# ADULT SERVICES COMMITTEE MINUTES AND DECISION RECORD

7 April 2014

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

#### Present:

Councillor: Carl Richardson (In the Chair)

Councillors: Ged Hall, Alison Lilley, Brenda Loynes, Linda Shields and

Kaylee Sirs

Also Present: Councillor Geoff Lilley

Steve Thomas and Maureen Lockwood - Healthwatch

Phil Rafferty - 50 Plus Forum

Members of the Public - Evelyn Leck and Frank Harrison

Officers: Jeanette Willis, Head of Strategic Commissioning – Adult

Services

Denise Wimpenny, Principal Democratic Services Officer

Prior to the commencement of business, Members stood in silence as a mark of respect following the recent death of the former Councillor, Ray Waller.

## 81. Apologies for Absence

Apologies for absence were submitted on behalf of Healthwatch Representatives Julie Gray and Ruby Marshall.

### 82. Declarations of Interest

None.

## 83. Minutes of the meeting held on 3 March 2014

Received.

# 84. Amendment to Contribution Policy Appeals Process (Director of Child and Adult Services)

#### Type of decision

Non-key decision

#### **Purpose of report**

To advise the Adult Services Committee of an amendment required to the appeals process within the Contribution Policy, to bring the policy in line with updated corporate complaints procedures and to seek approval for this amendment.

#### Issue(s) for consideration

The Head of Strategic Commissioning presented the report which provided background information in relation to the Contribution Policy, approved by this Committee on 6 January, a copy of which was attached as an appendix to the report.

The Committee was referred to the appeals section of the Policy and the proposal to replace the existing clauses 13.1 to 13.3 with a three stage appeals process to bring the Policy in line with corporate complaints procedures, details of which were set out in the report..

#### **Decision**

That the proposed amendment to the Contribution Policy be approved.

# 85. Response to Healthwatch Investigation into Domiciliary Care in Hartlepool (Director of Child and Adult Services)

#### Type of decision

For information

#### Purpose of report

The Healthwatch Hartlepool investigation into domiciliary care made several recommendations and this report provided a response regarding how these

would be addressed.

#### Issue(s) for consideration

The report provided background information in relation to Healthwatch Hartlepool's investigation into domiciliary care which included key recommendations. Details of proposed actions in response to Healthwatch recommendations were provided, as detailed in the report.

Members were advised that when the Healthwatch report had been presented to Committee in February, questions had been raised regarding the assessment process relating to price and quality. It was confirmed that when evaluated the tender was evaluated based on 60% quality and 40% cost/price. This was a reflection on the importance of the quality of service delivered and demonstrated that the department did not operate a policy of awarding contracts to support vulnerable individuals based merely on which provider was the cheapest. Questions had also been raised regarding the financial spread within contracted services and the level of perceived overhead and profit. A table included in the report outlined broadly how an hourly cost would be utilised and demonstrated that the majority of the contract sums paid by the department were for the provision of care for individuals.

Members considered at length the responses and actions to the recommendations during which the following issues/queries/comments were raised:-

- (i) Members reiterated the importance of ensuring that care time allocations were spent fully with service users and raised concerns regarding 15 minute visits. The Committee was advised that Review Officers had explored this issue and found that 15 minute visits were not being utilised for the provision of personal care or meal provision. The potential reasons for such visits were outlined and whilst it was acknowledged that 15 minute visits may be utilised for administering medication and would not be utilised for provision of personal care, views were expressed that such short visits should be kept to a minimum.
- (ii) With regard to Recommendation 4 that consideration should be given to ensuring that care staff service conditions such as payment of DBS fees were unified in line with HBC provisions, Members were unanimously supportive of this recommendation and were of the view that the Hartlepool Living Wage should be introduced for private sector care staff, the benefits of which were outlined. A Member stated that the National Minimum Wage and Living Wage for all North East Councils was endorsed at a recent meeting of NEREO and the need to continue to reemphasise the importance of this issue was highlighted. Whilst the Head of Strategic Commissioning acknowledged the benefits outlined by

- Members, it was reported that the financial implications of any such change would need to be identified and be part of the decision making process.
- (iii) 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.
- (iv) The Healthwatch representative commented on the links between pay and service conditions and contract arrangements. It was noted that it was evident from enter and view visits that the rates of pay, conditions of service and the way in which staff were managed had an impact on the performance of the care home in terms of quality of care provision. Members shared personal experiences regarding the variances in performance of different providers in terms of quality of care provision and were keen to see comparable quality standards across all providers.
- (v) The Healthwatch representative provided the background and context to the findings of the Healthwatch investigation and subsequent recommendations.
- (vi) The Healthwatch representative welcomed the response of the Council and highlighted the intention of Healthwatch to continue to review this issue.
- (vii) Whilst the proposed action of the Council in response to Recommendation 4 to work with providers to understand the terms and conditions for staff and that this work could be done during routine contract monitoring processes was noted and welcomed, it was suggested that consideration should be given to this being undertaken as part of the formal contract retendering process.
- (viii) Concerns were expressed regarding the investigation by HM Revenue and Customs in relation to care workers pay, and that in some circumstances care workers were effectively being paid below the national minimum wage when travelling was not taken into account.
- (ix) Further discussion ensued in relation to external providers pay and service conditions of care staff, profit margins of external providers and the importance of training was emphasised. The Head of Strategic Commissioning provided clarification in response to queries raised in relation to these issues.
- (x) In concluding the debate the Chair thanked everyone for their contribution and requested that an update report be provided in three months time in response to the comments/suggestions of Members as set out above.

#### Decision

- (i) That the action points be noted and further progress reports be received as appropriate.
- (ii) That the comments/suggestions of Members, as outlined above, be further explored as appropriate, the outcome of which to be included in a progress report to this Committee in three months time.

# 86. Any Other Items which the Chairman Considers are Urgent

The Chairman ruled that the following item of business should be considered by the Committee as a matter of urgency in accordance with the provisions of Section 100(B) (4)(b) of the Local Government Act 1972 in order that the matter could be dealt with without delay.

## 87. Any Other Business – Receipt of NHS Information

A member of the public, who was in attendance at the meeting, advised the Committee that a letter had recently been received at her home address marked 'private and confidential' from the Roseberry Unit in Middlesbrough. There was no name on the letter and following contact made with the sender it appeared the letter contained confidential medical information which had been inadvertently sent to the incorrect address. The sender arranged to collect the letter the same day. Concerns were expressed regarding the confidential nature of the information and the Committee was asked to note these concerns.

The meeting concluded at 10.55 am.

**PJ DEVLIN** 

**CHIEF SOLICITOR** 

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