

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health & Adult Care Scrutiny Committee
held on 27 February 2018 at 2.00pm at The Wakes, Oakengates Square
Oakengates, Telford TF2 6EP

Present: Cllrs A Burford (Chair), T J Nelson; Co-optees J Gulliver, C Henniker, H Knight, D Saunders

In Attendance: J Eatough – Assistant Director: Governance, Procurement and Commissioning, R Purvis - Team Leader Projects, Policies & Quality, Service Improvement & Efficiency, Adult Social Care, Damon Pope -Commissioning & Procurement (Vulnerable People) Team Leader, J Tangye, Senior Democratic and Scrutiny Services Officer TWC

HACSC-12 Apologies for Absence

Councillors L Clare

HACSC-13 Declarations of Interest

None

HACSC-14 Minutes

Resolved – that the minutes of the meeting of the Health & Adult Care Scrutiny Committee held on 3 October 2018 be confirmed and signed by the Chairman.

HACSC- 15 Commissioning and Adult Social Care Cost Improvement Plan 2017-18

The Chair welcomed the Cabinet Member for Children’s and Adults Social Care and the Council Officers to the meeting.

The Assistant Director: JE, Procurement, Commissioning & Legal presented the report that had been prepared to enable the Health and Adult Care Scrutiny Committee to consider the management of price in the Council’s commissioning strategy for the provision of care and support in adult social care. The report provided a clear definition of care and support including the provision of well-being care (day care services), personal care (domiciliary care) and the provision of accommodation. The four key strategic objectives that underpinned commissioning were presented and the factors that delivered savings and had an impact on the Council’s purchasing budget were outlined. The Committee heard that the main focus of the cost improvement plan was on managing demand away from high cost services or supporting the review of existing placements and providing alternative provision. It was noted that the support provided by unpaid Carers in the community continued to be reviewed and services re-commissioned for unpaid Carers to ensure they were offered assistance. The Council’s budgets and associated client numbers for 2017/18 were broken down in the table against the types of care provision. It was highlighted that the vast majority of expenditure for day care services was from the Council’s in-house service, My

Options and it was noted that the forecast for future planning was that the expenditure against this budget would reduce. However, this was dependent upon the success of community resilience projects. Teams were focussing on re-ablement / independent living focussed provision to encourage better outcomes for service users – enabling volunteering/ paid employment and independent living.

For supported living and extra care, service provision was being reconsidered in terms of developing community support, assistive technology and lower level preventative services provided by the landlord. The Committee heard that there was a bid submission to explore a Smart House; offering clients the opportunity to test and see how assistive technology solutions could assist them. The Cabinet Member, Cllr P Watling invited Committee members to visit Lakeside flats which were equipped with assistive technology.

For Personal Care (Domiciliary Care) procurement was managed through a system which meant that service providers applied to join a framework where any provider could bid for work against a capped cost, currently fixed at £14.10. To be on the framework, Providers had to evidence some basic quality requirements including robust quality and safety policies. The implementation of CM2000 allowed real time recording, therefore, only actual care delivered would be paid for and not care that was planned but didn't take place. It was noted that the Council had a statutory responsibility to ensure sufficiency of supply in the market but it was a tight sector and therefore a balancing act as essential services were needed for vulnerable people. Last year, 2016/17, no inflationary uplift was provided. This coming year, the Council would be working with providers to agree a reasonable, and mutually agreed uplift to support them to manage cost pressures from the cost of living wage.

Members noted that the Council had been negotiating individually with the providers to agree price “levelled” beds for a fixed term, giving both the Council and the provider certainty, enabling both to manage costs more easily and ensure greater sufficiency. This was enabling the Council to model better for future years' costs. It was reported that the Council continued to engage regularly and positively with SPIC – who had been briefed on this approach.

The Assistant Director reported that the increasing price of care had a significant impact on care expenditure in recent years. In the past the Council had agreed accommodation rates for older people, with uplifts applied as appropriate and in agreement with providers and SPIC. However, there was a significant number of providers of care who had not adhered to the rates agreed and had charged fees at higher rates. This had added a significant cost to the service particularly in recent years to Nursing and Nursing EMI accommodation and care because of the specialised nature of the service and the economics of supply and demand. The implementation of a system of price levelling was expected to have the same effect as the framework agreement for domiciliary care, which had reduced the volatility of the market and upward cost of purchasing homecare.

The budget strategy for 2018/19 had taken account of a Five Year model developed to

determine the impact of known pressures and opportunities around the delivery of Adult Social Care. This included a determination of the impact of the proposed price changes on the cost of care described in the report, and the estimated impact of the introduction of the system to measure actual delivery of care.

Members commented on the issue of sustainability and stability of the market. It was noted that there were some workforce issues in Telford & Wrekin around the continued availability of staff to support domiciliary and resident care. Even though there were differences in local markets, in general there was a high turnover of staff in the sector, up to 30%. Members discussed the employment conditions and types of contracts in the sector, noting that zero-hours contracts were widely used and pay was often low.

Members discussed the pressures on the market; on pensions as well as the cost of living wage and the demographic changes with growing numbers of people with dementia and an older population. It was suggested that a longer term plan for the budget rather than annual budget could be worth consideration to provide further stability for the Council and the market. The Assistant Director highlighted that movement in the market meant that it was questionable how useful longer term planning would be. The Council was trying to manage price but not unrealistically; a much higher rate was being considered than in previous years. The Council was also looking to the providers to manage their costs differently, such as increased investment in the hourly rate, particularly as the amount of hours of domiciliary care was expected to reduce as a result of transparent and more accurate recording of delivery of care. The Council was finding ways of doing things differently. By looking at outcome based care and incentivised delivery of care, for example, there could be more appetite for investment in enabling a client to attain independent living and any consequent dividends could be shared.

Members discussed price levelling and self-funding in the residential care market. It was noted that the Council accessed better rates due to its bulk buying purchase power, but that if the level was right, self-funders should not be paying too much more than the Council. Legislation directed that choice must be available for service users and this was where the Council went out to an open market. There was a mix of provision to make the market viable and sustainable which included top up and self-funders. Members agreed that it would be appropriate to ask SPIC directly about fee levels at the next meeting.

Members commented on the quality of care and asked if monitoring, such as on the spot monitoring was taking place and also how the Council received feedback from clients receiving care. Officers reported that a certain amount of data was requested from providers and there was also a quality monitoring officer. As part of the contract there was an opportunity to get feedback from providers and individuals they care for and as part of the contract management meetings, feedback was reviewed. When care packages were put in place social workers often had ongoing contact with the families and there was a minimum 12 month review of care packages with a range of professionals as well as families. Intelligence was also shared between different partners; the Safeguarding Adults Board and Clinical Commissioning Group; there were multi-agency meetings with CQC and Healthwatch, and the Council engaged with the Making it Real Board to look at care delivery. It was acknowledged that as a region, CQC had no concerns about quality of care particularly by comparison with national standards.

Members considered Direct Payments; the report highlighted that expenditure for domiciliary care was increasingly taking the form of direct payments to individuals to enable them to secure the care and support that suited them best. There were some efficiency savings from reduced administration and some savings in the cost of care, although these were not expected to be significant. It was acknowledged that the Direct Payments scheme was developing slowly, it was tailored to individual clients who had to be capable of establishing the level of care needed. Members noted that assistive technology would be key to supporting independent living and that it was becoming much more sophisticated. Members were mindful that it should be accessible to all, for example, phone lines/ internet access in all residences across the Borough and comprehensive/ uncomplicated terminology for new technologies. The Officers agreed that in order to survive and manage budgets, assistive technology had to be embraced but there could be challenges in introducing new concepts in assistive technology to people in care who were getting frailer. There were good examples of where it had worked and costs had been reduced, altogether better outcomes had been achieved. A centre for independent living would be considered soon – where assistive technology would be installed in the property for clients to test out, which included night time provision. Officers were working much more closely with Planning and Housing department colleagues on assistive technology.

Cllr Paul Watling, Jonathan Eatough, Damon Pope, Renu Purvis left the meeting 3.19pm

HACSC- 16 Chairs Update

The Committee considered items for the next meeting and how scrutiny should proceed with the work programme.

- The Committee agreed that it would be valuable to invite SPIC to the next meeting to listen to their perspective on price levelling, the fee level offered by TWC, and the stability and sustainability of the domiciliary and residential care market.
- The Committee agreed that they wished to receive the Cost Improvement Plan in the format that it had been presented previously, (at the meeting on 3 October 2017).
- The Committee required updates on Adult Mental Health and the Safeguarding Adults Board.
- New items exposed in this year's scrutiny meetings, which required scoping for a scrutiny review and work programming for 2018/19 included the reduction in demand for statutory Adult Social Care services; how the triage system provided by My Choice filtered out individuals; how successful was signposting and support in the community (part of Neighbourhood work). Consistent with this theme was primary care capacity and the additional pressures projected by the shift from acute services, the GP Forward View, the view of the CCGs and GPs.

The meeting ended at 3.31pm

Signed:

Date: