

SCRUTINY REVIEW PANEL 4 – FUTURE EALING

MINUTES

Thursday 3 October 2018

PRESENT: Councillors: Dierdre Costigan (Chair), Sitarah Anjum, Jaskiran Chohan, Amarjit Jammu, Gary Malcolm (Vice-Chair), Gurmit Mann, Karam Mohan and Alexander Stafford.

OTHER MEMBERS PRESENT: Cllr Hitesh Tailor.

Ealing Officers Present:

Harjeet Bains	-Scrutiny Review Officer
Kim Carey	-Interim Director Adults Services
Adenike Tilleray	-Head of Business Management, Adult Services
Kieran Reid	-Director of Strategy and engagement
Paula Portas	-Democratic Services Officer

Other:

David Colbear, Assistant Director, iMPower Consulting

1. Apologies for Absence

(Agenda Item 1)

Councillor Mohan and Councillor Dhindsa had tendered their apologies for the meeting.

2. Declarations of Interest

(Agenda Item 2)

There were none.

3. Matters to be Considered in Private

(Agenda Item 3)

There were none.

4. Minutes of the Meeting held on 26 July 2018

(Agenda Item 4)

Panel members queried the expected timeline for circulation of information agreed to be shared with the Panel at the previous meeting – as recorded in page 9 of the minutes.

Officers clarified that that information could be circulated to the Panel straight away.

The Chair suggested that points (ii) the Red Amber Green (RAG) status of the tracked projects and (iii) the digital strategy paper submitted to the Cabinet should be made available

to the Panel for the next meeting and the rest be made available on time for the meetings in which discussion about them was planned.

Resolved: That:

- (i) Information specified in points (ii) and (iii) on pg. 9 of the minutes be circulated to the Panel for the next meeting.
- (ii) The minutes be signed as a true and correct record of the meeting held on 26 July 2018.

5. Update on the Better Lives Programme.

(Agenda Item 5)

The Chair invited Kim Carey (Interim Director Adults Services), Adenike Tilleray (Head of Business Management, Adult Services) and David Colbear (Associate Director, iMPower Consulting) to provide the Panel with an overview of the Council's Better Lives Programme.

Officers explained that the department of Adult Services had been undergoing a major transformation aimed at improving services and ensuring that the department could deliver services effectively despite significant financial pressures. The transformation had affected what the service did, how it undertook this, and who was a recipient of services. InPOWER Consulting had been employed by the Council to assist the department of Adult Services with change facilitation.

A slide was presented that provided an overview of the services delivered by, and responsibilities of the Adult Services department in terms of professional support (Older Adults, Independent Living Team, Occupational Therapy, Learning Disabilities, Hospital Assessment, Safeguarding and Deprivation of Liberty Safeguards (DOLs), Integrated Adults Mental Health, Forensic Mental Health and Substance Misuse) , Council run services (Reablement, Dementia and Disability Day Services, Short Breaks, Supported Living and Shared Lives, Private Finance Initiative Care Homes, Out of Hours Mental Health Services) and commissioning and business management (Integrated Commissioning, Client Financial Affairs and Community Benefits, Buying and Contract Compliance, Records Management, Strategy and Change).

The context of the Better Lives programme was set by the Care Act 2014 which updated legislation on adult social care. The Act adopted a person centred and outcome focused approach to social care. The thrust was to build on people's strengths, considering their capabilities and their network and community help. That was also the aim of the Better Lives programme that Ealing was delivering together with its social care partners. As part of the person-centred, outcomes-focused approach, the Act required that social workers and care professionals 'considered the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other or alongside the provision of care and support might assist the person in meeting the outcomes they want to achieve'. In the Act:

- Clause 1 - established wellbeing as an underpinning principle of social care provision, promoting an individual's wellbeing as well as establishing the presence of eligible needs.

- Clause 2 - placed prevention and early intervention at the forefront of the social care system to prevent or reduce delay in attending to local people's needs.
- Clause 4 – highlighted the need for access to good quality information and advice and the provision of independent advocacy.
- Clause 6 – required local authorities and partners to collaborate, cooperate and integrate with each other.
- Clause 9 - entitled anyone who appeared to have care and support needs to have an assessment, and that the assessment must be focused on needs and outcomes important to the individual.
- Clause 10 - increased carers rights.

Adult social care services in Ealing supported over 7,000 residents. Of these 31% were aged 18 to 64 years, 69% were aged over 65 years. Of the total 84% were supported to remain in the community. Close to £84 million pounds had been spent on care packages and placements.

The reasons why the Better Lives programme was needed were that there had been serious challenges to Social Care provision. In particular, Better Lives was aimed to help Ealing Council address:

- A reduction in resources, both through reduced funding and increased costs. The adult social care budget had suffered a 50% reduction over the last 10 years. Tough decisions had to be made to deal with this reduction, including the closing of services. The bulk of the budget had been spent on care packages for individuals. Costs had also risen, driven by the wider economic context, wage inflation and the growing demand for social care. Whereas in the past an hour of home care had costed £10, now it costed £16.
- The increased demand as people were living longer and had more complex needs.
- The need to work more closely with partners across the public sector – mainly in health.
- The risks presented by Brexit, both known and unknown. Brexit could have a disproportionate impact on the wider health and social care workforce.
- The need to fulfil the requirements of the Care Act 2014 and to maintain quality of delivery.

The direct financial context was that of significant uncovered risk and legacy issues in the department, and £22.8 million overspent in the 2017/18 budget of £71 million. Whilst there were also £8.4 million delivered in savings, the budget was not balanced in that year. Hence, there was a need to prevent such a situation reoccurring. Subsequently, Cabinet approved an investment of £91 million to the Social Services 2018/19 budget. For the municipal year 2018/19 there would be £12 million in overall planned savings and £0 overspend.

The Better Lives programme was introduced to set a refreshed strategic direction for the service, tailored to the local context and opportunities to transform the way the department worked. During the summer of 2017, with support from iMPower Consulting, the department undertook a series of diagnostic assessments through benchmarking, case studies and observations. This work highlighted areas of good practice, and opportunities for behavioural change and interventions that could more effectively prevent, reduce and delay the need for long term care and support, and maintain a focus on delivering resident outcomes.

The aims of the programme were to achieve:

- cultural and behaviour focused change, designed to deliver an “Ealing Way”.
- the addressing of the underlying demand that was contributing to the overspend in the service.
- the return of Adult Social Care to a sustainable financial footing.
- the improvement in outcomes for residents as part of the Future Ealing agenda.

Phase 1 of the programme, in April-June 2017/18, began identifying opportunities and setting its ambition. During phase 2, in July-August 2017/18, initial trials and programme planning took place. In phase 3, from September 2017/18 onwards, the programme was implemented.

From the diagnostics undertaken it was learnt that:

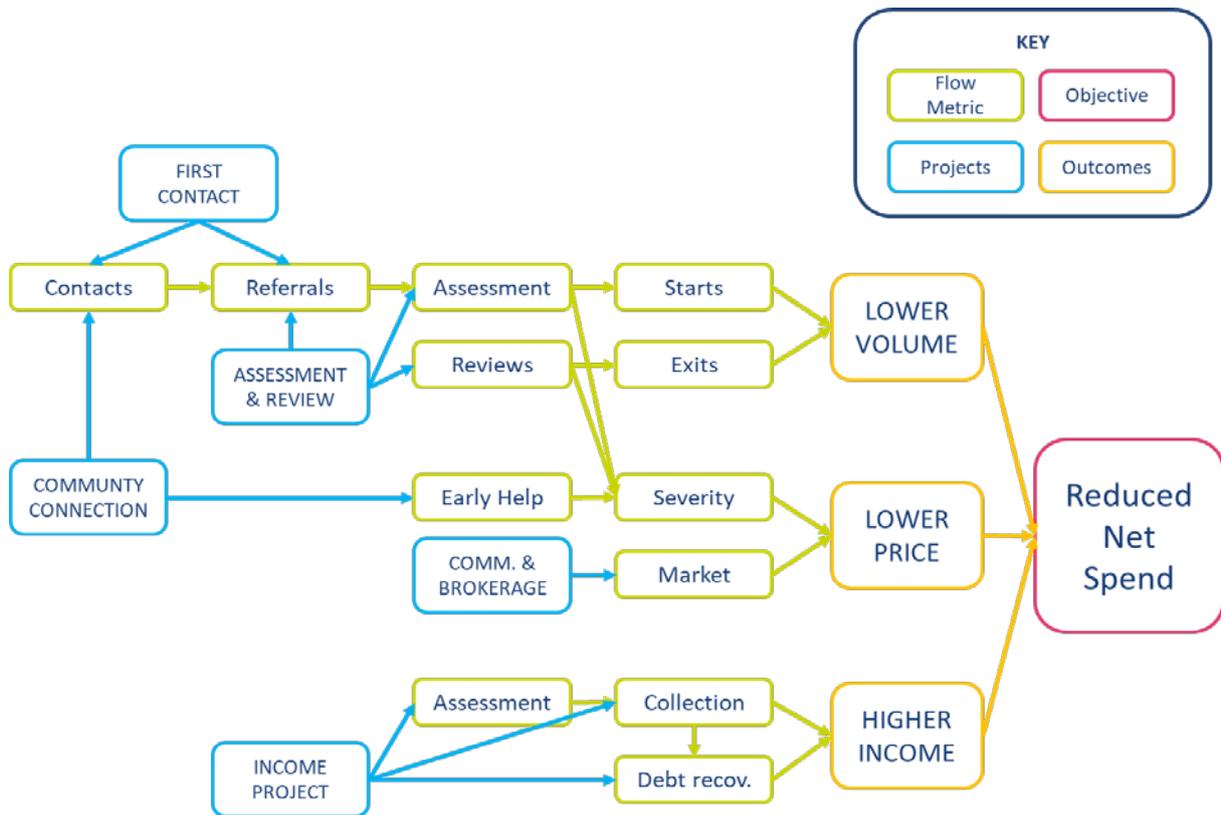
- in 67% of the cases reviewed, more could have been done to prevent, delay or reduce support, particularly at the first point of contact.
- Reablement was effective, but it was targeted at a limited group of individuals – the percentage of ‘no packages required’ was 11% higher than comparators. There was an opportunity to widen its scope and impact.
- Hospital activity was a big driver of activity – Multi Disciplinary Teams discharged effectively, but this drove high-cost demand in social care. A considerable amount of the department’s costs were driven by hospital activity.
- Social workers were having good, strength-based conversations, but failing to convert these into plans that built on strengths and access to the community offer. It was identified that the forms being used were too long (over nineteen pages) and highly time consuming. New forms were introduced.
- Once an individual was receiving care they were more likely to remain in care for an extended period than at comparator councils – Ealing is 74% vs. 72% elsewhere. This was in part due to low levels of reviews and long-term planning – for example 42% of reviewed cases did not have long term plans, and only 34% of long term cases had reviews.

Five workstreams or live projects were devised:

- community connections,
- first contact,
- assessment and review,
- health interface,
- prevention.

A lot of work was undertaken with the Customer Services Team that were the first point of contact for clients. An effort was made to keep in touch with people known to the department in seeking to reduce the number of assessments because the right support was provided early on. Conversations were had with NHS partners about their management of patient’s expectations about social care. The programme also invested in training and recruitment, as there had been a need to recruit more staff.

These projects, as shown in the flowchart below, would contribute to the objective of reducing net spend. Yet they formed a system with interdependencies, which were not linear, so there was a fair amount of risk.



Developing an ‘Ealing Way’ meant:

- Community Connections: the aim was to work together to build a stronger, more connected community which could enable people to be physically and mentally healthy, active and independent. This could achieve a 7.4% reduction in contacts to front door.
- First contacts: the aim was to strengthen the skills and expertise available in the first contact and improve the response, providing better signposting, quality advice and guidance and linking people to the community. This could achieve an 18% reduction in referrals from contact centre.
- Early help: the aim was to provide early help where possible to keep people physically and mentally healthy, active and independent and connected to their community. This could help achieve a 10% reduction in unit cost of assessment.
- Assessments: there would be straightforward assessments of people’s strengths and needs to inform the provision of appropriate support. The assessments could bring a 5% increase in uptake of the community offer.
- Ongoing support: provision of ongoing support responding to people’s strengths and goals, working with carers and community connections to enable people to be active and independent
- Keeping in touch: the aim was to keep in touch more frequently to make sure people were getting the right support at the right time to remain active and independent as their lives changed. This change would increase reviews by 52%.

At the heart of the programme was a ‘strengths based’ assessment. The idea of ‘strength based assessments’ was that the output (of a community care assessment) needed to change from being a prescription for services to becoming a statement of desirable outcomes for the individual. Ways to keep people independent (via own abilities, support from friends and family and third sector or community based resources) would be explored

first. Then the provision of equipment would be considered. Then, short term support, reablement and recovery; and finally, long term social care support.

In terms of the impact of the program in the community the key messages sent to clients were that they:

- would receive the right services at the right time.
- the process would be more personal, with services built around their needs
- the process focused on people staying active and independent.
- the focus was on local, easy to access service providers.

In terms of the impact on carers the programme's key messages were:

- it acknowledged the important role that carers played for those with support needs.
- It provided a more efficient service and would open up more opportunities for free time for carers.
- there would be support for carers' health and wellbeing.

Better Lives was having an impact. Staff feedback was constructive and positive. The department was seeing a sustained reduction in placement spend, and improvements in key "flow" indicators. The forecast outturn reported to Cabinet for Period 4 was £5.6m overspend. Further reductions are anticipated for Period 5, bringing the outturn forecast down further to approx. £5.3m. So, there was still more to do, and the department was focused on a number of high priority/high impact areas for period ahead.

A series of slides were presented comparing current and last period numbers (spend per day, number of packages, number of people, front door contacts, completed assessments, etc.).

The ten current risks identified to the program, ordered by residual risk rating were:

- NHS demand not reducing.
- Delayed arrangements to conduct section 117 reviews with NHS.
- Client income targets not met.
- External factors (inflation, bad debtors, etc.)
- Demand management interventions not achieving net cost reductions
- Mosaic implementation risk
- Inability to embed robust operational performance management practice.
- Lack of alignment between savings and outcomes of Better Lives.
- Delayed decision and planning to reconfigure Home Ward
- Lack of management and permanent social work capacity in Learning Disability services.

There were reflections and lessons on the programme in terms of culture change and approach. The lessons on culture change highlighted the importance of:

- Winning hearts, minds and social work practice – the "culture" change dimension.
- Capacity for coaching, reflection and ongoing presence to maintain momentum.
- Having the right people at the right time – issues of recruitment delays as a result of the spending freeze.
- Effective communication.

- Having organisational support for “difficult” decision making
- Working as “one” council – challenging silos.
- Set expectations – residents, other council departments, partners, providers
- Focusing on outcomes, not services.

The lessons in terms of approach highlighted the importance of:

- Achieving engagement, co-design and testing new approaches before scaling up.
- Finding the joint “win” with the NHS and generating pace to maximise shared opportunities.
- Avoiding “double counting” and managing interdependencies with other Future Ealing programmes.
- Balance between ambition, innovation, pace and pragmatism.
- Having the capacity and the right implementation support.
- Staying agile to build on strengths and address areas for improvement.
- Having the infrastructure for reporting and performance management.
- Impact of external factors outside our control – e.g. inflation.

Cllr Hitesh Taylor said that there had been a lot of pressure to achieve savings in Adult Social Services. The budget, as it was 18 months ago, was unsustainable. However, it was a complex area and to achieve those savings first there was a need to fully understand it. There had been a need to be courageous in making the needed changes.

Kim Carey thanked Cllr Hitesh Taylor for his courage in taking the programme forward as former Portfolio Holder responsible for Adult Social Services; his support in the design and implementation of a plan which at times had been uncomfortable for everyone. The Better Lives Programme was now the Adult and Social Care Department’s strategy.

Comments and questions:

Panel members:

- Asked how the numbers of supported people by Ealing Council Adult Services compared with like boroughs.
Heard that Ealing was within the top ten of boroughs in terms of how many residents were supported at different ages. Ealing had a long tradition of supporting residents at home for as long as possible. Nationally, Ealing was within the top 25%. Yet, whilst Ealing’s demographic was comparable to other boroughs, its budget had been lower.
- Queried what the department of adult services wished that family and friends would do for those with support needs and how carers would be supported.
Heard that in terms of the department’s expectations these were set by the Care Act 2014 which was prescriptive in this regard. Personal care tasks, toileting, etc. should happen at the individual’s own homes. Many families already provided such support. There was a need to explore that those support networks were available and that they were sustainable. Carers had been traditionally offered respite, to give them a break from caring tasks. Now it had become clear that carers needed different types of support and that there was a need for a more flexible approach to providing this support. There was a grant for small sums of money to be made available to carers for them to spend on what could make them feel better.
- Inquired about the debt recovery measures implemented by Adult Social Services.

Heard that debt recovery was a sensitive issue and not easy to achieve. For instance, the first six weeks of a reablement package were free of charge. Many people did not need further support. If they did, individuals were assessed to find out how much they could contribute to their own care. The average contribution was £70 per week. These contributions were sometimes not paid. The debt recovery team was charged with recovering the monies in a sensitive yet thorough way. There was a possibility that some debt might be written off, but these write offs were carefully monitored.

- Queried what technical support was available for social workers.

Heard that social workers had at their disposal a brand-new IT system. The department's workforce was proficient in their use of IT. However, there were barriers to IT use within the social care community. There was a clear risk of digital exclusion among those in need of support. That was why the department still had a phone contact centre- this had not been migrated online. There were other sources of support for those who could not use digital resources, with many voluntary sector organisations providing information face to face.

- Asked how programme outcomes were being measured and how targets were forecasted.

Heard that outcomes for individuals supported were devised and measured through review and discussion. Social workers' care plans for individuals should make these outcomes explicit and describe them. The new forms that social workers filled in were designed to facilitate the identification and description of day to day outcomes. These new forms went live in June 2018. Most of the outcomes were based on qualitative indicators, rather than quantitative ones. In terms of targets, these were explained via the diagram of projects to reduce spend. Benchmarking with other similar authorities was also being undertaken.

- Queried how the NHS cuts would impact on Adult Social Services.

Heard that there was a stimulating relationship between Adult Social Services and the Clinical Commissioning Group (CCG). They worked closely together. Plus, at national level, there was a joint pot, the Better Care Fund, to help roll out the Better Lives principles. The Better Care Fund (BCF) was a programme spanning both the NHS and local government which sought to join-up health and care services, so that people could manage their own health and wellbeing, and live independently in their communities for as long as possible. It encouraged integration by requiring CCGs and local authorities to enter into pooled budgets arrangements and agree an integrated spending plan. There were also joint bodies such as the Health and Wellbeing Board and the Health and Adult Social Services Scrutiny Panel where tough discussions were had and NHS partners were held to account.

- Asked how Adult Social Services was going to ensure that the community was also supporting social care users.

Heard that there were many informal voluntary groups. Social workers were encouraged to 'know your patch' i.e. to become familiar with the type of voluntary services available in their area of service provision: looking what was being mentioned in local notice boards, churches, etc. There was a wealth of knowledge out there on voluntary groups which people could be linked to.

- Queried whether there was an overlap in the groups of older adults, young adults and those with disabilities.

Heard that there was some overlap among those groups. Older people could need support for relatively short periods of time. Younger adults and those with disabilities

might need longer interventions. Thus, it was more challenging to provide services for younger disabled people.

- Asked about future financial plans since the £91 million budget for 2017-18 derived from reserves that would not be available in the future.
Heard that the budget setting process was informed by the outcome review. This was ambitious but also realistic in what could be achieved. There was a need to be pragmatic and honest about how much more the budget could be cut.
- Queried the programme timescales presented in the report to Cabinet.
Heard that the report had been presented to cabinet in March 2018, which already was a long time ago. Timescales had been mostly met even though there had been some slippage.
- Asked what contingency plans were being prepared for Brexit.
Heard that the Department of Adult Social Care was working with other boroughs to create a pan-London plan and strategy. They were trying to clarify the possible implications and impact of Brexit to Adult Social Care.
- Asked whether the improvement on mental health discharge had been sustained.
Heard that the improvement in mental health care discharge rates had been sustained, but there were delays in obtaining beds. These were recorded at weekly meetings and daily phone calls.
- Asked about the number of agency staff working for the department.
Heard that the number of agency staff employed had been reduced. The opportunity had been given to some of those staff members to become permanently employed. There were very few agency staff members currently working in the department.
- Queried contracts with care providers delivering care.
Heard that the contract supply chain was not straightforward. A conversation had started with care providers in the care home market, as well as a survey benchmarking their understanding and capability to delivery outcome and strength based approaches. The survey showed that there was an understanding of the strengths -based approach but there was a need for further training. Training was being provided at no cost. Ealing Council had to be clear to care providers about what it wanted. Ealing had a market position statement.
- Asked about the department's approach to commission services.
Heard that in relation to commission service grants there had been a conversation about budget cuts and the department was looking to allocate new grants. Home care had been bought on ad-hoc basis. They were now trying to engage with this market and to be more pro-active. There was an attempt at zoning rather than moving carers from geographical distances. Ealing Council did not require payment of London Living wage, which would push costs from £16 to £21 per hour. However, it did require providers to pay carers the national standard.
- Queried what was the algorithm for resource allocation.
Heard that the algorithm responds to a legislative provision that at the point of assessment the department should try to calculate the cost of meeting clients' needs. The algorithm added 75 questions to the assessment, and did not necessarily reflect a strength-based approach to support planning. Therefore, the department was simplifying it. The statutory requirement to ensure the presence of a personal budget sufficient to enable an individual to meet an assessed eligible need would not be compromised and the consistency of the method would not be compromised either.
- Asked what had gone wrong in the development and implementation of the programme.

Heard that nothing had gone wrong. Yet, there had been learning, as it was a very ambitious programme being implemented by a small team. At times it had been difficult to keep up with the programme. They had realised there was a need to be realistic of what a small team could achieve. They had also learnt:

- the importance of having robust conversations with health partners early.
- that recruitment should have started earlier.
- that there was a need to increase Members' understanding of the problems with adult social care.
- that it was necessary to listen to staff and to build flexible timescales.

Resolved: That the update on the Better Lives Programme be received.

6. Update on the Future Ealing Programme (Agenda Item 6)

The Chair invited Kieran Reid, Director of Strategy and Engagement, to introduce the Update on the Future Ealing Programme, focusing on the role of evidence and insight.

Kieran Reid said that Ealing Council was clear that a robust evidence base was central to its ability in delivering Future Ealing. Quality evidence enabled the programme in key ways, including:

- By defining goals – providing clear, measurable definitions of the outcomes aimed to achieve and prioritise these.
- Assessing need – by enabling the Council to assess need across different geographies and cohorts of residents and therefore to prioritise the allocation of resources.
- Providing insight and evaluation – by enabling the Council and partners to understand what drove the achievement of outcomes and to assess how effective the Council could be in interventions to influence outcome.
- Improving customer experience – by using data to join up services and give residents a better experience of dealing with the Council
- Tracking progress – by providing a robust evidence base on which to track progress towards those goals.
- Benchmarking – by enabling comparison between Ealing and other areas on both social outcomes and value for money indicators.

At a strategic level, the Council defined the impact it wants to see and how it would measure this through the corporate performance framework. The performance framework for the period 2018-22 would be proposed to Council for agreement on 9 October 2019 as part of the Corporate Plan. Once agreed, performance would be published on the online dashboard introduced in 2017/18 so that residents could see how the Council was performing. Also at a strategic level the Council maintained a corporate programme of insight and evaluation. This included key areas such as:

- Production of the Joint Strategic Needs Assessment – a statutory requirement in the Council's public health responsibilities which provided an evidence base for both the council and CCG decision making.

- Resident opinion insight through the Residents Survey and Citizens Panel. The last resident's survey was conducted in 2014. An update would be run in autumn 2018.
- Co-ordination of statistics available from a wide variety of national and regional sources covering demography, economy and labour market, housing, health, education and other key policy areas.

A transformation programme such as Future Ealing increased the requirements for high quality evidence and insight. Across the programme the Council had already made effective use of this range of insight approaches. The following were examples of how insight and intelligence was being applied within Future Ealing:

- Understanding potential for prevention and demand management, for example in the Brighter Futures programme (presented at the last panel). Analysis of case files conducted with input from staff, as well as review of academic literature and benchmarking of performance showed that, with the right interventions and support package significant numbers of cases could have been supported either to safely remain with family or to be supported in lower intensity residential settings. This insight fed through into the targets and redesign of the system to provide a more preventative model. The programme delivered a 20% reduction (until March 2018) against a backdrop of rising rates of looked after children nationally.
- Benchmarking to drive efficiency used to apply to staffing – as in developing the evidence base for the continuous improvement and efficiency (CIE) review of management spans and tiers, reported to Cabinet in March and July 2018. The evidence demonstrated, operational and administrative managers were currently structured significantly outside of industry standard ranges; additionally, whilst management and technical/specialist roles were within range, both role types were on the margins of the low end of the industry standard. This demonstrated that there was room to restructure the management structure whilst protecting frontline delivery and service outcomes.

Comments and questions:

Panel members:

- Asked how the use of personal data could be balanced with GDPR restrictions.
Heard that GDPR imposed important restrictions to data use. The Council was keen to enhance the way it examined relations in the data – much of this data did not require any personal information and it was anonymised. But there were restrictions on how long the Council could keep stored data.
- Queried the Council's gaps in knowledge.
Heard that there were some gaps, there were individual areas where there were difficulties in finding cause-effect relations. The Council did not have robust personal attitudes data.
- Asked whether there were other areas of the Council where diagnostics could be applied.
Heard that a key starting point for proposals was the need for quality data.

Resolved: That the update on the Future Ealing Programme be received.

7. Panel Operations Report 2018-19

(Agenda Item 7 cont.)

Written feedback was received from Cllr Chohan on her visit to the Ealing Jazz Festival held in Walpole Park, Mattock Lane, Ealing, London, W5 5EQ on Sunday 29 July 2018. Oral feedback was received from the Chair on her visit to the Southall Mela on Sunday 19 August 2018. The Chair noted that the festival had been better attended on the Saturday. She felt that the work being done was good but the location was not so favourable. She suggested that sites where everyday kind of interactions take place (such as a supermarket) could be more appropriate.

Resolved: That

- (i) the feedback from site visits be noted;
- (ii) the Asset Review Session to be rescheduled;
- (iii) further suggestions for items and site visits for the Panel be taken forward by the Scrutiny Officer.

8. Date of Next Meeting

(Agenda Item 7)

The next meeting of the Panel was due to take place on Wednesday 5 December 2018.

Councillor Deirdre Costigan, Chair.

The meeting ended at 9: 25pm.