

NORTH YORKSHIRE COUNTY COUNCIL**18 May 2016****CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE****CHAIRMAN'S STATEMENT****Framework Providers for Domiciliary Care**

1. 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 our aim was to reduce the number of providers we work with, to allow for much closer partnership working in order to improve quality and at the same time reduce transactional costs.
2. 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 us deliver more personalised care, and the outcomes that people want from their support.
3. We examined the success of this arrangement, from the providers' perspective, when we met representatives of the two framework domiciliary care providers awarded the contracts for Selby and Harrogate, respectively, until 2019. Many of the issues raised by Mike Richards from "Riccallcare" and Samantha Harrison from "Continued Care" were not unexpected. 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.
4. We found the relationship between the two providers and the HAS Directorate, for example in terms of communication and continuity of assessments, to be excellent. 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.
5. This exercise puts the committee in a good position to assess progress of Phase 2 of the rollout of the framework domiciliary care to other areas of the county.

6. The method and format we adopted in this meeting - that of an open conversation and dialogue with providers - is one that we intend to replicate in the future with both in-house and external providers where the scope of their activity matches key areas of our work programme.

Inspection of Care Homes and Member Notifications

7. At a previous meeting we 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. We 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. We asked ourselves, therefore, how elected members are informed about, and possibly connected to, all this information regarding the regulation and inspection of care establishments.
8. 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 committee has 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 training.

Advocacy Post Care Act

9. As part of its continuing work in assessing the Council's preparedness and implementation of the Care Act, we 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.
10. 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 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. We 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.

11. This means a change as the previous provider of the generic advocacy (North Yorkshire Advocacy) was not part of the successful bid. We were reassured that plans are in place to work with the outgoing provider to ensure a smooth transfer to the new contract.
12. We hope to meet representatives of Cloverleaf in the very near future.

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9 May 2016

Background Documents - Nil.