

## **Adult Care and Well Being Overview and Scrutiny Panel**

### **Tuesday, 12 May 2015, County Hall, Worcester - 10.00 am**

#### **Minutes**

#### **Present:**

Mrs J L M A Griffiths (Chairman), Mrs A T Hingley,  
Mr C G Holt and Mr J W Parish

#### **Also attended:**

Mrs S L Blagg  
Peter Pinfield, Worcestershire Healthwatch

Richard Harling (Director of Adult Services and Health),  
Richard Keble (Head of Integrated Commissioning),  
Caroline Kirby (Complex Needs Reviewing Officer),  
Suzanne O'Leary (Democratic Governance and Scrutiny  
Manager) and Emma James (Overview and Scrutiny  
Officer)

#### **Available Papers**

The members had before them:

- A. The Agenda papers (previously circulated);
- B. Presentation handouts (circulated at the Meeting)
- C. The Minutes of the Meeting held on 25 March 2015  
(previously circulated).

(Copies of documents A and B will be attached to the  
signed Minutes).

#### **185 Apologies and Welcome**

Apologies had been received from Cllrs Rob Adams,  
Andy Fry, Tom Wells and Marcus Hart, the Cabinet  
Member for Health and Well-being.

Cllr June Griffiths (Vice-Chairman) took the chair in the  
absence of the Chairman.

#### **186 Declarations of Interest**

Cllr June Griffiths declared an interest as her daughter  
works for an individual who may receive a personal  
budget.

#### **187 Public Participation**

None.

#### **188 Confirmation of the Minutes of the Previous Meeting**

The Minutes of the meeting on 25 March 2015 were  
confirmed as a correct record and signed by the  
Chairman.

## 189 Review of the Care Market

Attending for this item were Richard Harling, Director of Adult Services and Health, and Cllr Sheila Blagg, the Cabinet Member for Adult Social Care. The Chair of Worcestershire Healthwatch was also present.

The Director outlined plans to carry out a review of the care market in Worcestershire – resilience and sustainability of the care market is part of the Panel's 2015 work programme.

Most adult social care in Worcestershire is arranged privately and self-funded. Where people are eligible for council funding, adult social care is mainly commissioned from external providers. The Council currently contracted with 60 home care providers and 214 residential/nursing providers.

### Context for the review

- nationally there were concerns about the resilience of providers, especially in home care and residential/nursing care
- the reasons for this, backed up by feedback from providers locally, were due to an increased number and complexity of people requiring care, pressures on local authority funding and difficulties in recruiting staff
- the population was ageing and people's needs were more complex
- the Care Act gave the Council a new duty to ensure the sustainability of the market
- new types of care were emerging, for example Extra Care
- pressures on urgent care, for example to enable people to leave hospital, were leading to a shift in availability of resources elsewhere

### Scope for the review

Whilst the Directorate had a good understanding of care provided by the Council, less was known about other providers, and the review would aim to ascertain:

- current state of the market – funding, capacity, financial viability, quality etc
- likely impact of demand and supply pressures
- how the Council could influence the market to ensure its sustainability

The review would include services to older people, people with learning disabilities, people with mental health problems and physical disabilities and extend to self-funders and council funded individuals.

The Council would oversee the review, which would be carried out by an independent agency to ensure that it was unbiased.

The Director provided further detail about home care and residential care in Worcestershire, which were the most commonly provided services.

#### Homecare

The Council funded 1700 older people's homecare, equating to 21,000 hours per week. The number of requests per day had increased, however the number of offers per request had decreased – the Council continued to be able to provide care but it was becoming more difficult. The average homecare package had increased to 12.6 hours per week.

Providers operated on a framework agreement with prices set in one of four tiers. The average hourly rate in Worcestershire was £15.80 (June 2014), which a recent comparison study revealed as amongst the most generous in the region. 'Key to care' (Report of the Burstow Commission on the future of the homecare workforce) recommended £15.74 per hour as minimum. The Council had calculated that the composite minimum hourly rate should be £13.77, which took account of travel time, national minimum wage and 25% 'overheads and profit' for providers.

#### Residential / Nursing care

The Council funded 1500 older people (124 homes in Worcestershire, 90 outside), and used 25% of the total local market - most people funded and arranged their own care. The Council's rates were in the middle range for the region, paying a residential care home rate of £408 per week and a nursing care home a rate of £426 per week, with an additional £111 per week funded nursing care paid by the clinical commissioning groups.

48% of placements had an Above Banding Supplement, on average of £78 per week, which was increasing, as availability of placements decreased.

The Council rate had been increased by 3.71% in 2012/13, 5% in 2013/14 and 1.8% in 2014/15. The Laing Buisson annual review stated that the national average increase was 1.7% and that to meet rising costs it needed to be 2.4%.

It was hoped the review would indicate how much people

were paying for their care. Currently, the Council had limited knowledge of what self-funders paid, other than that it was higher than the council's rate and it was generally accepted across the market nationally that self-funders 'subsidised' local authority fees.

It was estimated that by 2018/19, 411 users of the Directorate's services would be in Extra Care housing, in addition to the 115 already there.

### **Discussion points**

The Chair invited discussion and the following main points were made:

*Employee terms and conditions*, such as low wages and zero hours contracts, impacted on the appeal and viability of care work, even for dedicated workers. The Director acknowledged that some providers had reported trouble recruiting, and it was hoped the review would give a better understanding of the situation.

The Cabinet Member for Adult Social Care reported positive work in progress with Worcester University, including a rise in applicants to the care market and early discussions about the possibility of a training accreditation which would also enable greater work experience during study.

*Continuity of care* was important for people in establishing trust, and this could be affected by staff turnover as a result of unfavourable work conditions.

*Viability of care settings* was an area of concern for members, within the on-going climate of cost savings, and it was noted that this could be explored as part of the Panel's work programme which included Supported Living/Extra Care.

The Director confirmed that savings relating to the old supporting people contract had been achieved, as yet with no noticeable rise in demand for adult social care. Some housing companies had put in alternative arrangements of support.

The Directorate expected to shortly appoint an independent body to carry out the review and anticipated completion by autumn.

The Panel welcomed the review and hoped that it would provide a useful picture of the care market. It was agreed

**190 Winterbourne View Update**

that members would arrange to have further input to findings, as the review nearer completion.

The review was also welcomed by the Chair of Healthwatch Worcestershire, who was keen for Healthwatch to provide input to the process, which the Director welcomed.

The meeting was adjourned for 10 minutes.

Attending for this item from the Council's Integrated Commissioning Unit, were Richard Keble, Head of the Unit and Caroline Kirby, Complex Needs Reviewing Officer.

Cllr Sheila Blagg, Cabinet Member for Adult Social Care was also in attendance, as well as Peter Pinfield, Chair of Worcestershire Healthwatch.

The Head of the Integrated Commissioning Unit provided an update on progress made on the Winterbourne View multi-agency action plan, since the 2011 Panorama TV programme exposed abuse of patients there.

At the time five Worcestershire people were patients at Winterbourne View (a private hospital for people with learning disabilities and autism, in Bristol). Whilst the abuse was a failure of the provider, Castlebeck, it was accepted that a large number of organisations also had responsibility, and within Worcestershire this included the Council and its health partners. A great deal of work had been undertaken since then to improve practice.

The protocol and pre-placement checklist introduced in 2012 was viewed as good practice and the accompanying action plan had been completed. All hospitals were routinely quality assured. Since 2013 placements for people with complex needs were commissioned by a Complex Needs Commissioning Team (part of the Integrated Commissioning Unit), on behalf of Worcestershire's three clinical commissioning groups (CCGs).

The five Worcestershire residents had since been reviewed regularly and were doing well in the community. The Panel was shown a graph to demonstrate the significant drop in numbers of Worcestershire people in locked hospitals, from 16 in 2011, to four in 2015, figures which would shortly reduce to two people.

Winterbourne View had led to review and transformation

of care and practices, but also the overall culture around people being left in locked hospitals. Whilst there would always be times when, in a person's best interests, a secure environment was required, hospital stays were now shorter, and regularly reviewed.

#### Quality Assurance

The Complex Needs Reviewing Officer present set out the quality assurance process, which included visits before and during placements, and working with providers on any quality issues. A CCG funded health checker scheme, involved people with learning disabilities in reviewing locked hospitals from a patient's perspective, whose views were then reported back to the Learning Disability Partnership Board, and acted on – an example included changing a hospital gate, which had the appearance of a prison gate.

The Cabinet Member praised the team's hard work in reviewing both the patient and the placement.

It was confirmed that anyone spending time in a secure hospital had a named GP, as well as access to providers' weekly GP clinics, and an annual or bi-annual health check, also attended by the Reviewing Officer. Part of the role of Reviewing Officers was to ensure providers had contracts with local advocacy, and to facilitate contact for patients with their families. Some providers were happy to take people to visit their families.

Patients also had access to an appeals process.

Longer-term monitoring, post placement, was carried out by social workers, and patients who wished, would be brought back into Worcestershire, through working with providers to manage their complex needs.

Some panel members were uncomfortable with the concept of a locked hospital, however it was accepted that at times it may be necessary for a person's own safety. The officers pointed out that deprivation of liberty safeguards meant that people's access to their community could not be removed, and was in fact part of their rehabilitation – nonetheless it was important to keep an individual safe, which may require a secure, and supportive environment for a period of time, to stabilize an individual's situation.

Locked hospitals were modern facilities, rather than a ward set-up, which provided a locked environment if people presented with challenging behaviour, including

people sectioned under the Mental Health Act. There were no locked hospital facilities in Worcestershire.

A panel member asked about a role for councillors in commissioning transforming care, which the Healthwatch representative advised could possibly feed in to the CCGs work around quality. The Cabinet Member for Adult Social Care referred to the Panel's dialogue with the Independent Chair of Worcestershire Safeguarding Adults Board, which provided a way of verifying that what should be happening was in place, including the outcome of serious case reviews.

#### Transforming Care Agenda

Care and treatment reviews had been introduced for all patients with learning disabilities and autism in locked hospitals, which identified people ready for discharge and action was taken to facilitate this. The CCGs and NHS England received weekly reports and there were quality reviews on ex-Winterbourne View patients.

Worcestershire was preparing its response to the Department of Health's green paper which was released for consultation in March 2015.

In summing up the discussion, the Chair was reassured that out of the horror of Winterbourne View, lessons had been learned and the reduced numbers of people in locked hospitals was very much welcomed.

Everyone agreed that progress with transforming care offered a positive way forward, away from negative recollections of Winterbourne View.

The Panel was keen to look more at supported living arrangements for people with learning disabilities, and noted that the Panel's work plan included Supported Living/Extra Care facilities, which could incorporate this.

The Chair thanked everyone for their time and contribution to the discussion.

The meeting ended at 11.20 am

Chairman .....