

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Tuesday, 3 November 2015.

PRESENT

Mrs. R. Camamile CC (in the Chair)

Mr. M. H. Charlesworth CC
Mrs. J. A. Dickinson CC
Mr. D. Jennings CC
Mr. M. T. Mullaney CC

Ms. Betty Newton CC
Mr. A. E. Pearson CC
Mr. T. J. Richardson CC
Mr. S. D. Sheahan CC

In attendance.

Mr. D. Houseman MBE CC, Cabinet Lead Member for Adult Social Care,
Fiona Barber, Healthwatch Leicestershire Representative.

39. Minutes of the meeting held on 6 October.

The minutes of the meeting held on 6 October were taken as read, confirmed and signed.

40. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 35.

41. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

42. Urgent Items.

There were no urgent items for consideration.

43. Declarations of interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

No declarations were made.

44. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

45. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

46. Full Business Case for the Joint Commissioning of Personal Care Services Provided in the Home (Help to Live at Home Programme).

The Committee considered a report of the Director of Adults and Communities, which provided an update on the progress of the Help to Live at Home Programme (HTLAH) in relation to the full business case (FBC) and progression to the procurement stage. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Mr Dave Houseman MBE CC, the Lead Member for Adult Social Care expressed his support for the joined up work between the County Council and NHS in the delivery of HTLAH.

In response to questions members were advised as follows:-

- (i) The services currently envisaged to be commissioned through HTLAH Programme as part of social care were personal care, and care for people entitled to Continuing Health Care (CHC) including care provided by qualified nurses commissioned through NHS;
- (ii) The financial risks to the programme delivery included the ability of providers to provide services on a larger scale. The national trend was for larger scale service contracts and it was expected that this would attract interest from larger national companies. Smaller, local providers who were unable to bid for the larger service contracts could be subcontracted by the larger providers. As part of the stakeholder engagement process, the ability of providers to deliver the services, whether outright or by subcontractors had been addressed and larger providers were confident they could do so;
- (iii) Assurance was sought that the process for monitoring contracts would include subcontracting arrangements. The Committee was advised that the responsibility for the quality of services delivered by subcontractors would rest with the lead contractor, and robust checks would be in place to ensure that the lead contractor was able to do this. The Committee was advised that the Council's quality monitoring process would be similar to the current process, with series of monitoring visits, including checking HR files. Quality monitoring would also include examining the customer complaints and safeguarding issues;
- (iv) It was recognised that providing services on a larger scale would pose more risk of contractor failure. To reduce that risk the provider's track record of delivering a safe and appropriate service would be assessed during the bidding process. To further mitigate the risk of failure it was also intended to develop a strong relationship of trust with providers eliminating the need to micromanage service delivery. In the event of contractor failure it was hoped that this new strategic relationship would result in service delivery being absorbed by other providers;
- (v) CHC packages generally greater included more hours of care, which explained the difference in cost between CHC and social care packages. Members were advised that as part of Section 75 agreement there would be a risk sharing between NHS

and the County Council ensuring transfer of resources along with transfer of care to provide sustainability for both partners;

- (vi) It was confirmed that the assessments for CHC and personal care were different, taking into account different eligibility criteria. CHC eligibility was assessed based on the clinical need for free NHS care against nationally agreed criteria. Personal care needs were assessed in line with the criteria set out by the Care Act. The Committee was assured that although the contract for both types of services would be integrated with the County Council as the lead commissioner, this eligibility would not change as part of HTLAH.

The Committee was also advised that Healthwatch had been involved in the development of HTLAH and welcomed the plans to match services to the individual needs as this was likely to result in improved outcomes for service users.

RESOLVED:

That the report be noted.

47. Draft Adult Social Care Strategy 2016-2020.

The Committee considered a report of the Director of Adults and Communities which sought its views on the draft Adult Social Care Strategy 2016-2020, together with the associated draft overarching commissioning intentions. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Mr Dave Houseman MBE CC, Lead Member for Adult Social Care commended the report in the light of the changing demographic makeup of the population and rising demand for services, emphasising that prevention, reducing and delaying need played a vital role in managing demand for adult social care services.

In response to questions raised members were advised as follows:

- (i) The current model of social care delivery reduced the independence of service users, when used for long periods of time as once in receipt of the services the needs tended to grow. The aging population and reduced financial envelope did not allow for services to be provided if unnecessary. The new model aimed to promote independence by focusing on the outcomes for the users. To that end the relationship between providers and commissioners would be reconsidered to allow for more responsive and flexible care delivery, so that need for on-going care could be prevented, reduced, delayed and met as appropriate;
- (ii) Members expressed concern that although there was a capacity in the communities to deliver services, not every community would be able to do so to the same extent and the expectations placed on volunteers could be too great. The Committee was advised that the strategy was to develop support, focused on prevention and self-help and that building resilient communities was important in achieving that objective. Members were advised that collaborative work also was underway with Public Health Department, Clinical Commissioning Groups, districts and borough councils to identify additional positive community initiatives, for example Community Library Services or Local Area Coordination. The experience from other authorities, such as Sheffield City Council building community capacity was also looked at;

- (iii) The Committee was advised that it was hoped more could be done to support carers to continue provide their services. Members were assured that better support for carers was envisaged as part of this strategy.

RESOLVED:

That the report be noted.

48. Supported Accommodation for Older People in Leicestershire. Catherine Dalley House Elderly Persons Home.

The Committee considered a report of the Director of Adults and Communities, which provided an update on the outcome of the consultation exercise in relation to the proposal to close the Catherine Dalley House Elderly Persons Home (EPH), and sought the Committee's views on future options of the site and adjacent former Silverdale Hostel site. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

The Committee considered a Supplementary Briefing note, which advised that an Expression of Interest (EOI) had been received to purchase Catherine Dalley House as a going concern. The EOI had been received after the consultation period had ended. The note outlined the implications of pursuing the EOI option. A copy of the note is filed with these minutes.

Mr D. W. Houseman MBE CC, the Cabinet Lead Member for Adults and Communities, emphasised the importance of ending the uncertainty for staff and residents given that options for the future of Catherine Dalley House had been under review since 2007. He confirmed that assurance had been given that no residents would be financially disadvantaged by moving to another care home. He also confirmed that an extra care facility was the preferred option for the site.

Arising from discussion the following points were raised:-

- (i) The Committee acknowledged that consultation on closure was never easy, however members were pleased to note that the concerns raised in the consultation process had been taken into account and ways of addressing them explored. The Committee was assured that processes were in place to find suitable alternative placements, including dialogue with care home providers in Melton Mowbray to match the services to the needs of the residents and would involve residents and their carers. The timescales for implementation would allow for a gradual move of the residents to the alternative homes. Dedicated workers were also in place to support the transition of residents.
- (ii) Members were of the view that it would not be appropriate to consider the EOI due to its late submission, that the outcome would not be guaranteed and that it would prolong the uncertainty for staff and residents. In addition, it was noted that should the EOI be accepted, it would not allow the Council to develop an extra care facility for the area.
- (iii) Members were advised that Transfer of Undertakings Protection of Employment (TUPE) of staff from Catherine Dalley House was not relevant as the current proposal was to close the care home. HR action plans would be developed and within those plans, where possible, staff would be redeployed, and requests for

voluntary redundancies would be explored. It was hoped to avoid compulsory redundancies.

- (iv) The Committee was pleased to note that support would be given to the residents and their families in finding alternative placements. Members were also assured that, where possible, support would be given to enable residents to move together, in small friendship groups.

RESOLVED:

- (a) That the report and the outcomes of the consultation be noted;
- (b) That the feedback from the consultation which highlighted the good service provided by staff at Catherine Dalley be endorsed;
- (c) That the Expression of Interest to purchase Catherine Dalley House was received from a private provider following the closure of the consultation, not allowing for a transparent procurement process be noted;
- (d) That intention to use the site to develop a standalone extra care housing scheme on the site be supported;
- (e) That in the event of closure the remaining 10 residents and their carers be supported in finding appropriate alternative provision.

49. Adults and Communities Local Account 2014-15.

The Committee considered a report of the Director of Adults and Communities which sought its views on the fourth Adults and Communities Local Account, and provided an update on the feedback from the Peer Challenge review by East Midland Association of Directors of Adult Social Services (ADASS). A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Mr Dave Houseman MBE CC, the Lead Member for Adult Social Care welcomed the key achievements presented in the account and congratulated officers on the good progress.

The Committee was pleased to note the positive outcomes achieved by the department and welcomed the account produced voluntarily as a good practice.

The Committee welcomed the performance in relation to mental health but was concerned that the satisfaction of carers had fallen. The Committee was advised that this reflected the national trend. It was important that carers felt supported and involved in the care planning, and work was underway as part of Social Care Strategy to address this, including working actively with carers and giving them practical support. The Committee was advised that the requests for assessments had been less than anticipated as a result of the introduction of the Care Act. The position would be monitored and the expectation was that the level of requests were likely to increase as awareness of entitlement grew.

Healthwatch welcomed the account and offered a view that photographs included in the account could be more representative of the range of service users and that more detail could be included with regard to the user satisfaction.

RESOLVED:

- (a) That the Local Account 2014-15 be noted;
- (b) That the officers be commended for the positive outcomes achieved.

50. Progress with Implementation of the Care Act 2014.

The Committee considered a report of the Director of Adults and Communities which provided an update on the progress with work undertaken as part of the implementation of Phase 1 of the Care Act 201 and the Government's decision to delay the implementation of Phase 2 until 2020. A copy of the report marked 'Agenda Item 12' is filed with these minutes.

In response to questions, members were advised as follows:-

- (i) That the proposal to charge an arrangement fee for community care services would only apply to people who self-funded their care but wanted the County Council to arrange it on their behalf. Those who organised their own care would not have to pay a charge. A list of alternative providers that could arrange care packages would also be made available. The Committee was reminded of the Department's focus on self-help and promoting independence, which it was hoped would be encouraged by the introduction of the fee;
- (ii) The arrangement fee would not include the cost of the assessment, but would relate to the cost of putting arrangements in place, such as setting up costs and the average cost of processing invoices. It would be kept under review. The fee would be the same regardless of the level of care required as a flexible scheme would be too costly to administrate. Members were of the view that this was a sensible approach.

RESOLVED:

That the report be noted.

51. Date of next meeting.

RESOLVED:

It was noted that the next meeting of the Committee would be held on 19 January at 2.00pm.

2.00 - 3.45 pm
03 November 2015

CHAIRMAN