

ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

10 February 2014

The meeting commenced at 10.00 am in the Civic Centre, Hartlepool

Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Keith Fisher, Ged Hall, Alison Lilley, Brenda Loynes and Kaylee
Sirs

Also Present: Councillor Geoff Lilley

Steve Thomas, Liz Fletcher Ruby Marshall, Margaret Goulding
and Maureen Lockwood, Healthwatch

Members of the Public - Evelyn Leck and Frank Harrison

Officers:

Gill Alexander, Director of Child and Adult Services

Jill Harrison, Assistant Director, Adult Services

Jeanette Willis, Head of Strategic Commissioning, Adult
Services

Denise Wimpenny, Principal Democratic Services Officer

67. Apologies for Absence

An apology for absence was submitted on behalf of Linda Shields.

68. Declarations of Interest

None.

69. Minutes of the meeting held on 6 January 2014

Received.

70. Proposals for Inclusion in the Council Plan 2014/15 (Director of Child and Adult Services)

Type of decision

Non-key

Purpose of report

To provide the opportunity for the Adult Services Committee to consider the proposals for inclusion in the 2014/15 Council Plan that fell under the remit of the Committee

Issue(s) for consideration

The Assistant Director, Adult Services reported on the proposals included in the 2014/15 Council Plan that fell under the remit of the Adult Services Committee. As in previous years detailed proposals were being considered by each of the Committees throughout January and February. A further report would be prepared for the Finance and Policy Committee on 27 February 2014 detailing the comments/observations of each of the Committees along with a full draft of the 2014/15 Council Plan.

In support of the report, the Assistant Director went on to provide a brief presentation which detailed the key challenges that Adult Services faced over the next year and beyond and how these would be addressed.

In relation to the proposed actions identified to deliver the outcome that vulnerable adults were supported and safeguarded and people were able to maintain maximum independence while exercising choice and control about how their outcomes were achieved, as detailed in an appendix to the report, some concern was expressed in terms of delivery of the actions and how the proposals would be funded. The Assistant Director advised that the Better Care Fund Plan would provide information in this regard and would be considered by the Health and Wellbeing Board on 13 February to which there was the opportunity to feed in any views of this Committee. The Healthwatch representative commented on the benefits of Healthwatch Executive's input and requested that the Plan be also presented to the Healthwatch Executive.

Decision

- (i) That the proposals reported for inclusion in the Council Plan 2014/15 be supported and the comments of Members be utilised to formulate a response on behalf of the Committee for

- consideration by the Finance and Policy Committee.
- (ii) That input be sought from this Committee and the Healthwatch Executive in relation to the Better Care Fund Plan.

71. Impact of the Care Bill (*Director of Child and Adult Services*)

Type of decision

For information only

Purpose of report

This report provides information on the potential impact of the changes to adult social care proposed in the Care Bill which was published in May 2013.

Issue(s) for consideration

The Assistant Director presented the report which provided information on the potential impact of the changes to adult social care proposed in the Care Bill which was published in May 2013.

The Care Bill will reform and modernise the legal framework for adult social care including powers to make regulations and statutory guidance. The Bill was currently working its way through Parliament and the detailed impact on local authorities could not be considered until regulations had been made.

This briefing sets out a summary of the most likely significant implications for local authorities based on what was currently known and suggested those areas of greatest local impact. Implementation of the Bill would be in 2015 and 2016. An implementation plan focusing on key areas of work would be brought to the Adult Services Committee in 2014 for approval together with an estimate of the increased resources required to implement the new social care provisions.

Many clauses in the Care Bill were new in law but not in policy so the relative scale of challenge associated with implementing the reforms would differ across local authorities in line with their current local practices. Hartlepool Borough Council's current practice reflected the 'reforms' in many areas. It was therefore envisaged that the impact for this Council would not be as onerous as on those authorities who still operated a more 'traditional' model of social care and who had not kept up with best practice aligned to modernising policies.

It was noted that modelling and analysis activity would be completed in the

next 6 months, details of which were set out in the report. Completing this identified programme of work in 2014 would allow the required reforms to be implemented from April 2015.

In the lengthy discussion that followed the Committee discussed the impact of the Care Bill in terms of the way adult social care services were delivered as well as the budget in terms of funding pressures and included the following issues:-

- (i) The Assistant Director responded to a number of queries raised which included clarification on the deferred payments requirement from April 2015 and the impact of the reforms on costs and activity.
- (ii) Concerns were expressed regarding the budget implications of the proposed changes to the national eligibility criteria. Members were advised that a toolkit had been provided to local authorities as a means of calculating the local impact of the Care Bill. Given the level of concerns in this regard, the need to lobby local MPs and the Association of North East Councils was emphasised. It was highlighted that further analysis of the implications for Hartlepool would be undertaken over the next 6 months.
- (iii) In relation to the proposal to allow Councils to charge under a means-tested regime for any support provided directly to the carer, the need to seek input from various groups, such as Hartlepool Carers, was highlighted.
- (iv) The importance of communicating Hartlepool's approach to the reforms was emphasised given the possible perception by the public that all local authorities were adopting the same principle.
- (v) In response to a request for clarification on the meaning and implications of introducing extended means testing, the Committee was advised that until the Bill was passed it was not clear what the full implications would be. It was envisaged that from April 2016 care accounts would be introduced which may include the requirement to undertake finance assessments of self funders in order for them to access care accounts.

Decision

The Adult Services Committee:

- a) Noted the proposals for the future of adult social care services contained in the Care Bill and the potential implications for

services and budgets from 2015, although the detail of this was not yet known;

- b) Noted the requirement for detailed financial and activity modelling of the implications of the Care Bill for Hartlepool Borough Council.
- c) Noted that a further report be received in autumn 2014 to allow options for the future delivery of social care to be considered.

72. HBC Approach to Domiciliary Care - Presentation (Head of Strategic Commissioning)

Type of decision

For information

Purpose of report

To update the Committee on the Council's approach to Domiciliary Care.

Issue(s) for consideration

The Assistant Director advised that the Head of Strategic Commissioning was in attendance at the meeting to outline the Council's position in relation to Domiciliary Care Services in Hartlepool and to support the more detailed presentation that would be delivered later on the agenda by Healthwatch.

The Head of Strategic Commissioning provided a presentation which focussed on the following:-

Total spend on domiciliary care

- Net budget £29,300,000
- Reablement/Intermediate Care Service £1,000,000
- Commissioned Homecare £4,019,000

Spend by Independent Provider

- Careline £1,324,000
- Carewatch £1,166,000
- Real Life Options £1,275,000
- Others £254,000

No of Users of Domiciliary Care

- Independent providers served approximately 850 people in 2012/13

- Average package cost for older people was around £70 per week (equates to 6 hours per week)
- Individuals with a learning disability have an average package cost of approximately £400 per week (equates to approximately 35 hours per week)
- Supported Living Schemes - much cheaper to support at home than in residential care
- Intermediate/Reablement service served approximately 620 clients

Number of Calls

- 2012/13 commissioned independent providers to make approximately 450,000 calls
- 74,000 (16%) were 15 minute calls
- 15 minute calls used for medication visits and safety check calls
- Intermediate Care/Reablement service only made 2.5% of their calls for 15 minutes which reflects the intensive nature of the service.

Outcomes for Individuals

- Providing the right level of support tailored to individuals
- Individuals access domiciliary care through their 'virtual' personal budget
- Providers work direct with individuals to decide how to meet their needs once package is established
- Overall user satisfaction for Social Care services in Hartlepool is 3rd highest in the country

Contract Management

- Providers paid for care they deliver – do not currently operate minute by minute recording system
- Providers subject to Quality Standards Framework (QSF) – 4 outcomes reviewed so far:-
 - Outcome 4 – Care and welfare of people who use services – outcome substantially met
 - Outcome 7 – Safeguarding vulnerable people who use services – outcome substantially met
 - Outcome 14 – Supporting workers – outcome met
 - Outcome 16 – Assessing and monitoring the quality of service provision – outcome substantially met
- Action plans would be in place to ensure improvements are undertaken in areas where outcomes are only partially met

Decision

That the contents of the presentation be noted.

73. Domiciliary Care Report (*Healthwatch Hartlepool*)

Type of decision

For information

Purpose of report

The report outlined findings from a recent examination of the delivery of domiciliary care services in Hartlepool which was undertaken by Healthwatch and made recommendations regarding future service delivery.

Issue(s) for consideration

The Healthwatch Representative presented the report which outlined the background to the domiciliary care services investigation which focussed on the services provided by care providers Care Watch and Care Line as well as in-house service provision which was delivered by HBC staff. Thanks were expressed to all those involved in the investigation, Healthwatch members, care workers, service providers and the Council.

Members were referred to Appendix A of the report which included, methodology, findings from care service users as well as providers, conclusions, recommendations and acknowledgments.

Following presentation of the report the Chair, on behalf of the Committee took the opportunity to thank Healthwatch for their hard work in carrying out this investigation.

In the lengthy discussion that followed Members discussed the conclusions and the following recommendations:-

1. Regular checks should be made to ensure that care time allocations are spent fully with service users in order to ensure that individual care plan specifications are properly delivered. Adequate travelling time must be provided to ensure that care workers can get from job to job without eating in to allocated care time.
2. Mandatory training programmes across all three service providers should include Dementia Awareness, Disability Awareness and Equality and Diversity. Key modules such Adult Safeguarding and

Manual Handling should be the subject of mandatory refresher programmes across all three service providers to ensure skills and understanding are up to date.

3. Every effort should be made to ensure that as far as is practicably possible there is continuity of care provision and that robust communications systems are in place to ensure that service users are always informed when changes to care workers and routines take place.
4. Consideration should be given to ensuring that care staff service conditions such as payment of DBS fees are unified in line with HBC provisions.
5. Consideration should be given as to how opportunities can be maximised for carers and family members to input into ongoing monitoring and future service user survey processes.
6. Minimum supervision and support provision for care workers should be no less than four formal supervisions and one appraisal meeting each year across all three of the service provider organisations. In addition to this staff meetings and briefings should be held regularly in order to keep workers briefed and up to date with developments, changes etc. Direct observations should also be carried out regularly as part of ongoing service quality assurance.

Whilst Members supported the recommendations contained within the report in their entirety, it was noted that the financial implications would need to be explored. In considering the recommendations the following issues/queries/comments were raised:-

- (i) The Committee was pleased to note the high level of response to the questionnaire and that overall a favourable impression had been gained of the quality of domiciliary care service delivery in Hartlepool.
- (ii) A number of concerns were expressed in relation to the disparity that existed in the pay and service conditions of care staff at the two external provider agencies and HBC and Members were keen to see external providers adopting a similar approach to the Council in terms of training provision, provision of staff uniforms and best practice issues identified within the report. However, it was acknowledged that given that issues of this type may not be a requirement within the current contract arrangements, it was a matter of encouraging agencies to adopt such an approach. Following further discussion, the Committee requested that the recommendations within the report be explored with external providers as part of the contract monitoring or re-tendering process.

- (iii) Members supported the recommendation that regular checks should be made to ensure that care time allocations were spent fully with service users in order to ensure that individual care plan specifications were effectively delivered and that adequate travelling time was allocated to carers without impacting on allocated care time.
- (iv) In relation to the recommendation regarding training programmes for staff, the Committee was of the view that this issue should be explored with external providers as a priority.
- (v) The findings of Healthwatch in terms of continuity of care provision and the importance of communicating any changes to service users were noted and supported.
- (vi) Discussion ensued in relation to the potential reasons for the high turn-over of care staff in external care provider settings and it was considered that the low levels of pay were a contributory factor.
- (vii) The variances in performance of different external agencies in terms of the quality of care provision were noted and emphasis was placed upon the importance of examining this issue to ensure optimum levels of performance were being achieved.
- (viii) The profit margins of external providers was discussed and Members were keen to receive information in this regard.

Decision

- (i) That the recommendations of Healthwatch be noted and supported.
- (ii) The financial implications of the recommendations be explored.
- (iii) That the comments of Members as outlined above, be further explored as appropriate, the outcome of which to be reported to a future meeting of this Committee.

The meeting concluded at 11.55 am.

P J DEVLIN

CHIEF SOLICITOR

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