

# Adult and Safer City Scrutiny Panel

5 December 2016

**Time** 6.00 pm **Public Meeting?** YES **Type of meeting** Scrutiny

**Venue**

## Membership

**Chair** Cllr Paula Brookfield (Lab)

**Vice-chair** Cllr Patricia Patten (Con)

### Labour

Cllr Ian Claymore  
Cllr Dr Michael Hardacre  
Cllr Rupinderjit Kaur  
Cllr Linda Leach  
Cllr Elias Mattu  
Cllr Lynne Moran  
Cllr Anwen Muston  
Cllr Rita Potter

### Conservative

Cllr Barry Findlay

### UKIP

Cllr Malcolm Gwinnett

Quorum for this meeting is three Councillors.

## Information for the Public

If you have any queries about this meeting, please contact the democratic support team:

**Contact** Julia Cleary

**Tel/Email** 01902 555046 [julia.cleary@wolverhampton.gov.uk](mailto:julia.cleary@wolverhampton.gov.uk)

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Wolverhampton WV1 1RL

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# Agenda

## Part 1 – items open to the press and public

<i>Item No.</i>	<i>Title</i>
1	<b>Apologies</b>
2	<b>Declarations of Interest</b>
3	<b>Minutes of previous meetings</b> (Pages 3 - 10)
4	<b>Matters arising</b>
5	<b>Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20</b> (Pages 11 - 20)
6	<b>Quality Assurance and Compliance Work Programme</b> (Pages 21 - 30)

# Adult and Safer City Scrutiny Panel

Agenda Item No: 3

Minutes - 11 October 2016

## Attendance

### Members of the Adult and Safer City Scrutiny Panel

Cllr Paula Brookfield (Chair)  
Cllr Ian Claymore  
Cllr Barry Findlay  
Cllr Dr Michael Hardacre  
Cllr Rupinderjit Kaur  
Cllr Linda Leach  
Cllr Elias Mattu  
Cllr Lynne Moran  
Cllr Anwen Muston  
Cllr Patricia Patten (Vice-Chair)  
Cllr Rita Potter

### Employees

Jo Turnbull	Service Manager (Therapy Services)
Brendan Clifford	City of Wolverhampton Council
Paul Smith	Head of Commissioning
Julia Cleary	Scrutiny and Systems Manager

## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1**        **Apologies**  
Apologies were received from Cllr Gwinnett.
- 2**        **Declarations of Interest**  
There were no declarations of interest.
- 3**        **Minutes of previous meetings**  
Resolved:    That the minutes of the previous meeting be agreed as a correct record.
- 4**        **Matters arising**  
Cllr Moran noted that there had been a 9% increase in deaths of elderly people in the previous year and queried how those figures translated to Wolverhampton.

Officers stated that it would be possible for them establish the number of deaths for the previous five years for people over the age of 70 and that this information could be provided to members.

Members considered page 5 of the minutes and requested that the equality implications be provided.

Cllr Hardacre queried the figure referred to on page 7 of the minutes where it stated that over 87% of residents had internet access but Members had been provided with a figure of 45-55% at a different scrutiny panel meeting. The Committee agreed that clarity was required in relation to this.

Resolved:

That the number of death for the previous five years for people over the age of 70 be provided to members.

That equality implications referred to on page 5 of the minutes be provided

That clarity be provided in relation to the number of residents with internet access.

5

### **Aids and Adaptations**

The Panel received an update report in relation to the provision of aids and adaptations in the City. Officers requested that the Panel provide feedback about the provision of aids and adaptations to the elderly and disabled.

The provision of aids and adaptations to the elderly and disabled formed part of the Independent Living Service at the Council and aligned with the following corporate plan aims:

- Promoting independence for Older People
- Promoting independence for People with Disabilities

Officers stated that there had been big changes over that last 12 months and the service was now provided through the Neville Garratt Centre, which is the Council's independent living centre located on Bell Street.

Members questioned whether the Health Service were still contributing the same amount of money as previously and Officers confirmed that yes the Health Services still contributed £500,000 to the service. Members noted that in the long term the Health Service would benefit from the scheme as it helped to keep people at home rather than in a hospital.

Members congratulated Officers in relation to the reduction in the waiting list which now stood at 52 in comparison to 548 in October 2015.

Members queried what the older peoples' controllable budget was and Officers confirmed that this was the Council's budget for the equipment store and that it was ring fenced.

Members questioned what happened prior to an individual being referred as there could be individuals who did not get referred due to their social circumstances or background such as where the family looked after themselves rather than seeking

external help. Officers stated that they hoped these individuals would be picked up by groups such as GPs, district nurses or health visitors.

The Panel queried whether there had been any publicity regarding the returning of aids and officers stated yes there was and that there was a good returns rate.

The Chair queried whether there was an appeals process for individuals who had been refused standard equipment. Officers stated that in circumstances such as these they could look to charitable funding but there was no formal appeals process.

Resolved: That the update be noted.

## 6 **Care and the Economy in the City of Wolverhampton**

The Panel received a report highlighting an initial investigation undertaken into the economic contribution of social care in the City of Wolverhampton. The report sought to promote further awareness of its themes and to promote further the Wolverhampton 2030 agenda and the economic value contributed by social care in the City of Wolverhampton.

Cllr Samuels introduced the report and highlighted the importance of ensuring that the money contributed by Adults Social Care remained in the City. Members considered that the estimate of £250 million was a conservative valuation as it did not take into consideration the number of carers who were not paid for their services or more informal forms of care.

Officers stated that Wolverhampton was leading the way in this field in response to the feedback shared through the Adult Social Care Peer Challenge (March 2016) which had recommended closer working between the “people” and “place” dimensions of adult social care activity in the People Directorate and the City of Wolverhampton community.

Cllr Moran stated that she was very grateful for the report and hoped that it would lead to private suppliers complying with pay and word directives to ensure that workers were not being exploited. Members queried whether the Council would be able to enforce a minimum wage policy for external providers. Officers stated that this was done through agreement where possible and by working with the third sector but that the Council could not enforce it at all levels outside of its control. The Chair confirmed that issues relating to compliance would be considered at the next meeting of the Panel.

The Chair also queried whether the Combined Authority would have an impact on the way that scrutiny was carried out. Officers stated that feedback on this would be provided once the information was available but that a priority of the Combined Authority would be to get as many disabled people and people with a learning difficulty back into work. The chair stated that it was important the Councillors in Wolverhampton kept control of scrutiny in relation to our own services.

Members considered that the report was very positive.

Resolved: That Adult Scrutiny:

1. Considered the content of the report, "Care and The Economy - The economic contribution of social care and Our Vision Our City - Our Vision for the City of Wolverhampton in 2030."
2. Commented as needed on any further factor to promote the inclusion of social care amongst the solutions to continued wider economic growth of the City of Wolverhampton in context of recent presentation of the attached document as part of Business Week 2016.
3. Considered issues for Carers and employment and need for carer-friendly employment policies in businesses across the City including the Council.
4. Reflected on further opportunities for further work on this theme with NHS colleagues

## 7 **Remodelling and Tender of Mental Health Preventative Contracts**

The Panel considered a briefing note in relation to a paper that had been submitted to the Councils Cabinet Resources Panel (CRP) on 04 October 2016 which included the following recommendations:-

1. To approve a new service delivery model in relation to low level mental health preventative services
2. To approve a tendering exercise in relation to the proposed new service model with a view to implementation on 1 April 2017.

On the 04 October 2016 the Council had received a letter from David Collins Solicitors on behalf of their client Positive Participation. The letter challenged various elements of the consultation process linked to the remodelling and the future tender of the contracts in question.

At the meeting of the Cabinet Resources Panel on 04 October 2016 it was decided that the paper should be placed on the agenda of the next available Adults and Safer Scrutiny Panel, to be held 11 October 2016.

Members considered the report and the fact that the issue was time sensitive but agreed that further information was required before an informed decision could be made.

Resolved: That an additional meeting of the Adult and Safer City Scrutiny Panel be held on 25<sup>th</sup> October at 6 pm to consider the report.

# Adults and Safer City Scrutiny Panel

## Minutes - 25 October 2016

### Attendance

#### Members of the Adults and Safer City Scrutiny Panel

Cllr Paula Brookfield (Chair)  
Cllr Ian Claymore  
Cllr Dr Michael Hardacre  
Cllr Lynne Moran  
Cllr Anwen Muston  
Cllr Patricia Patten (Vice-Chair)

#### Employees

Paul Smith – Interim Head of Commissioning  
Jacqui McLaughlin - Commissioning Officer  
Julia Cleary – Scrutiny and Systems Manager

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## Part 1 – items open to the press and public

*Item No.*    *Title*

- 1        **Apologies**  
Apologies were received from Cllr Kaur, Cllr leach, Cllr Mattu, Cllr Potter, Cllr Findlay and Cllr Gwinnett.
  
- 2        **Declarations of Interest**  
Cllr Samuels declared a personal interest in that her husband's niece was a member of Positive Participation.  
  
The Chair requested that Cllr Samuels did not take part in the meeting but agreed that she could remain in the room.  
  
Cllr Samuels objected to not being allowed to take part in the meeting but accepted the ruling of the Chair of the Panel.  
  
Cllr Moran declared that she sat on the Board for the Wolverhampton Voluntary Sector. The Chair confirmed with representatives from Positive Participation that it was not a charity but a limited company which chose not to make a profit. Given this it was considered that Cllr Moran did not have any conflicts of interest in relation to the report under discussion.
  
- 3        **Remodelling and Tender of Mental Health Preventative Contracts**  
The Chair introduced herself and the Panel.

Representatives from Positive Participation were present (Gurbax Kaur and Siobhan Samuels) at the meeting but stated that they had not intended to speak to the report and were attending only as public observers. The representatives did however state that they would try to answer any questions that the Panel had.

Paul Smith - Head of Commissioning introduced the briefing note in relation to the consultation that had been carried out regarding the Remodelling and Tender of Mental Health Preventative Contracts.

Officers highlighted that the remit of the Panel was to consider whether the consultation had been undertaken satisfactorily and whether the recommendations that had been presented to the Cabinet Resources Panel on 4<sup>th</sup> October 2016 were realistic and rational and a true reflection of the finding of the consultation.

Officers directed Members to page 6 of the report which showed that 419 people had engaged in the consultation process which represented a total of 55% of all those invited to participate. 104 (25%) were service users, four (1%) were relatives of a service user, five (1%) were carers, 14 (3%) respondents identified themselves as service providers, 10 (2%) were members of staff, seven people (2%) skipped the question, 263 (63%) were self-help group members and 12 (3%) selected 'someone else' and of that number three stated they were; a Director of a community interest company (CIC) for mental wellbeing, a concerned citizen of Wolverhampton and a user of services for people with on-going mental health issues.

Officers considered that given the above 85% of users of the system who could have been affected had been consulted and this was considered to be a very strong response rate and would help to influence the direction taken by the Council.

Officers also confirmed that the services were not subject to any budget cuts or efficiency savings and that there was a commitment to maintain funding of £107,000.

At the start of the consultation process a fundamental element had been a model proposing a hub in the City Centre. However as the consultation had progressed it had become clear that service users were not in favour of this idea and as such the hub proposal was abandoned in favour of a model more akin to the current city wide model. Officers stated that this was clear evidence of the Council taking on board the feedback from the consultation and being reactive to the recommendations and concerns of service users.

Officers stated that the Council was supportive of culturally specific services but it was thought that the current provision was too narrow and that services had to be more inclusive to meet the needs of newly arrived minorities including young black males and members of the LGBT community. There was also concern that there was currently some duplication of services in the City which the new model needed to address.

Cllr Hardacre questioned whether the Council would have to cover the £60,225 currently provided by the CCG if the CCG pulled funding for two of the current service providers.

Officers stated that no the Council was not responsible for replacing that contract but as part of the redesign of services it was hoped to get better value for money. The

Council would not be replacing any monies currently provided by the CCG if the CCG pulled its funding.

Cllr Claymore queried what was meant by low level low level mental health preventative services. Officers stated that these were preventative services that sought to stop people having to enter the system at crisis level. The services covered areas such as social isolation assistance and places where guidance and assistance for users could be provided to prevent escalation to a crisis.

Cllr Muston stated that the Council had a statutory responsibility to provide assistance to all areas of protected characteristics under the Equalities Act and that this included mental health. Cllr Muston expressed concern that the LGBT community had not been invited to participate in the consultation exercise which was contrary to the Equalities Act 2010 and went against the Council's own Compact agreement.

Officers stated that members of the LGBT community would have been consulted as members of the public but conceded that they had not been specifically approached and that this needed to be addressed for the future. The consultation had focused on existing service users and providers but Officers again agreed that it would have been beneficial to have approached groups such as members of the LGBT community and that this would be taken forward for inclusion in any future consultation.

Cllr Moran acknowledge that processes such as this were fraught and that the removal of the hub element from the proposals did leave a gap regarding what an overarching service would look like and expressed concerns that more money would need to be invested to arrive at a suitable service. The Chair stated that the Council had to take care not to provide too much information regarding specifications prior to the tendering exercise being entered into.

Officers stated that they were considering a lead provider model which would provide a central point of contact but with city wide services and a lead provider to coordinate the services on behalf of the Council. It was stated that such a model was well established in other areas and was in fact being used successfully by Wolverhampton CVS at the moment. Cllr Moran again queried whether the £107,000 would be enough to cover such a model. Officers staffed that this could not be confirmed until the tendering process commenced as service providers would be asked to bid against a defined budget and if no bids were received then considering would have to be given as to whether this was due to the budget or other factors.

Cllr Muston highlighted that other groups such as war veterans had also not been specifically consulted or why the Epic Café had not been used or approached as a lot of learning information could be found there.

Cllr Hardacre requested clarification as to whether the Council was just dealing with its own funding areas and looking to improve on them or whether it was all being done in consultation with the CCG. Officers stated that the Council would only be looking at its own areas and the budget of £107,000 and then negotiating with the CCG. The issue at the moment was not knowing what the CCG were planning to do.

The chair stated that issues relating to mental health services for younger people were of concern and requested that this be added to any equality issues in the future.

Officers stated that there had been over 400 responses to the consultation which on a small service was deemed a good result and he credited the Officers for the work done to achieve this.

Members considered that this was a good opportunity for the Council to assess the current consultation process in light of the limited resources available. Officers conceded that the process could be improved but that the end result would be a tendering exercise for a more holistic service.

Having taken into consideration the submissions from Officers, the report and documents submitted by Positive Participation, the correspondence from Health watch and having listened to the debate between panel members, the Scrutiny Panel concluded that the consultation had been conducted sufficiently and appropriately.

Resolved: (1) That the consultation was conducted in an appropriate manner and that the matter now be moved forward.

(2) That the Council's consultation process be subjected to scrutiny and the list of consultees be updated.

(3) That a report be brought back to the Panel in 12 months' time to evidence how the equalities implications were being addressed.

(4) That an item be added to the Equalities Advisory Group agenda regarding consultation.

(5) That the Panel acknowledge the good work carried out by community groups and note that the process would now enable all eligible groups to tender for the services.

(6) That Officers be thanked for their work in relation to the consultation.

# Adults and Safer City Scrutiny Panel

05 December 2016

<b>Report title</b>	Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels Adult Services	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Keith Ireland, Managing Director	
<b>Originating service</b>	Strategic Finance	
<b>Accountable employee(s)</b>	Mark Taylor Tel Email	Director of Finance 01902 554410 Mark.Taylor@wolverhampton.gov.uk
<b>Report to be/has been considered by</b>		

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## Recommendation(s) for action or decision:

The Panel is recommended to:

1. Provide feedback to Scrutiny Board for consolidation and onward response to Cabinet on the Draft Budget 2017/18, in particular those elements that are relevant to this Scrutiny Panel, including specifically:
  - a. the Budget Reduction and Income Generation Proposals summarised at Appendix A.
  - b. the Financial Transactions and Base Budget Revisions summarised at Appendix B.
  - c. the other underlying assumptions to the 2017/18 Draft Budget as detailed at Appendix C.

2. Approve that the Scrutiny Panel response be finalised by the Chair and Vice-Chair of the Scrutiny Panel and forwarded to Scrutiny Board for consideration.

## **1.0 Purpose**

- 1.1 The purpose of this report is to seek the Panel's feedback on the Draft Budget 2017/18 including the related Budget Reduction and Income Generation Proposals, Financial Transactions and Base Budget Revisions and underlying Medium Term Financial Strategy (MTFS) assumptions that was approved by Cabinet to proceed for formal consultation and scrutiny stages of the budget process, as appropriate, on 19 October 2016.

## **2.0 Background**

- 2.1 At its meeting on 19 October 2016, the Cabinet considered the Draft Budget for 2017/18. Cabinet approved this as the basis for budget consultation and scrutiny over the forthcoming months.
- 2.2 The Cabinet report recommended that Budget Reduction and Income Generation Proposals amounting to £13.5 million in 2017/18 proceed to the formal consultation and scrutiny stages of the budget process. The Proposals that fall within the scrutiny remit of this Panel are shown at Appendix A.
- 2.3 The Cabinet report further identified that £10.0 million of Financial Transaction and Base Budget Revisions be incorporated into the 2017/18 Draft Budget. The Revisions that fall within the scrutiny remit of this Panel are shown at Appendix B.
- 2.4 Included at Appendix C is the other underlying assumption that impacts on the 2017/18 Draft Budget, that falls within the remit of this Panel, for example inflationary, demographic and pay related pressures.
- 2.5 It is important to note that any budget reduction and income generation proposals approved as part of prior year budget setting processes have already been scrutinised and approved by Cabinet and are therefore, already included in the MTFS.
- 2.6 As detailed in the Cabinet report, the 2017/18 Draft Budget will be considered by Scrutiny Panels during the November/December round of meetings and the feedback from those meetings will be reported to Scrutiny Board on 13 December 2016, which will consolidate that feedback in a formal response to Cabinet on 18 January 2017. The feedback provided to Scrutiny Board will include questions asked by Panel members, alongside the responses received. Cabinet will take into account the feedback from Scrutiny Board when considering the final budget setting report in February 2017, for approval by Full Council in March 2017.
- 2.7 In order to limit the volume of paper used as part of the budget reporting process, the Cabinet report has not been appended to this covering report. Panel members are instead requested to bring their copy of the Draft Budget and Medium Term Financial Strategy 2017/18 - 2019/20 report, which was circulated with the 19 October 2016 Cabinet agenda. Detail of all the Council's individual proposals, including the latest to be considered by Cabinet on 19 October 2016, can be found on the Council's website at:

<http://www.wolverhampton.gov.uk/budgetsavings>

### **3.0 Proposals relating to the work of this Panel**

- 3.1 Included in the Draft Budget strategy are budget reduction and income generation proposals and financial transaction and base budget revisions relating to the remit of this Panel. These are listed at Appendices A and B. The Panel is requested to provide and record its comments on these proposals, for submission to Scrutiny Board and then Cabinet.
- 3.2 In addition to commenting on these specific proposals, the Panel may also request additional information or clarification in relation to the budget and MTFS. Any such requests will be noted separately, either for consideration by the Panel at a future date, or for information to be forwarded to the Panel members concerned.

### **4.0 Financial implications**

- 4.1 The financial implications are discussed in the body of the report, and in the report to Cabinet. [MH/11112016/R]

### **4.0 Legal implications**

- 5.1 The legal implications are discussed in the report to Cabinet. [TS/11112016/R]

### **5.0 Equalities implications**

- 5.1 The equalities implications are discussed in the report to Cabinet.

### **6.0 Environmental implications**

- 6.1 The environmental implications are discussed in the report to Cabinet.

### **7.0 Human resources implications**

- 7.1 The human resources implications are discussed in the report to Cabinet.

### **8.0 Schedule of background papers**

- 9.1 Draft Budget and Medium Term Financial Strategy 2017/18 – 2019/20, report to Cabinet, 19 October 2016

**Budget Reduction and Income Generation Proposals by Cabinet Portfolio**

**Adults**

Details	2017/18 £000	2018/19 £000	2019/20 £000
<p><b>Older People Assessment and Care Management – Promoting Independence</b> Through an increased emphasis on systematically promoting the independence of service users there will be a reduction of expenditure on Adult Care Purchasing Budgets. This will include a range of initiatives including; the roll out of Promoting Independence/New Ways of Working across all teams, Reablement of Individuals to promote independent living skills, increased use of Telecare, introduction of a Discharge to Assess model from Hospital, introduction of the Family Group model in Customer Services to provide advice and information and ongoing review of packages of care.</p>	(1,100)	-	-
<p><b>Age UK Contract Review</b> Age UK are already 90% self financing and have confirmed that they are in the process of redesigning and commercialising the service in line with our expectations and will therefore maintain the current valued service without requiring on-going funding from the Council from April 2017. The provider has committed to continued regular engagement with the Council to evidence outcomes and service developments.</p>	(48)	-	-
<p><b>Equipment Store Tender</b> The recommissioning of the Council's equipment store in partnership with Wolverhampton Clinical Commissioning Group was agreed in July 2016. The service will be advertised with a reduced budget so the bidders will be required to submit costs based on a more streamlined and efficient service model.</p>	(150)	-	-
<p><b>Transformation of the Emergency Duty Team</b></p>			

**Budget Reduction and Income Generation Proposals by Cabinet Portfolio**

<b>Details</b>	<b>2017/18 £000</b>	<b>2018/19 £000</b>	<b>2019/20 £000</b>
<p>The Emergency Duty Team (EDT) is currently under review for redesign. There is a current proposal to amalgamate the Emergency Duty function across the Black Country with two other Local Authorities; Dudley and Sandwell.</p> <p>The Emergency Duty Service covers a variety of tasks for Children and Adults. The budget across the three authorities is in excess of £1.2 million. This proposal will deliver efficiencies across the three authorities as well as addressing the cost pressure which was in the region of £185,000 in 2015/16.</p>	(100)	-	-
<p><b>Disability and Mental Health – Promoting Independence</b></p> <p>The new delivery model across adult social care is called “Promoting Independence”. The model concentrates on keeping all individuals, whatever their needs, to remain as independent as is safely as possible.</p> <p>The key component to achieving the successful delivery of the model and to achieve the savings is to focus social work on specific areas of work such as shifting the balance from care home placement to supported living and to develop a shared approach with Health partners. Further savings can be achieved by concentrating on specific areas such as:</p> <ul style="list-style-type: none"> <li>* Section 117 Aftercare, The application of 117 under the Mental Health Act is the legal responsibility to provide aftercare following detention under the Mental Health Act. The share of funding across the Local Authority and NHS is under review;</li> <li>* An increased use of Telecare to help support more people safely in supported housing;</li> <li>* Ensuring tight application of Continuing Health Care criteria;</li> </ul> <p>* A robust concentrated approach to resettlement across the whole service area, effectively</p>	(3,200)	-	-

**Budget Reduction and Income Generation Proposals by Cabinet Portfolio**

<b>Details</b>	<b>2017/18 £000</b>	<b>2018/19 £000</b>	<b>2019/20 £000</b>
commissioned; * Review of high cost packages, with a view to changing the service as appropriate; * Robust commissioning approach with providers.			
<b>Housing related Support Service Redesign</b> Housing related support contracts will be rationalised through a combination of contract redesign and merger of similar contracts. Efficiencies will be achieved through reducing overheads, realising economies of scale and reducing capacity to reflect utilisation.	(237)	-	-

**Appendix B**

**Financial Transactions and Base Budget Revisions**

**Resources**

<b>Details</b>	<b>2017/18 £000</b>	<b>2018/19 £000</b>	<b>2019/20 £000</b>
<b>Omega Contract Review</b>	(38)	-	-
<b>Life Direct Contract Review</b>	(149)	-	-
<b>Kaleidoscope Contract Review</b>	(37)	-	-

Appendix C

2017/18 Draft Budget Assumptions

Details	2017/18 £000	2018/19 £000	2019/20 £000
<b>Budget Growth</b>			
<b>People Inflation Contingency – National Living Wage</b>	1,146	1,146	-
<b>Demographic Growth – Adult Social Services Demography/Demand/Transition</b>	1,000	2,000	2,000

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# Adult and Safer City Scrutiny Panel

5 December 2016

<b>Report title</b>	Quality Assurance and Compliance Work Programme	
<b>Cabinet member with lead responsibility</b>	Councillor Sandra Samuels People	
<b>Wards affected</b>	All	
<b>Accountable director</b>	Linda Sanders -Strategic Director People	
<b>Originating service</b>	Commissioning	
<b>Accountable employee(s)</b>	Paul Smith Tel Email	Interim Head of Commissioning 01902 55 <a href="mailto:paul.smith@wolverhampton.gov.uk">paul.smith@wolverhampton.gov.uk</a>
<b>Report to be/has been considered by</b>	N/A	

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## Recommendations for noting:

The Panel is asked to note:

The method undertaken by the Council's Quality and Compliance team to ensure all services are appropriately monitored and supported and its future work programme.

## 1.0 Purpose

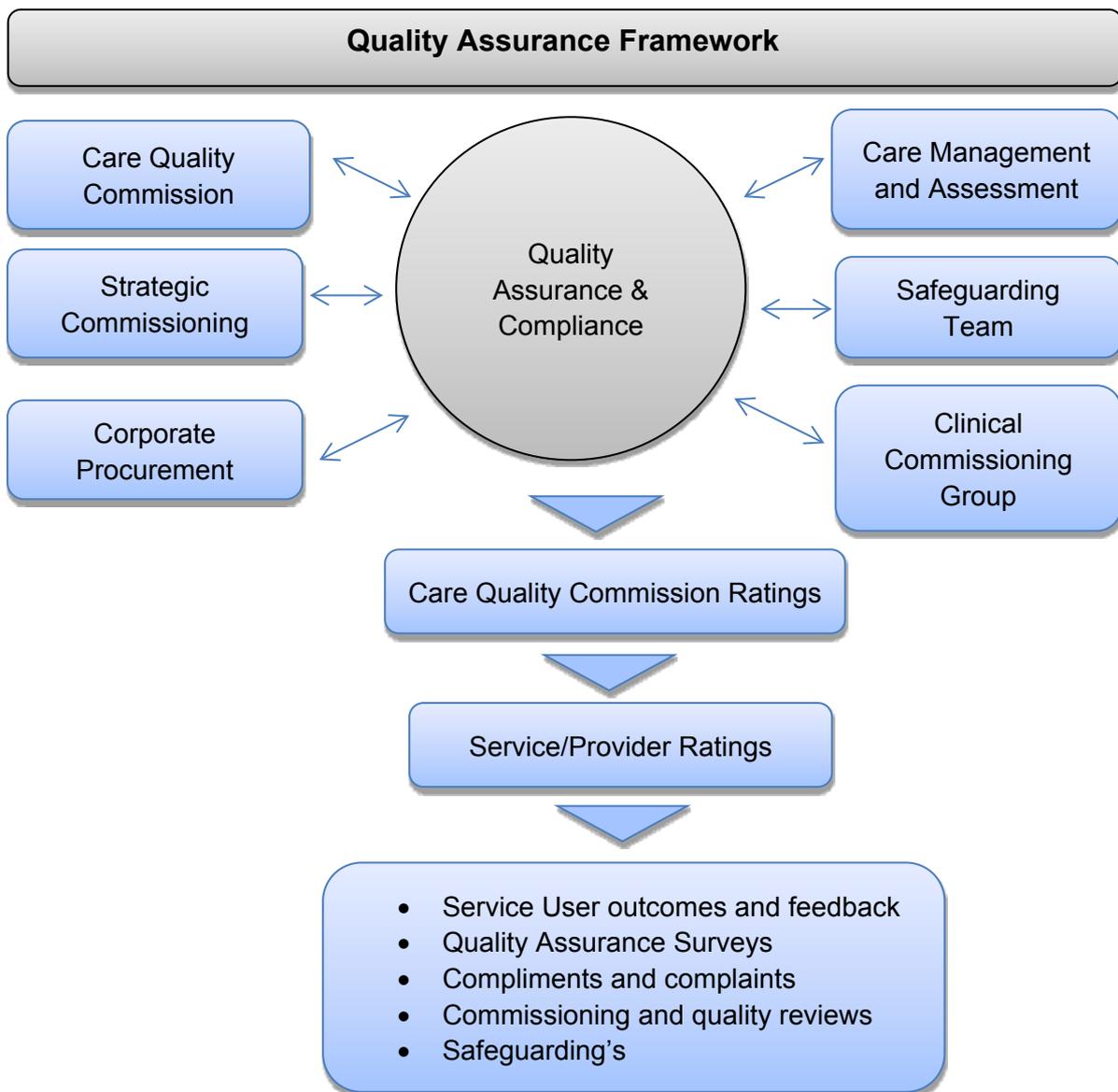
1.1 The Scrutiny Panel is asked to note the method undertaken by the Council's Quality and Compliance team to ensure all services are appropriately monitored and supported and its future work programme.

## 2.0 Background

2.1 The Quality Assurance and Compliance (QA&C) previously team consisted of three and a half full time equivalent officers, however subsequent to a commissioning restructure these posts have been increased to seven officers.

2.2 The aim of team is to make sure that services commissioned are of an appropriate standard and quality. They do this by making sure that the terms and conditions of the Council's contracts are upheld and comply with regulations and frameworks.

2.3 The diagram below illustrates the governance structure for the QA&C team:



2.4 The team monitors quality standards against care and support contracts and service specifications with the care homes and providers. They work in partnership with the care provider where additional support is needed to meet those standards, and aim to promote innovation, sharing of information and best practice, highlight local developments and networking opportunities for independent care sector staff (**see appendix one**).

2.5 The team also:

- Monitors the quality and performance of service providers;
- Carries out developmental work with providers to facilitate the change to quality and outcome driven contract management;
- Actively involve service users, carers and their representatives, in the quality assurance process;
- Informs commissioners and procurement of the outcomes of quality monitoring;
- Work with other parts of the directorate and partners, including those from health, to deal with safeguarding cases that may require input from the team;
- Offers advice, support and signposting;
- Carries out planned annual monitoring of all providers using appropriate monitoring tools and processes;
- Investigates and respond to issues of quality identified or informed through monitoring;
- Has direct contact with providers of services, service users, carers and their representatives with regard to contract compliance, quality standards, service development and improvement;
- Ensures that any necessary action that needs to be taken in relation to non-compliance of contractual obligations is dealt with appropriately;
- Maintains links to CQC Compliance Inspectors and use CQC information and intelligence to inform adult social care about quality concerns;
- Meets regularly to exchange information and raise issues and concerns.

2.6 The QA&C team currently aims to visit all of the services within the City Of Wolverhampton at least every two years, and to keep a 'watching brief' over services out of city.

2.7 The Care Act 2014 brought in a duty for the Council to "promote the efficient and effective operation of a market in services for meeting care and support needs with a view to ensuring that any person in its area wishing to access services in the market-

- i. has a range of providers to choose from who (taken together) provide a variety of services;
- ii. has a variety of high quality services to choose from;
- iii. has sufficient information to make an informed decision about how to meet the needs in question".

### **3.0 Future Work Programme**

- 3.1 The QA&C team is working on developing an overarching quality assurance framework in respect of services provided or commissioned by the City of Wolverhampton Council. The Quality Assurance Framework (QAF) will require the service/provider to evidence their practice against a range of objectives and outcomes. This will be undertaken as an online self-assessment audit by the service/provider on an annual basis.
- 3.2 Moving forward the intention is to increase the number of visits to two visits per year for each service/provider, with a particular focus on:
- Customer feedback;
  - Stakeholders (carers, advocates and professionals) feedback;
  - Measure against the online outcome based self-assessment for providers of care and support services in Wolverhampton.

### **4 Additional Scrutiny Panel Request**

- 4.1 The Scrutiny Panel requested for a report back on the number of people that had died within the last five years that were 70yrs +:
- The number of clients known to social care (either referred, assessed, in receipt of a service or were a carer) that died aged 70 or over in the last five years was 6,709;
  - The number of clients who aged 70+ who died whilst in receipt of a service or where the service ended two weeks before they died was 2,437.
  - 1,095 (45%) were in permanent Residential or Nursing Care;
  - 1,342 (55% were in receipt of community based services e.g. (Domiciliary Care, Day Care, Direct Payment).

### **5.0 Financial implications**

- 5.1 There are no financial implications associated at this stage within this report.  
[JR/24112016/L]

### **6.0 Legal implications**

- 6.1 There are no legal implications associated at this stage within this report.  
[JB/24112016/T]

## **7.0 Equalities implications**

7.1 The Equality and Human Rights Commission reinforced the message that the commissioning of health and social care services requires a more balanced approach to 'quality and price'. Commissioning must also include closer monitoring that incorporates human rights at all levels.

7.2 The QA&C team in monitoring service/providers exercises its functions as part of the Council, and has due regard to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010;
- advance equality of opportunity between people who share a protected characteristic and those who do not;
- foster good relations between people who share a protected characteristic and those who do not;
- having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to;
- remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

## **8.0 Environmental implications**

8.1 There are no environmental corporate landlord implications associated at this stage within this report.

## **9.0 Human resources implications**

9.1 There are no human resources implications associated at this stage within this report.

## **10.0 Corporate landlord implications**

10.1 There are no corporate landlord implications associated at this stage within this report.

## **11.0 Schedule of background papers**

11.1 None applicable

## Appendix One

### 1. Quality Assurance and Compliance Monitoring Position

1.1 The City of Wolverhampton Council (CWC) currently contracts with the following adult providers/services:

- 12 Tier One and 18 Tier Two Domiciliary Care Providers ;
- Eight Very Sheltered Housing (VSH) schemes in-city, plus the Beacon Centre for the Blind which is out of city;
- 21 Day Opportunities, of which five are located in VSH schemes;
- 24 out of city care homes, which have only been contracted within the last six months;
- 60 social care contracts with a variety of providers, and another 43 which are statutory.

### 2. Quality Assurance and Compliance Process

2.1 The QA&C team work in partnership with service providers and stakeholders to enhance the experience of service users by driving improvements across all commissioned services.

2.2 The team are responsible for monitoring the level of risk and quality of provision in care and support services for children and adults purchased by the Council.

2.3 The main aims are to:

- Monitor the quality and compliance of care services in accordance with agreed strategies, priorities and systems;
- Inform commissioners and stakeholders of issues relating to services in accordance with agreed reporting systems;
- Make recommendations for improvement;
- Provide advice and support services to enable them to achieve required levels of quality.

- 2.4 Stakeholders that the team work with include care homes, care at home, respite services, very sheltered housing schemes, children centres, foster care agencies, looked after children provision and a range of community services.
- 2.5 The work undertaken by the team is underpinned by the expectation that all individuals receive services that reflect and uphold the following rights:
- Respect - everyone should be respected for who they are, what they do, what they have done and what they want to do.
  - Choice - everyone has the right to make choices about, and take risks in, all aspects of their lives and should be supported to do so
  - Dignity - everyone deserves to receive care and support in ways that are dignified and do not undermine or demean them.
- 2.6 The team adhere to the Council's equal opportunities policy statement and information governance policies.

### **3. What they do**

- Assess the level of risk each service presents and make a proportionate response;
- Monitor the quality of care services for adults and children through a variety of methods, this can involve working in partnership with stakeholders such as Clinical Commissioning Group or other local authorities;
- Provide advice and guidance to services to ensure necessary improvements are made to address any quality concerns;
- Gather and share information about services with internal and external partners including regulatory bodies;
- Manage suspension and uplift of suspension of business process;
- Participate and contribute to the safeguarding process by sharing information and attending strategy meetings;
- We provide information to commissioners and chief officers as required;
- We provide information to the public by responding to telephone enquiries and providing feedback to service users and relatives of service users where applicable.

### **4. How they do it**

- 4.1 The activities carried out by the QA&C team include:
- Unannounced and announced visits;
  - Desktop monitoring;
  - Maintenance of a risk management system;
  - Managing the suspension of new business process;
  - Gathering views of service users and/or their relatives;
  - Sharing information with commissioners, regulatory bodies, safeguarding, other local; authorities and other agencies as appropriate;
  - Developing and reviewing monitoring processes and procedures.

## **5. Monitoring Visits**

- 5.1 Services are allocated to Officers and visits undertaken on a rolling programme. *It is anticipated that every commissioned service will have a monitoring visit at least every two years.*
- 5.2 Visits may be announced or unannounced and may be carried out at weekends and outside normal office hours as required.
- 5.3 Some visits will be carried out jointly with others, such as the Clinical Commissioning Group or another local authority that also uses the Service.

## **6. Visit types include:**

- Contract Review
- Service Review
- Initial Visit
- Routine monitoring visit
- Themed visit
- Suspended services

## **7. Service User and Relative feedback**

- 7.1 In order to understand the experience of the people using the service, the team seek feedback from service users and/ or their relatives. This may take place during the visit, or by arranged telephone, email or face to face contact, dependent upon the needs of the service user.

## **8. Providing advice and guidance to services to ensure necessary improvements are made to address any quality concerns**

- 8.1 During the course of the visit, or following the visit, the officer may offer guidance or signpost the provider to agencies or bodies in order to obtain accurate and up to date advice and best practice guidelines.
- 8.2 Written and verbal feedback is provided at the end of each visit. The Officer will highlight any immediate concerns or actions that are required.
- 8.3 Service providers will receive a written visit report *within ten working days*. Service providers will have *ten working days* to review the report and raise any factual

amendments with the officer. After this time the report is considered final and issued to the provider. If there are significant concerns with the provider, a copy of the report will be shared with Commissioning and Operational team managers. If there are no significant concerns, a copy of the report will be shared on request.

- 8.4 An action plan is created where the Officer has identified concerns and improvements are required. The QA&C Officer will highlight the areas of concern on the action plan. The service is required to complete the action plan with detail of the action they propose to take, the responsible person and the timescale for completion. This is returned to the QA&C Officer within ten working days. Progress against the action plan will be monitored by QA&C Officer via desktop monitoring, data returns and visits.

## **9. Commissioning and Planning meetings**

- 9.1 If during the visit, there have been significant concerns identified, or there has been a lack of progress against the action plan, a meeting will be called to discuss this and agree further actions. Refer to policy "**Commissioning and Planning meeting**".
- 9.2 Careful attention is paid to the boundaries between the quality assurance team and role and the role of commissioners and operational managers. Any concerns identified regarding service delivery will initially be shared with the manager involved and highlighted to the Commissioning, Operational and Procurement teams.

## **10. Manage suspension and uplift of suspension of business**

- 10.1 The QA&C Officer will complete a request for the suspension of new business following concerns raised through the safeguarding process and/or concerns identified during a monitoring visit. The QA&C Officer is also responsible for completing the documentation for a recommendation for a full or partial uplift of a suspension. Please refer to policy "**Suspension of new business**".

**Appendix Two**

**Number of Adults monitored who use care and support services  
(as on 24/11/2016)**

Service Type	Older People	Learning Disabilities	Mental Health	Physical Disabilities	Substance Misuse	Grand Total
Adult Placements		1				1
Day Care	238	192		55		485
Direct Payments	146	108	29	150		433
Domiciliary Care	743	110	59	108		1020
Employment Support		57				57
Individual Service Fund		12				12
Nursing Care (Permanent)	279	24	43	28		374
Nursing Care (Temporary)	6		1			7
Professional Support	31	80	40	26	3	180
Residential Care (Permanent)	586	148	13	22		769
Residential Care (Temporary)	27	2	1	1	1	32
Shared Lives		17				17
Supported Living		103	2	2		107
Very Sheltered Housing	249	7	27	27		310
<b>Grand Total</b>	<b>2305</b>	<b>861</b>	<b>215</b>	<b>419</b>	<b>4</b>	<b>3804</b>

Total Older People Clients	2056
Total Physical Disabilities Clients	350
Total Learning Disabilities Clients	582
Total Mental Health Clients	204
Total Substance Misuse Clients	4

**Total Clients 3196**

**Please note:** This breakdown excludes clients who are Continuing Health Care or are in receipt of equipment (inc Telecare).