

**ADULT SOCIAL CARE, HEALTH AND
HOUSING OVERVIEW AND SCRUTINY
PANEL
5 SEPTEMBER 2019
7.30 - 9.20 PM**



Present:

Councillors Tullett (Chairman), Mrs Mattick (Vice-Chairman), Atkinson, Bhandari, Brossard, Mrs L Gibson, MJ Gibson, McLean and Temperton

Executive Members:

Councillor D Birch

Also Present:

Nikki Edwards, Executive Director: People, Executive Director: People
Melanie O'Rourke, Assistant Director: Adult Social Care Operations
Thom Wilson, Assistant Director: Commissioning
Sarah Kingston, Adults Transformation Programme Manager

Apologies for absence were received from:

Councillors Allen, Finch and Skinner

21. Minutes and Matters Arising

RESOLVED that the minutes of the meeting of the Adult Social Care, Health and Housing Overview and Scrutiny Panel meeting held on 16 July 2019 be approved as a correct record, and signed by the Chairman.

There were no comments arising from Members from the Actions Log and there were no comments relating to issues arising since the last meeting.

22. Declarations of Interest and Party Whip

There were no declarations of interest relating to any items on the agenda, nor any indication that Members would be participating under the party whip.

23. Urgent Items of Business

There were no urgent items of business.

24. Public Participation

No submissions had been made by under the Council's Public Participation Scheme for Overview and Scrutiny.

25. Transformation Review

Using the evidence pack the Panel considered the following questions:

1. The transformation programme has been going for 18 months. What proof is there of its impact? What lessons do we need to learn and what needs to change?
2. How has the voice of the customer/carer made a difference to service provision? How has the conversations model made a difference and what is the impact?

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing introduced the agenda item.

Panel Members were advised that:

- Transformation was an ongoing process.
- The programmes that had been in place earlier this year (2019) had all been re-evaluated.
- Some programmes had been returned to business as usual (BAU), some programmes had been changed and some had been amalgamated into other programmes.
- Some piloted programmes had not stacked up and so did not go into BAU.
- The learnings from the transformation programmes were being looked at.
- Some of the programmes currently being worked on were at the analysis phase and so full data was not available currently.

A huge amount of work had gone into pulling the evidence pack together and thanks were given to Thom Wilson, Assistant Director: Commissioning and Sarah Kingston, Adults Transformation Programme Manager in particular for their work on the pack. The pack was intended to be used as the core base of evidence for future reports into the progress of the transformation projects.

Thom Wilson, Assistant Director: Commissioning advised Panel Members that the evidence pack circulated with the agenda would not be presented or talked through at the meeting and that further detail was provided in a separate presentation and package of information that was introduced by him.

In addition to the slides presented to the Panel which described the completed projects at phase 1, Thom Wilson, Assistant Director: Commissioning advised Members that:

- Rohan Wardena had led phase 1 of the transformation projects.
- Transformation projects were constantly reviewed to make sure the right things were being worked on.

Conversations Model

- The Conversations Model was a nationally recognised project.
- In terms of the impact of the Conversations Model, there was no baseline data and there were no change indicators to understand which things had worked in which way.
- A baseline was a necessity and this was a learning.
- Another learning in a number of programmes was that more people were needed to support and enable practitioners to lead and guide rather than expecting practitioners to be implementers.

More Transparent Assessment Tools

- A key learning from the more transparent assessment tools programme was that more time was needed testing systems before rolling them out.
- Initial assessments hadn't led to the results that were expected.
- Good quality planning and project management support was crucial.

Online Marketplace

- The Online Marketplace supported the Conversations Model and supported people in that process to direct them to services in the community.
- The learning from this project was that the site needs maintenance to make sure the information on it is up to date.
- New practitioners needed to be advised of its presence so they could use it.

New Homecare Contract

- The new homecare contract was an innovative new contract and a new way of working with providers to work with individuals to ensure they became more independent.
- Used a gainshare approach where providers would share the benefits of reduced care costs.
- During this period of transformation, 10 providers had reduced to 5 providers.
- A further challenge was that 2 of those 5 providers exited the contract in 2018 meaning spot purchase of provision was now required.
- The focus of the commissioning team was to keep the quality and innovative approach and focus on a broader range of provision.
- High employment rates were to blame for recruitment problems.
- Contracts needed to be flexible.
- A new framework was needed so that, as the market changed, the Council could respond and make changes.

Connections Hub and Community Connectors

- The Connections hub and community connectors was set up and was still in place.
- Currently under investigation was how the benefits of this project could help children's services to the same extent.
- Community connectors helped people to access services available in social care, signposting them to groups, stopping isolation and loneliness.
- Outcomes weren't tracked when this project was set up. Anecdotally it was working but no detailed analysis could yet be shared.

Personal Health Budgets

- The Personal Health Budgets process pilot was still in place.
- Not enough personal health budget referrals had been received to test this project for the long term.
- Work was continuing with the Clinical Commissioning Group (CCG) to take the pilot forward.

Direct Payments.

- The commissioning team at Bracknell Forest Council tried to make sure there was as many options as possible for residents who were receiving Direct payments.
- Market availability was a big test.

Impact on Finances

- It was currently not possible to identify the impact that the projects completed as phase 1 had on Council finances because of the way they were reported for audit purposes.
- Satisfaction levels remained higher than other Local Authorities.

Sarah Kingston, Adults Transformation Programme Manager introduced the section of the presentation that described what had been learnt so far from the transformation projects and explained that:

- Bracknell Forest was affected by rising demand levels for social care that were being seen and projected nationally and were also affected by rising levels of costs associated with residents' living longer, having more complex needs and higher levels of disability for longer.
- When Bracknell Forest Council's (BFC) adult social care (ASC) performance was benchmarked against other similar local authorities, BFC were doing better than average per head of population spent on social care.
- Prices were broadly positive, providing good value for money for social care.
- The percentage change (increase) in adults' social care expenditure for BFC between 2014/15 to 2017/18 was about 5%.
- Satisfaction levels amongst users of ASC in Bracknell Forest was above average but a higher score was wanted.
- Bracknell Forest's spend on ASC was not increasing in line with national trends, BFC was spending less with higher levels of satisfaction.
- The number of clients ASC were working with now was about where it was in April 2018.
- The increase in unit cost from 460 to 490 was affected by annual inflation and the introduction of the national living wage which had been introduced last year.
- Clients who were in residential care showed a similar picture in terms of overall financial impact on the Council's finances.
- There was a stable number of people who needed residential care and a reduction in unit costs over the year.
- Overall, there were good and safe outcomes, and ASC was in control of services in a cost effective way.
- Community packages prevented people from needing residential care and supported independence.
- The unit cost had increased as inflation had impacted the net cost rise.
- 63% of total spend on ASC was payments to external providers. (Third party payments).
- 20% of current spend was staffing costs of practitioners. High quality service provision was dependent on good staff.
- The transformation team were now focussed on the analysis phase of projects to ensure robust data collection upfront.

In response to questions it was explained that:

- Targets for each project were being worked on to track impact.
- The savings of £889,000 in 2018/19 were against existing care packages.
- The 2017/18 savings target was £1.4million but £1.7million was achieved.
- There was detail around other savings made last year that could be made available and shared if required.
- When providers had tendered for homecare provision, providers were able to name their price.
- Prices were fixed based on the amount of work each provider could achieve and deliver. This was costed at a price per hour of service delivery.
- Those providers who were unsuccessful had difficulty in attracting home carers in the local areas and so they could not assure service delivery and weren't financially sustainable.
- Gainshare was part of the process but not part of the bidding.
- Mobile iticket was BAU.

- A transformation board would hear from adult's and children's and the transformation programmes would be run as a grouped directorate.
- Nikki Edwards, Executive Director: People would have overview and oversight of transformation within adult's and children's and would lead the two transformation programmes as a grouped directorate.
- There had been an increase in the number of clients requiring long term support since April 2019 to 32.

Two projects that were no longer being progressed were:

Market Development for Personal Assistants.

- This had been rated red in the Quarterly Service Reports (QSRs)
- The project had a strong theoretical underpinning and had been supported by lots of evidence that people who employ their own personal assistants have high satisfaction levels and that the costs to the Council would be reduced if it was implemented correctly.
- The Council had tried to make it work through an existing provider who was given support, looked at best practice, and asked outside organisations, but ultimately couldn't demonstrate that anticipated impact.

Shared lives scheme. (Adult fostering)

This project was considered but it had difficulties and challenges to establish and set up and was not considered a priority.

- Client care package reviews were a statutory requirement at least every year.
- Clients were kept under constant review as their needs changed.
- The length of time a review took depended on the complexity of the person's circumstances. Some people needed some problem solving, others might be a little more straight forwards so each review was individual and took as little time as possible with as much consideration given to clients not becoming distressed over the process as possible.
- The current three home care providers were viable and the Council was not looking to reduce the amount of work they had.
- The aim was to develop a flexible home care arrangement so that people who needed homecare, outside of spot purchasing, had it available immediately and could get care quickly.
- The current three 3 home care providers could provide the number of hours they said, they had met their contractual obligations and they were not obliged to take on any additional asks.
- It was difficult finding people to fill care roles.
- The assessment tool used to inform the level of direct payment to an individual used complex equations to identify requirements and lead to a score which produced a financial envelope which was based on the true cost of care. That figure changed with inflation at the start of each year.
- It was in the Council's interest to develop the market to create competition so that people could find more creative ways to meet their purchase needs with their direct payments that wasn't domiciliary care.

Sarah Kingston, Adults Transformation Programme Manager advised members that:

- Her role was to coordinate projects in ASC and drive them forwards.
- A huge amount had been delivered but there was also a lot of learning.
- Efforts would be focussed in the right area to drive improvements.

Progressing with the presentation and in addition to the information contained, Sarah Kingston advise Members that:

- Every project now had a rigorous analyse phase.

- Projects in December had largely completed the analyse phase and had been prioritised.
- Governance and oversight was really important.
- During the last few months a portfolio approach had been adopted.
- The Central Management Team (CMT) looked at all projects in the portfolio rather than in silos and all projects were reported against centrally and had a monthly reporting cycle.
- Project and programme management and oversight of the projects allowed the operations team to do their day job and the transformation team to work in the background.
- The transformation team worked really closely with operational teams and met monthly.
- The transformation team were always looking to maximise resident benefits and brought the operational teams in particularly at the analysis stage.
- There were 10 active transformation projects in March 2019.
- 5 were progressed over the last 6 months.
- No specific targets were attributed to each project.
- Business cases need to be written for each project.
- ASC was a system. Each moving part affected the other.
- Changes in mental health may have unintended consequences.
- Any changes needed to be looked at holistically.
- The project 'Earlier Intervention in Mental Health' was no longer active in its current form and had been rationalised.
- The transformation project 'Residential Affordability' had been handed over to BAU.
- Extra care was a step between being at home and being in residential care.
- Silva homes was an extra care provider.
- Discussions had taken place with Silva Homes about the possibility of a scheme and this had been handed over to commissioning team as BAU.
- There were currently 5 projects going forwards.
- There was one new project: The Conversations Model Review

In response to questions, Sarah Kingston, Adults Transformation Programme Manager advised Members that:

- The gold, silver and bronze icons used to indicate anticipated levels of savings would be used against the 5 projects going forwards.
- All of those projects had a baseline and a defined start and finish.

Melanie O'Rourke, Assistant Director: Adult Social Care advised members that:

- When someone made contact with ASC for assistance their needs were prioritised and each person was assessed individually.
- Risk was looked at.
- Some people could be signposted but if someone needed help the immediacy of that need was attended to and prioritised.
- As much information as possible would be gleaned from person who made contact.

Thom Wilson, Assistant Director: Commissioning advised Members that:

- There was still a register of personal assistants.
- The project at the time was aiming to increase the register from tens of people to hundreds of people.
- Direct payments were not necessarily spent on domiciliary care.
- The accuracy of social care data was important.
- Statutory returns required reliable data.

- The input of data was an area that was constantly being looked at to ensure reliable and consistent entry.
- Data was required to measure impact and understand success.
- Nikki Edwards, Executive Director: People signed off every statutory return for the Care Quality Commission (CQC) for all adults' activity and the Office for Standards in Education (OFSTED) for children's. Her responsibility was to ensure high quality and consistency.
- Complaints were used to learn from and improve.
- South East regional meetings were used to benchmark performance.
- There was a collective approach across adults' and children's because of the impact across the whole system of different factors.
- Data collection and use was the most regulated part of the Council's work and it was in our interest to ensure quality and consistency.
- Bracknell Forest Council had been recognised nationally for our performance.
- There was a period of two to three year's notice for transitions from children's to adult services within the Borough where practitioners would co-meet in the lead up to transition, but there might not be the available data for those families arriving from outside the Borough.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing advised Members that:

- Some of the Council's partners had also been undergoing their own transformation processes.
- Some of what they were doing mirrored BFC for example: Integrated Care Records, so that the quality of the data we have could be made available as a holistic care record.
- Health and care records would need to be more joined up.
- We had to make sure our care records fields and data could comply with an NHS person wanting to access the records.
- This was of significance for Heathlands.
- We shouldn't just look at care records and transitioning from children's to adults', but also needed to also consider GP access to social care records, all to be integrated care records.
- Scrutiny's role was to ensure what had been done, had been done in accordance with the promises made and the numbers committed to.
- He wanted to make sure that scrutiny checked on what it is had been promised.
- The new Council plan was due in October 2019.
- Service plans would be developed from the Council Plan
- It was vital that Members did not allow things to drift or allowed any part of the system to be unchallenged or unremarked upon.
- Some of the future change would require sensible, careful input from Members.
- Scrutiny would contribute to policy development when a credible steer was required. That early challenge on early ideas was welcome.
- All Members would have to prioritise what gets scrutinised because of capacity constraints.
- The impact on residents at the end of the service is what should drive decisions.

The Chairman outlined that mental health was identified at the ASCH&H O&S Panel workshop on 16 July 2019 as a topic for scrutiny but that project had been rationalised in the transformation programme.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing acknowledged this and advised that he welcomed this challenge back.

The Chairman gave thanks to all Members and officers for attending the meeting and acknowledged the effort that had gone into the provision of the presentation and the evidence pack and gave thanks for that work.

26. **Executive Forward Plan**

Members considered the scheduled Executive Key and Non-Key Decisions relating to Adult Social Care, Health and Housing.

Councillor Dale Birch, Executive Member for Adult Services, Health and Housing advised Members that the work relating to Heathlands was positive, work to develop Heathlands would be going out to tender shortly and that the target for the planning application, the next critical stage, was February 2020.

CHAIRMAN