

ADULT, COMMUNITY AND HOUSING SERVICES
SCRUTINY COMMITTEE

Wednesday, 4th December, 2013 at 6.00 p.m.
in Committee Room 2 at the Council House, Dudley

PRESENT:-

Councillor Islam (Chair)
Councillor James (Vice Chair)
Councillors Baugh, Evans, Herbert, J Martin, Miller, Mottram and Vickers

Officers

Assistant Director, Customer Services (Lead Officer to the Committee);
Assistant Director, Quality and Commissioning, Head of Commissioning,
Efficiency and Making it Real and Head of Finance and Accountancy (all
Directorate of Adult, Community and Housing Services) and Mrs K Buckle
(Directorate of Corporate Resources)

Also in Attendance

Ms J Leeson, Chief Executive of Changing our Lives and Member of the
Making It Real Board and Ms I Brant, MP in the Dudley People's Parliament
and participant in the Quality of Life Audits.

27. **APOLOGIES FOR ABSENCE**

Apologies for absence from the meeting were submitted on behalf of
Councillors Body and M Wilson.

28. **DECLARATIONS OF INTEREST**

No member made a declaration of interest in accordance with the Members'
Code of Conduct.

29. **MINUTES**

RESOLVED

That, the minutes of the meeting of the Committee held on 11th
November, 2013, be approved as a correct record and signed.

30. PUBLIC FORUM

No issues were raised under this agenda item heading.

31. MAKING IT REAL AGENDA

A report of the Director of Adult, Community and Housing Services was submitted on the impact of the Making It Real Agenda for the people of Dudley.

The Assistant Director, Quality and Commissioning referred to the request of members at their meeting in September for three additional sources of evidence including information about the way Dudley invests in preventative care and real life stories about how people in Dudley had been impacted by the Making It Real Agenda. He referred to the two presentations that would be made by the Head of Commissioning, Efficiency and Making it Real of the Demand Management Model and Ms J Leeson and Ms Brant in relation to Changing Our Lives Quality of Life Audits and Standards.

It was agreed that the presentations would be emailed to Members.

The presentation in relation to the Demand Management Model comprised:-

- Opening remarks about the Demand Management Model that had been created in view of the continual savings that were required in the way health and social care were delivered. It was noted that the model addressed demand and how patients were managed through the care pathway. Data in relation to the number of people who utilized prevention resources and costs were outlined. Comparisons between the current population figures and future trends by 2030 were displayed.
- Details of the Dudley Falls Service, the Occupational Therapy, Community Equipment Service and the Telecare Service were provided together with the effectiveness and average cost of these services to each person. It was noted that these services were effective as they continued to prevent people from entering into long-term care.
- Arising from this aspect of the presentation the Assistant Director of Quality and Commissioning agreed that a geographical mapping exercise would be undertaken in relation to the uptake of preventative services and Members would be provided with details of the areas where the services were being accessed.

- In responding to a Member's question the Assistant Director of Quality and Commissioning advised that 11,000 items of community equipment had been provided to 2062 patients in 2013 with some equipment being recycled. The cost of this service was outlined and it was noted that this provided a preventative rather than a respite care service in order for people to live independently.
- The Reablement statistics were referred to including the community based services, how the services had developed and details of comparative performance. It was noted that in relation to effectiveness 45% of people who had accessed the Community and Residential Intermediate Care Services in 2012/13 did not go onto receive another Adult Social Care Services during this period.
- In relation to Reablement/Intermediate Care details of admissions in 2012/13 into New Bridge House, New Swinford Hall and Tiled House were provided and it was noted that there had been an average of 14 discharges per week in 2012/13. In relation to effectiveness it was noted that 46% of people who used those services had not gone on to receive another mainstream Adult Social Care service during this period. It was stated that the costs of Tiled House had increased as the upper floor was now in use, however the average costs per person had decreased.
- In relation to the Home Reablement service within the Community there had been a significant increase in the hours that this service provided, however average costs per person had decreased with a higher level of care increasing.
- The Assistant Director, Quality and Commissioning reported that the earlier people were met in the care pathway would result in them being able to live independently which would lower costs of health and social care services and evidence supported the business case for investment in the new structure.

Arising from the presentation, members asked questions and made comments and Officers responded as follows:-

- Work was undertaken to provide preventative care services with partners.
- That the Clinical Commissioning Group funded the Tiled House Residential home and was staffed by the Directorate of Adult, Community and Housing Services.
- That partnerships had been formed with 17 Community Pharmacists who sign posted members of the public to the health and social care services provided by the Directorate.

- That there were different performance measures for differing areas of care which depended upon the services provided in different areas and the levels of need and the aim of the services provided were to prevent people entering into long term care;
- Two key areas of significant increases in health and social care had been identified which were for those aged 80 plus being primarily diagnosed with dementia and those aged 50 plus with learning disabilities which would result in a significant increase in resources and the model required further work on interventions in order to address additional care provision within those areas and that engagement with a broader range of people was required in order to make resources work harder.
- That the Telecare service had been operational for a number of years and had been marketed in a number of different ways with work being undertaken with voluntary and private sector partners. Work had also been undertaken with Healthwatch and different ways to raise the profile of services had been undertaken including work conducted with Age Concern, the Warm and Well Service, publicising services when writing to Council tenants and a recent event which had taken place at Himley Hall.
- It was confirmed that should a resident of Borough be registered with a General Practitioner's surgery outside the Borough, they would be offered the same health and social care services as they remained a resident of the Dudley Borough.
- That the effectiveness of services was also measured by perusing data in relation to members of the public using other services for example re-entering the system to access additional services at a later date.
- That the increase in more preventative services including the reablement service had reduced costs;
- In relation to response times, these would be dependant upon the service by looking at time based needs, whether standard equipment was required, the complexity of the case, urgency and individual circumstances.

A further presentation was considered on Changing Our Lives Quality of Life Audits and Standards. The presentation comprised of the following:-

- The Quality of Life Standards were based on people with disabilities being seen and respected as equal citizens in society. The standards had been written by over 650 young people and adults with learning disabilities and autism in partnership with people with physical disabilities and sensory impairments, older people and people with mental health needs.

- Ms Brant outlined the activities that she could now conduct independently following attending a course on travelling on public transport and being able to manage her own money. She also referred to the Quality of Life Audits which were a person centred way of checking quality of life with each audit being led by a paid individual with disabilities and the range of tools available in each audit to gather evidence such as interviewing staff, observation checking activity plans, communication passports and other documents.
- Arising from this part of the presentation in responding to a Member's question Ms Brant advised that communication passports contained details of what an individual person would require to communicate which could range from noise to sign language and that Communication Passports enabled people to communicate independently without the need to involve a third party.
- Ms Leeson referred to the Winterbourne review and the work that would be launched by Norman Lamb, Care Minister in 2014 following this review in relation to developing audit teams lead by people with disabilities and the work that had been undertaken in Dudley in order to produce the Good Practice Guidance which would be show cased in the House of Commons in February.
- Ms Brant referred to her meeting with Norman Lamb, shadowing Jon Rouse, the Director General of Social Care, Local Government and Care Partnerships and also shadowing the Director of Adult, Community and Housing Services.
- Ms Leeson referred to the advocacy needs which required further development for vulnerable groups and the Staying Safe Scheme, that provided people with safe places to enter within the Borough should they be out and feel vulnerable which needed to be rolled out across the Country.
- Ms Leeson referred to the position stories in relation to leading a full life with community support advising that these stories could be used to promote the Council's preventative services.
- Following further discussions, Members recommended that the Safe Places scheme should be publicised through small businesses and rolled out to all public facing Council Offices.

Members thanked and congratulated Ms Brant on her excellent presentation.

RESOLVED

- (1) That the information contained in the report, as previously circulated to the Committee, and in the presentations given at the Committee on the Demand Management Model and Changing Our Lives Quality of Life Audits and Standards, be noted.
- (2) That the Assistant Director, Quality and Commissioning be requested to respond to Members direct with the geographical mapping data referred to above.
- (3) That the Lead Officer to the Committee be requested to advise the Cabinet Member for Adult and Community Services that Members supported the Safe Places Scheme and recommend that it be promoted through small businesses within the Borough and rolled out to all public facing Council Offices.

The meeting ended at 8.10 p.m.

CHAIR