

**ADULTS SCRUTINY COMMITTEE
 29 JUNE 2016**

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs A E Reynolds, M A Whittington and Mrs S M Wray

Councillors: Mrs P A Bradwell and C R Oxby attended the meeting as observers

Officers in attendance:-

Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director, Adult Social Services), Alina Hackney (Senior Strategic Commercial and Procurement Manager), Justin Hackney (Joint Commissioning Specialist Services), Steve Houchin, Pete Sidgwick and Rachel Wilson (Democratic Services Officer)

10 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs H N J Powell and Mrs N J Smith.

11 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest at this point of the meeting.

12 MINUTES OF THE MEETING HELD ON 25 MAY 2016

RESOLVED

That the minutes of the meeting held on 25 May 2016 be signed by the Chairman as a correct record.

It was highlighted that following this meeting, some Members had been aware of additional information in relation to the charging policy of the Penderels Trust for the support they provided recipients of personal budgets, and it was agreed that the Director of Adult Care would provide a briefing note after the meeting to clarify the situation.

13 CHAIRMAN'S ANNOUNCEMENTS

There were no announcements by the Chairman.

14 WORKFORCE ISSUES IN RESIDENTIAL AND NURSING HOMES AND OTHER CARE SETTINGS (INCLUDING DOMICILIARY CARE)

ADULTS SCRUTINY COMMITTEE 29 JUNE 2016

Consideration was given to a report which outlined the key workforce issues experienced by providers of Adult Care in Lincolnshire, and the support which was being offered by LinCA (the Lincolnshire Care Association) to meet the challenges.

LinCa was supported by grant funding from Lincolnshire County Council and had also accessed resources from Skills for Care and Health Education England. Providers were asked to make a contribution to all workshops and training sessions except those which related to safeguarding which were provided free of charge.

Workforce support was available from a variety of sources, which had not historically been co-ordinated. A workforce strategy had been developed in conjunction with the sector and commissioners of the services (both local authority and NHS) to provide a coherent pathway to ensuring that there were *the right people with the right attitudes and skills, in the right place at the right time* to deliver a high standard of care to service users in Lincolnshire.

Melanie Weatherly, Chair of the Lincolnshire Care Association (LinCA), was in attendance at the meeting and updated the Committee on some of the workforce issues being experienced in residential and nursing homes. Some of the points highlighted included the following:

- The sector was very short of registered nurses, particularly those that wanted to work in nursing homes.
- Work was ongoing with year 9 pupils and apprenticeships to encourage more people into the sector. The University of Lincoln was also offering placements in nursing homes.
- This was a work in progress, and it was acknowledged that there would not be 'overnight success' in solving these issues, as there would be a need to work with people over 3/4 years.
- Particularly in the area of home care, there was high demand for part time hours. It was thought this could be in response to other sectors, such as hospitality, cutting staff hours.
- The other significant problem was retention of staff, as once staff had been recruited, it was proving difficult to keep them where they needed to be. However, it was noted that this was a national problem, not just a Lincolnshire problem.
- There was a need for recognition of what the roles involved, as people generally only saw the negative side. It was noted that a home carer was a very responsible job, as people were working on their own with some of the most vulnerable people.
- A number of initiatives had been introduced to help with the retention and recruitment of staff including the introduction of Icare ambassadors who will be trained to work with schools, colleges and community groups to share their experience of social care.
- If young people could be encouraged into the care sector with the knowledge that there could be a career plan, they may move on to become nurses or work in social care.

- It was reported that two local colleges had been visited, and it had been found that they did not collect information on how many people who studied health and social care actually went into the care sector.
- There was a need to ensure that the right people with the right skills were recruited so that they could be retained, otherwise, people would not be able to be trained to the right level, and the same training would just keep being repeated.
- Members were advised that LinCA were working with health colleagues to examine whether there were any tasks which were done by registered nurses which could be done by care staff instead, such as diabetes care.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, and the issues highlighted by the Chair of LinCA, and some of the points raised during discussion included the following:

- It was commented that this was a very good initiative and set the foundation for something which needed addressing.
- With domiciliary care, one issue was that people did not like working on their own, and creating more of a team atmosphere could address this.
- This report presented a strong case for occupational training, and it was considered important that Lincolnshire started training more of its own people.
- It was commented that there was a lack of co-ordination and co-operation between schools and colleges.
- It was suggested that if people signed up for training, they should commit to a certain number of years' service in that area.
- There was a need for change in how people viewed vocational work.
- The status of the profession was very important, and school leavers needed to be encouraged to know that choosing a career in care would have opportunity to progress and develop.
- It was thought that it could be beneficial for young people in the care sector could go into schools to speak with pupils about how they make a difference.
- It needed to be emphasised that anyone who was not academic could have a good career in the care sector.
- It was commented that the work which was being done was going in the right direction. However, it was suggested that one of the problems to be overcome was the number of providers who were using zero hour contracts, as people may be put off from applying for posts where zero hour contracts applied. Members were advised that most of the zero hour contracts operated as contracts with paid holiday, sick pay, resembling permanent jobs, or they could be viewed as variable hours contracts. It was noted that it would be difficult to pay guaranteed hours as it was a very variable business, as if people went into hospital they would not require the home care during that time.
- It was queried whether those people who were returning to work were being directed towards the care sector.
- There was a need for confidence in the managers.
- There was a need for the care industry to be more highly regarded.
- It was queried, in light of the EU Referendum result, how many staff had been recruited from the EU work force, and what provisions were being made for

their retention. Members were advised that it was not thought that this result would cause any problems in the care sectors; the most likely problems could be the recruitment of nurses, but they would meet the criteria in any points based system. It was reported that 16% of clinical grades were non-UK nationals; and 11% of nursing grades were non-UK nationals. The Chief Executive of the NHS had issued a message of reassurance that these roles in the NHS were still needed and nothing would change immediately and the work was still needed. The greater risk was that clinical grades had choices that other grades did not.

- It was commented that young people were not taught at school to look for a vocation, but to look for rewards. There was a need to make sure that people recruiting were being honest with young people, and working at the 'bottom level' sometimes tipped this work below what was affordable for people.
- There was a need for an attitude change to get the right type of people into this work. Providers were being supported to encourage a values based approach to recruitment to find out what people attitudes were.
- Nurses were difficult to recruit to nursing homes, and there was a need to 'grow our own' as well as 'keep our own' as young people did not tend to want to stay in Lincolnshire.
- It was acknowledged that younger people did need more management, and not all managers had the right skills to deal with this.
- Members were advised that many people were forced to attend recruitment days by the Department of Work and Pensions (DWP) to avoid sanctioning of benefits, and it was acknowledged that the sector could work better with the DWP.
- It was queried what the ratio of male to female staff was, and it was reported that ideally there should be more male workers. Members were advised that officers were aware of this difference, but often service users and their families did not want a male carer.
- It was reported that care providers were flexible in terms of hours could work, so if someone only wanted to work mornings, or afternoons, or were only available one morning per week, they could generally be accommodated. The problems arose when people only wanted to work Monday to Friday.
- It was suggested that LinCA come back to the Committee in a years' time so members could see how the situation developed.

RESOLVED

1. That the information presented on the key workforce challenges and the ways in they were being addressed be noted and the work of the Lincolnshire Care Association promoting careers in care sector, in particular to young people, be supported.
2. That the Committee receive a further update in one year.

It was reported that the Adult Care Outturn was £145.342m, an underspend of £1.460m against a budget of £146.801m. Members received a presentation which provided more detailed information in relation to the following areas:

- 2015/16 Outturn
- Outturn highlights – Adult frailty & Long term Conditions
- Outturn highlights – Specialist Adult Services
- Outturn Highlights – Safeguarding Adults/carers
- 2015/16 Outturn – planned use of underspend, including a list of eight bids to be submitted for consideration by the Executive and approval y the County Council meeting in September 2016
- Capital strategy
- Better Care Fund

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and presentation, and some of the points raised during discussion included the following:

- It was confirmed that there had not been any financial penalties for not meeting targets.
- It was reported that there were 8 programmes, where there were proposals totalling £1.46 million, which could be funded by carrying forward the underspend. This would be subject to consideration by the Executive and approval by the County Council in September 2016. The Committee was supportive of the bids outlined as part of the presentation.
- It was noted that there had been an underspend on carers, and it was queried whether this was because they were not engaging with the Council as they did not know what support was available to them. Members were advised that the change in spend had been due to changes in the Care Act which changed the eligibility criteria. It was also reported that fewer carers were receiving direct payments. However, the number of carers that the authority was supporting substantially higher in 2015/16 than 2014/15. It was estimated that there were 79,000 carers in Lincolnshire, and of these 7467 were now being supported. There was a very strong emphasis on reaching out to carers in Lincolnshire, and in October 2016 there would be a presentation from Carers First, the County Council's new provider of carers' services. It was noted that performance measurement reflected an element of a 'revolving door', as a certain proportion of clients had returned for the second time as their needs had not been met on the first occasion.
- It was reported that £300,000 had been invested in a family and friends support service for those caring for people with Alzheimer's Disease.
- It was commented that Adult Care budget was stable. The only significant risk was the additional pressure from the national living wage.
- It was requested whether a report linking last year's outturn activity to this years could be made available and it was proposed that this be included as part of the papers submitted to the meeting on 7 September 2016.

RESOLVED

That the comments made in relation to the budget outturn for 2015/16 be noted and the Committee's support for the eight items listed as proposals for use of the underspend totalling £1.46 million be recorded.

16 CONTRACT MANAGEMENT UPDATE

Consideration was given to a report which sought to provide the Adults Scrutiny Committee with an update on the work of the Commercial Team – People Services, with specific reference to the Contract Management of Adult Care Services across all service provision (including Adult Frailty and Long Term Conditions and Specialist Services)

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, and some of the points raised during discussion included the following:

- It was requested that audit reports relating to Adult Care should also be circulated through the Adults Scrutiny Committee.
- It was commented that contract management was often the weak link in provision of services (however, not necessarily in this authority).
- It was reported that half of the team worked on procurement and other half worked on contract management, so they were very interlinked. It was also reported that there was very close working with legal services, and Legal had an input in all of the procurement process.
- It was confirmed that if a provider was listed as a medium risk, it would be inspected every 6 months to a year, and if it was low risk it would be inspected yearly.
- It was reported that providers would usually address any issues through an action plan as they wanted to work with the local authority. Where progress has been slow, a joint meeting would be held with the lead inspector.
- Contract Officers received information from a number of different sources which could help to identify if there was a problem with any of the providers.
- Members were advised that there would still be robust contract management rules regardless of whether the country would need to follow European procurement rules.
- The range of experience within the Team was mixed, some were from the private sector, some from social care, and some had a legal background.
- Members were advised that an information sharing protocol had been drawn up, but there was an awareness that there would be commercially sensitive information, but the data held in the matrix was available for providers to see.
- Those providers who were high risk were being dealt with, and any areas that were medium risk should have an action plan in place to help them move down to low risk. If there were concerns about any provider, an action plan would be put in place as well as dates when the provider would be reviewed. If insufficient progress had been made, the risk level could be increased and they would receive more monitoring
- Members commented that they found the risk matrix and its thoroughness to be reassuring.

- It was queried whether the authority had any overview of providers' accounts, and what measures were in place to ensure there was no fraud. Members were advised that a providers financial situation would be validated as part of the procurement process. There was also 'soft' intelligence that could be used, as well as being able to see the credit score of certain organisations. If there were additional financial concerns, then the risk level could be raised. It was noted that it was not uncommon for utility companies to contact the authority to report that bills had not been paid.
- It was confirmed that each of the 10 main areas which were used to calculate the risk level did not have the same weighting. It was noted that the weightings could be changed as required, such as to bring in line with any changes in practice etc.. Members were advised that it was planned to procure a more detailed system.
- It was noted that the current system made it very easy to incorporate the 'soft' intelligence and it was hoped that this facility would not be lost in the new system. Members were assured that the new system would also allow this information to be captured.

RESOLVED

That the information presented be noted.

17 DAY CARE SERVICES RE-PROCUREMENT

The Committee was invited to consider a report on Day Care Services re-Procurement which was due to be considered by the Executive Councillor for Adult Care on 2 July 2016. It was reported that day care services aimed to give eligible adults meaningful activities during the day, which may include socialisation, help to learn new skills and work or volunteering activities. In order to meet the needs of eligible adults, the Council utilised both in-house day services provision, and externally contracted day care services.

Members were advised that the current contractual arrangements for external provision of building based day care services for working age adults and older people were a mixture of spot contracts which commenced at different times and contained differing terms and pricing. A number of contracts had reached the end of their terms and did not contain a provision to extend.

There was therefore, a consequent need to undertake a procurement process to establish an appropriate contract mechanism to update and bring consistency to externally contracted day care services across adult care.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was commented that the authority did have its own in house provision, which complemented the external provision. There was a need to make sure that there was an even spread of services throughout the county.

- It was commented that it was very difficult in Lincolnshire to secure provision for people in every locality.
- There had been a decision a year ago to allow people to have choice between private provision and what the council could provide.
- It was queried whether this process would produce any savings, and members were advised that it was not anticipated that costs would reduce, but this process was more about standardising provisions. Generally, the services provided were good value and so the main objective was to improve the standards of care.
- It was queried whether this would allow further service users access to facilities, and members were advised that there would be opportunities for new providers to join the framework, and then there would be opportunities for more access to services.
- The eligibility criteria would not change.
- It was noted that there was a capacity cap which was based on the number of staff who were employed. There was not the capacity to allow self-funders to attend county council services.
- This was about buying services on behalf of those people that did want to take their direct payments.
- Those with low to moderate needs would be directed to the Wellbeing Service, part of the Public Health directorate.

(Councillor C R Oxbly wished it to be noted that his mother used day care services twice per week)

- It was queried whether this procurement would open up the market, and if there would be a flood of people coming in to provide these services. Members were advised that the authority was not offering any commitment of volume to the providers, and so it was not likely to attract a large number of providers. It was important to ensure that the authority was offering continuity, and service users would not be taken away from existing providers.
- It was commented that this was the final piece of the overhaul of day care services and complimented what was provided by the Council and by others. It was also suggested that once the process was complete, a price list of services available and their cost should be made available and should be promoted.

RESOLVED

1. That the Committee supports the recommendations to the Executive Councillor as set out in the report.
2. That the following additional comments be passed to the Executive Councillor in relation to this item:
 - The Committee believes that this procurement exercise represents the final element of day care provision within Lincolnshire
 - The Committee would like to see a list of services from the providers awarded the contracts published on appropriate websites and promoted as widely as possible, so that self-funders, those with

moderate needs and others who wish to access respite opportunities have an opportunity to access them.

18 TRANSITIONAL AND REABLEMENT BEDS BLOCK PURCHASE

(Councillor J R Marriott left the meeting at 12.40pm)

The Committee was invited to consider a report on Transitional and Reablement Beds Block Purchase which was due to be considered by the Executive Councillor for Adult Care on 29 June 2016. Members were advised that there was an increasing demand for services alongside challenging market conditions within the Residential Care sector which continued to place increasing pressure on the Council to find sufficient capacity within the usual costs for care and was particularly prevalent in the south of the county.

It was proposed to enter into block purchasing agreements in addition to the existing residential framework agreement that would offer increased and fixed capacity for residential care. By securing such capacity the Council would be in a stronger position to be able to manage increasing demand within existing financial and market based constraints.

It was also reported that it was proposed that this procurement would also be carried out on behalf of health (Lincolnshire's Clinical Commissioning Groups (CCGs)) and Lincolnshire Community Health Services Trust (LCHS) for nursing and non-nursing beds. Approval was also sought for the entering into of an agreement under section 75 of the NHS Act 2006 to create a pooled fund and to enable the Council to act as lead commissioner for health related provision.

Members were provided with an opportunity to ask questions to the officers present in relation to the information contained within the report, and some of the points raised during discussion included the following:

- It was queried how it would be determined who would get which bed with a lot of independent providers. However, members were advised that Lincolnshire County Council would have the 'first pick'.
- There would be evaluation criteria such as geographical location.
- It was noted that the vacancy rate in the county was very low.
- It was reported that the beds would be multi-functional - some would be used for relieving the pressure of delayed discharges, whilst others could be used to prevent admission to hospital.
- Members were advised that there would be time limit on how long a bed could be used for, and any additional support required would be given by LCHS staff. It was not expected that residential care homes would employ additional staff to deliver any therapeutic services.
- In relation to the yearly costs and cumulative costs which were presented on page 131 of the agenda pack, a member queried why there was a 12% increase in costs between 2016/17 and 2017/18. Members were advised that there were a number of factors such as the impact of the national living wage and demographic increases. Officers offered to meet with the councillor

outside of the meeting with finance colleagues to discuss the figures in more detail.

- It was queried whether there was any potential for discounts on empty beds, and it was noted that this would be taken into consideration during the procurement process.
- It was suggested whether it would also be considered to carry some voids to ensure that there was always a bed to offer someone. However, it was thought that the beds would be mostly filled.

RESOLVED

1. That the Committee supports the recommendations to the Executive Councillor as set out in the report.
2. That the following additional comments be passed to the Executive Councillor in relation to this item:
 - The Committee welcomes this procurement, which inevitably supports people/service users to return to settings closer to their own homes, which potentially allows support from their friends and families
 - The Committee is particularly supportive of joint working with NHS colleagues in the procurement exercise
 - The Committee expects the transitional beds to assist in resolving the issues in relation to discharge from acute hospitals and to prevent inappropriate acute admissions.
 - The Committee was assured that the use of beds would not be time limited
 - The Committee explored the rationale for the increase in yearly costs, as set out in the table in paragraph 3.7 of the report
 - The Committee would like to see the number of 'voids' kept to a minimum
 - The Committee would like to emphasise the importance of quality in the procurement process and the potential benefits of the provision of this service.

19 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

The Committee received a report which provided them with an opportunity to consider and comment on the content of its work programme for the coming year.

Members were advised that clarification regarding the visits to day centres would be circulated after the meeting. An e-mail would also be circulated after the meeting to finalise the date for the visit to the Carers First offices in Grantham.

RESOLVED

That the work programme be noted.

The meeting closed at 1.15 pm