

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on 21 April 2016 at 10.30 am at County Hall, Northallerton.

Present:-

County Councillor Patrick Mulligan in the Chair.

County Councillors: Val Arnold, Jim Clark, Helen Grant, Bill Houlton, Mike Jordan, John McCartney, Brian Marshall, Heather Moorhouse, Chris Pearson, John Savage and Tim Swales.

Representatives of the Voluntary Sector: Jackie Snape (Disability Action Yorkshire) and Keren Wilson (as substitute for Mike Padgham (Independent Care Group)).

In attendance:

Officers: Mike Webster (Assistant Director, Contracting, Procurement and Quality Assurance (Health and Adult Services)), Mike Rudd (Head of Commissioning - Scarborough & Ryedale, Commissioning and Partnership (Health and Adult Services)), Ray Busby (Scrutiny Support Officer, (Policy and Partnerships)).

Apologies: County Councillors John Ennis and Clare Wood (Executive Member for Adult Social Care Health Integration).

Copies of all documents considered are in the Minute Book

94. Minutes

Resolved –

That the Minutes of the meeting held on 21 January 2016, having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

95. Any Declarations of Interest

Jackie Snape, as Chief Officer of Disability Action Yorkshire, a domiciliary care provider, had given notice and declared an interest in respect of the item relating to “Update on the Domiciliary Care Contracts in Harrogate and Selby: Dialogue with representatives of the two providers”.

96. Public Questions or Statements

The Committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

97. Update on the Domiciliary Care Contracts in Harrogate and Selby: Dialogue with representatives of the two providers

Mike Rudd explained that domiciliary care is a term for care and support provided in the home by care workers to assist someone with their daily life. Health and Adult Services undertook a procurement exercise in 2014 to introduce new “Framework” arrangements for domiciliary care as Phase 1 of a review of home care contracts. The first phase was targeted at care provided in the areas with greatest need and

demand for support in Harrogate, Selby and Scarborough. Through the Frameworks the aim was to reduce the number of providers with whom the council works, to allow for much closer partnership working in order to improve quality and at the same time reduce transactional costs.

Consultation with people receiving services had highlighted two key areas of concern with home care – timeliness of visits and continuity of care. The new specification enhanced the quality standards for providers including these two key areas. The new specifications also help deliver more personalised care, and the outcomes that people want from their support.

Mike Rudd introduced representatives of the two framework domiciliary care providers awarded the contracts for Selby and Harrogate, respectively, until 2019 - Mike Richards from “Riccallcare” and Samantha Harrison from “Continued Care”. Both stressed the business pressures of absorbing the increase in the living wage, and the difficulty ensuring a sufficient margin to continue to invest in the business against the backcloth of what is an increasingly complex social care market, with continuing problems recruiting, training and retaining staff.

The two providers described their positive relationship with HAS Directorate, especially when it came to communication and continuity of assessments. In part, this has resulted in referral arrangements for personal care with clients being grouped so that staff can visit clients within a recognised local area thereby reducing travelling time between appointments - a key benefit in a predominantly rural area.

Members agreed that this exercise should help them gauge the progress of Phase 2 of the rollout of the framework domiciliary care to other areas of the county.

Resolved -

That the report be noted.

98. Advocacy - Post Care Act

Considered -

The report of the Assistant Director Commissioning - Health and Adult Services providing an account and update on the Council's preparedness and implementation of the Care Act. The report reviewed how the Directorate was making arrangements for providing advocacy services for people who experience substantial difficulty in being involved with the care and support process.

Mike Webster explained that Advocates provide an independent support to people who, through vulnerability or lack of capacity, need support to help them to make a decision or express what they want to say, or who need someone to act on their behalf or represent their best interests. The Department of Health have suggested there was likely to be a 10% increase in the demand for advocacy as a result of the new Care Act responsibilities. The committee heard how an invitation to tender was sought for one countywide provider with the ability for a consortia to bid, or for a lead provider to sub-contract. A successful tendering process was conducted and, as a result of robust evaluation, “Cloverleaf” have been selected as the new provider; although, they have indicated in their bid submission that they may sub-contract with York Mind and Advocacy Service.

This means a change as the previous provider of the generic advocacy (North Yorkshire Advocacy) was not part of the successful bid.

Resolved -

- a) That the report be noted.
- b) Members were reassured that plans are in place to work with the outgoing provider to ensure a smooth transfer to the new contract.

99. Group Spokespersons' Discussions on Inspection of Care Homes and Member Involvement

Considered -

The report of Group Spokespersons informing the Committee of recent discussions in the Mid Cycle Briefing about how Members are notified of care provider issues, raised either by the Care Quality Commission (CQC), the regulation authority and/or as a result of the HAS Monitoring of Services via the Contracting, Procurement and Quality Assurance Team.

Ray Busby reminded the committee that at a previous meeting members had heard from the Care Quality Commission's (CQC) Regional Inspector about the inspection of care providers, and particularly new arrangements around increased transparency of inspection findings. Then, the committee noted the CQC's rating systems for providers, which range from: outstanding; good; requires improvement or inadequate. This new system does help inform users about the quality of the provision. When combined with new recently produced CQC area profiles, members of the public can thus be reassured that the commissioning of HAS services is sustained at a high quality level. It is, however, early days for the CQC rating system and many people are clearly struggling to understand what the rating categories actually mean in practice. Constituents regularly contact elected members about issues that they are experiencing locally in relation to family members. The committee, therefore, returned to the question about how elected members are informed about, and possibly connected to, all this information regarding the regulation and inspection of care establishments.

In many instances where a home is rated as requiring improvement by the CQC this might mistakenly cause people to worry that this finding implies something more serious about the standard of care. Currently, discretion lies with the HAS Directorate about how and whether directorate held information is then shared with the local elected member. The consensus was that every effort should be made to keep local members informed. Thus, the current arrangement would continue where officers exercise judgment on the merits of each case as to how information is shared, but members now expected the Director, when balancing competing reasons in any given case, to err of the side of making the local member aware.

Resolved -

The committee agreed to continue the current arrangement whereby a judgment will be made on the merits of each case. This means, for example, where a home is found to be requiring improvement, a judgment will be made based upon those findings and locally held information, as to how this situation should be shared with the local Member. Depending upon the circumstances, a finding of "Inadequate" is more likely to trigger contact with the local member. However, unless truly exceptional circumstances apply, the Committee and the relevant local Member will be notified *automatically* when a provider is suspended or ceases trading.

100. Work Programme

Considered -

The report of the Scrutiny Team Leader on the Work Programme.

The method and format adopted in the meeting for the Domiciliary Care discussion - that of an open conversation and dialogue with providers - is one that the committee would want to replicate in the future with both in-house and external providers where the scope of their activity matches key areas of the work programme.

Resolved -

That the Work Programme be agreed.

The meeting concluded at 12:50pm