Government are currently drafting a report "Rebalancing Care", so it will be interesting to see if it addresses the issues and what the comparative picture is across Wales.

Outcome and Chair's Conclusion:

The committee has found it really challenging to scrutinise this budget as we cannot draw conclusions that the service is significantly under resourced and we also recognise that staff are trying to be creative and think differently.

We have discussed the social care pressures in detail and we acknowledge that recruitment in the sector is a major issue. We note the grant income received and the committee welcomes the approval to use capital receipts to assist the revenue budget position. The committee remains concerned that the use of capital receipts to support the revenue position is an unsustainable approach to address the underlying budgetary issues already presented at month 7.

Members are pleased to see that no cost increase has been proposed for the community meals service. Members also welcome the new monthly budget monitoring approach which is assisting departments in forecasting overspends and enabling mitigations to be put in place where possible.

The committee feels strongly that the funding formula disproportionately disadvantages Monmouthshire and supports the Chief Officer's attempts to raise this with Welsh Government and to request a funding floor, which would significantly assist Monmouthshire and several other rural authorities. The committee supports the efforts by the Chief Officer for Resources and the Leader to progress via the WLGA an independent review of the formula and asked that a seminar be held in the Spring.

7. To confirm and sign the following minutes:

Joint Adults and Children and Young People Select Committee - 5th September 2019.

Minutes of 5th September ~ Councillor Pavia had sent apologies for this meeting which had not been recorded. Agreed to make the necessary amendment.

Adults Select Committee - 5th November 2019

Minutes of 5th November 2019 ~ Councillor Groucutt had sent apologies for this meeting which had not been recorded. Agreed to make the necessary amendment.

8. Adults Select Committee Forward Work Programme.

It was agreed that Mental Health Services would be scrutinised jointly with Children and Young People's Select Committee and that a meeting would be held in April, date to be confirmed.

9. Council and Cabinet Forward Work Planner.

The programme was noted and no requests were made for reports to be brought to the committee.

10. Next Meeting: 10th March 2020 at 10.00am.