

Minutes of the Adult Care and Well Being Overview and

Scrutiny Panel

County Hall, Worcester

Monday, 22 May 2023, 2.00 pm

Present:

Cllr Shirley Webb (Chairman), Cllr Paul Harrison and Cllr Matt Jenkins

Also attended:

John Taylor, Healthwatch Worcestershire
Mark Fitton, Strategic Director for People
Rebecca Wassell, Assistant Director for Commissioning
Steven Medley, Lead Commissioner
Fran Kelsey, Lead Commissioner
Liss Wood, Lead Commissioner
Kate Griffiths, Interim Democratic Governance and Scrutiny Manager
Jo Weston, Overview and Scrutiny Officer

Available Papers

The members had before them:

- A. The Agenda papers (previously circulated);
- B. The Minutes of the Meeting held on 24 March 2023 (previously circulated).

(A Copy of document A will be attached to the signed Minutes).

473 Apologies and Welcome

Apologies had been received from Councillors Lynn Denham, Andy Fry, Adrian Kriss, Jo Monk and James Stanley and Cabinet Member with Responsibility Adrian Hardman.

474 Declarations of Interest

None.

475 Public Participation

None.

476 Confirmation of the Minutes of the Previous Meeting

The Minutes of the Meeting held on 24 March 2023 were agreed as a correct record and signed by the Chairman.

477 Independence Focussed Domiciliary Care in Worcestershire

Members received a brief summary of the Agenda Report which outlined that the Council was moving away from a time and task approach to domiciliary care to one which was focussed on delivering outcomes, to support people to maintain, or recover, activities of daily living. Independence Focussed Domiciliary Care (IFDC) providers would be vital to achieving the change. The Council had created 10 zones across the County, broadly similar in the number of hours of care being delivered in them. A lead provider and 2 secondary providers would work in each zone and take on new work from the start of the contract, with legacy care packages maintained by existing providers.

Following a full tender process, contracts had been awarded to 8 care providers who would be lead providers in 7 zones and secondary providers in 15 zones. An additional tender had been published for the unfilled 3 lead providers and 5 secondary providers and submissions were being assessed with the intention that successful contracts would be awarded in July 2023.

Adult Social Care and Public Health Officers were working with providers to identify methods by which outcomes could be better measured for individuals and provide an evidence base of interventions which would support people to maintain their independence for as long as possible.

The change would support the Council's Plan for Worcestershire by supporting people to live 'healthily and independently in their own homes for longer and supporting preventative measures to reduce incidents which require NHS or other care services'.

Members were invited to ask questions and in the ensuing discussion, the following points were made:

- The Council currently purchased domiciliary care at between £20.64 and £25.02 per hour. The variance was dependent on how the contract was agreed, however, Bank Holidays were paid at time and a half and there could be further additional payments for travel to some rural areas. Contracts with individual employees would be a matter for the provider
- Choosing to split the County into ten zones, based on similar hours of care need would ensure they were broadly equal for core hours and ensure no one zone was more attractive than another
- It was an advantage to have a lead provider, covering around 60% of the hours, and 2 secondary providers, covering about 20% each. One example given was when a lead provider lost staff and the secondary providers were able to pick up the hours

- The tender process was outlined and although a complex piece of work weighing up cost versus quality, assurance was given that all providers had to be graded Outstanding or Good by the Care Quality Commission (CQC). It was noted that around 80% of the County's providers were already in those categories
- There had been a good response to the additional tender for the unfilled contracts
- When asked how Commissioners ensured providers continued to operate in the top 2 CQC ratings, it was reported that Officers worked closely with the Quality Assurance Team and would become aware of potential issues at an early stage. It was further reported that by working with a smaller number of providers it would make it easier to monitor
- The Report referred to ongoing barriers which providers faced in delivering care to people, which was explained as the national issues in recruitment and retention to health and social care sectors and the temptation for staff to move industry to seek a better pay
- The Council had supported Heart of Worcestershire College in the creation of a new course and training material enabling young people to gain skills required in the care sector
- A provider had approached the Council to support their use of electronic bikes, as having access to a car was a potential barrier. They were directed to the appropriate Department, although it was the provider who would consider any mileage rate offered to their employees.

The Representative from Healthwatch Worcestershire was invited to comment on the discussion and made the following points:

- When asked whether providers had seen increased complexity, such as double handed care or additional visits, as a result of earlier discharge from hospitals, it was clarified that there had been a collective community response to hospital discharge
- The Report referred to co-production of the IFDC approach. Officers were clear that this would be undertaken but would want all of the contracts to be filled before embarking on the programme
- It was clarified that no client would be forced to move from their existing provider, however, a provider could choose not to offer a contract extension. The Council believed it would take 3 to 5 years to transition to the new model.

478 The Council's Replacement Care Offer

Replacement Care, previously known as respite care, was support provided to an individual due to a family carer having a break from their usual caring role, either planned or in an emergency. Planned care could include a schedule of individual nights or a longer break whereas emergency care could include the family carer requiring hospitalisation at short notice. To meet Care Act eligible needs, the Council had 2 main types of replacement care, Older People and adults with Learning Disabilities.

The traditional Older People replacement care offer was outlined and the Panel was reminded of the Council's move to commission Replacement Care Bed Services procured via a framework rather than a block contract. This would meet demand, give choice and meet need. It would also remove the costs of a block contract and enable best value and flexibility. The framework had set rates for placements which providers had agreed to.

Following a tender process, evaluation had been completed and framework award was in progress, however, it would be re-opened to encourage more providers to become part of the framework. Officers reported that there had been a lot of interest, however some tenders were incomplete and the Council was now providing advice and feedback to providers.

The block contract was no longer suitable as it was only ever at 60-70% capacity, even before the COVID-19 pandemic.

The Learning Disability replacement care offer worked well on a block contract, supporting around 190 adults using one of five services. The average number of nights was 46, ranging from 16 to 140 per year. A commissioning review had been undertaken and in broad terms the current provision was sufficient to meet current and future needs, however, there was a shortage in provision for people with complex needs and alternatives were being explored. The current block provision was sufficient for both the planned and emergency replacement care needs.

The Chairman asked a question on behalf of a Panel Member who had received reports that planned replacement care was dependent on whether a bed was available and care was mainly focussed on emergency provision. The situation described therefore impacted, for example, planning a holiday. In response, Officers reported that this should have been part of the offer with the existing block contract offering 9 beds across 8 homes within Worcestershire. It was recognised that there may have been pinch points at certain times of the year, however, the new framework would provide more flexibility.

In the ensuing discussion, further points included:

- In relation to the ongoing impact of the COVID-19 pandemic, it was reported that the impact was greater on the whole family due to wider consideration of health needs. There had been a higher level of cancellations due to, for example, concerns about mixing with people outside of the family unit
- When asked about the Council support to providers around tender submissions, it was clarified that it was not due to the standard of the provider, rather the way in which providers approached their submission and lack of experience in 'bid writing'. For assurance, quality was constantly considered and measured
- In relation to the target of 90% occupancy across the block-contracted units for Learning Disabilities, it was reported that the aim was for above 60% and commissioners were looking at usage patterns. It was recognised that midweek was always less busy than weekends

- The Representative from Healthwatch Worcestershire was keen to know what co-production involved to be informed that the Council was constantly engaged with the Learning Disability Partnership Board.

The Chairman invited comments from the Chief Executive Officer of Worcestershire Association of Carers who expressed concern that if the Council was basing decisions on pre-pandemic data, families did not yet have the confidence as before the pandemic. Assurance was given that the new Framework was more flexible to allow growth in the market. Rates were based on complexity and preference was always a factor. The Assistant Director for Commissioning added that for families who wished to take planned holiday there would be reason why a booking could not be made. It was noted however that if last minute, there was no guarantee a preferred, or any, setting would be available. It was further noted that assessments were undertaken in priority need, taking urgency and safety into consideration. It was noted that elective procedures were usually planned about 4 weeks in advance, giving time for any assessment, however, emergencies had to be prioritised.

479 Work Programme

The Work Programme was agreed.

The meeting ended at 3.00 pm

Chairman