



ADULTS SCRUTINY COMMITTEE 25 MAY 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, Mrs N J Smith, M A Whittington, Mrs S M Wray and Mrs M J Overton MBE.

Councillor Mrs P A Bradwell, the Executive Councillor for Adult Care, Health and Children's Services was also in attendance.

Officers in attendance:-

Andrea Brown (Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Matt Jackson (Regional Director, East and South East England Allied Health Care), Jane Mason (County Manager Carers), Emma Scarth (Commissioning Manager Performance, Quality and Workforce Development), Pete Sidgwick (Assistant Director (Frail, Elderly and Long Term Conditions)) and Kimleigh Wolters (Service Manager – Penderels Trust).

Guests:-

Mrs M Smeeton and Mr I Patel.

1 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillor H N J Powell and Councillor C R Oxby (Executive Support Councillor for Adult Care and Health Services).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Mrs M J Overton MBE as a replacement member of the Committee in place of Councillor Mrs H N J Powell for this meeting only.

2 DECLARATIONS OF MEMBERS' INTERESTS

No declarations of Councillors' interests were received at this stage of the proceedings.

3 MINUTES OF THE MEETING HELD ON 6 APRIL 2016

RESOLVED

That the minutes of the Adult Scrutiny Committee meeting held on 6 April 2016 be confirmed and signed by the Chairman as a correct record.

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4 CHAIRMAN'S ANNOUNCEMENTS

The Chairman made the following announcements:-

i) Budget Outturn 2015/16

Work was underway on the closing down of the accounts for 2015/16 which was the first year of using the Agresso system and every effort was being made to complete the various processes required to close the accounts. This item had originally been scheduled at this meeting of the Committee, and it would now be considered on 29 June 2016.

ii) Better Care Fund

A report was considered at the full meeting of the County Council on 20 May 2016 in regard to a decision taken on 26 April 2016 under the "Rule 17 Urgency Procedure" which finalised the submission of the Better Care Fund (BCF). Further updates on the progress of the BCF would be submitted to the Committee.

iii) Visits to Day Centres

The Committee had requested that visits to day centres be arranged and consideration was being given to two visits during late June or July 2016. It was proposed that the first visit be held at the Warwick Road Centre (Louth), Virginia House (Louth) and The Wong (Horncastle). The second visit would be to Scott House (Boston) and Ancaster Day Centre (Lincoln). The maximum number permitted to visit was four and dates would be offered to members on a first-come-first-served basis. The Committee were encouraged to attend even if the centres were not in their own divisions.

5 LINCOLNSHIRE ASSESSMENT AND REABLEMENT SERVICE

Consideration was given to a report and presentation from the Regional Director of Allied Health (East and South East England) which provided the Committee with an update on the Lincolnshire Assessment and Reablement Service. During the first six months delivery of the contract, by Allied Health Care, the service had seen a 60% improvement on capacity, delivering over 1900 face to face reablement contact hours per week.

The Assistant Director (Frail, Elderly and Long Term Conditions) advised the Committee that a short report had been circulated with the agenda pack on the current position within the Lincolnshire Assessment and Reablement Service and introduced Matt Jackson, Regional Director of Allied Health Care (East and South East England).

Mr Jackson gave a presentation to the Committee which provided some background information on Allied Health Care and also the four main components of the service provided within Lincolnshire.

Allied Health Care was the largest provider of social care in the UK and operated from 100 branches providing care and support to over 30,000 people on a daily basis. A team of 13,500 staff were employed throughout the UK, 139 of which were Lincolnshire based.

The four main components of the service provided by Allied Health Care were provided below:-

- Capacity/Workforce Planning, Pathway Management and Optimising Acute and Community Demand;
- A safe, effective and personalised service: Virtual Care Rounds;
- Outcomes focused care reablement supporting "whole person" (and family) care; and
- Quality reporting to support service development.

During discussion, the following points were noted:-

- Clarification was provided that the cost of the contract was approximately £4 million and that all work, including the increased capacity, was undertaken within that budget, £2 million of which was allocated from the Better Care Fund (BCF);
- Although Allied Health Care was the only provider of this contract, it was confirmed that where people could benefit from care provided by Lincolnshire Partnership NHS Foundation Trust (LPFT) or Lincolnshire Community Health Services (LCHS), one care plan would be developed;
- The position of community facilitators had been included within the tender for the contract and was included within the allocated budget. There were currently 16 community facilitators who came from a range of backgrounds, including domiciliary care. It was explained that the aim of reablement workers was to give people the opportunity to regain their independence which did not necessarily suggest that care workers were automatically appropriate for these roles;
- Although there were acute facilitators located in Lincoln and Boston, Grantham was also included once each week. The volume of the flow had been prioritised and work was ongoing with the community hospitals;
- In bidding for the contract, Allied Health Care thought that they had been proactive, retrospective and reactive, taking the view that holding a consultation with staff in the period leading up to Christmas could have destabilised the care provided. It was thought that learning more about the service and ascertaining areas of higher demand would ensure that workforce planning could be better targeted;
- The Committee was encouraged to provide suggestions which would improve the links between residents who may require support but were not known to a GP and to assist the role of the community facilitator in identifying those links;
- It was confirmed that there was no charge to service users for reablement services within the first six weeks. It was suggested that a period of four weeks was generally required for completion of this service and, therefore, not chargeable to the service user;

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- 105 members of staff had been TUPE transferred across to Allied Health Care, 101 of whom remained and were salaried with travel time incorporated into their salary. These staff members were salaried at over £10 per hour due to the TUPE transfer, but newly recruited staff would be employed on a guaranteed hours contract (either 18 hours or 32 hours) at a rate of £7.60 per hour and £8 per hour at weekends;
- Although there was some concern about paying two staff groups different wages, there was a commitment from Allied Health Care to pay staff at a rate above the minimum wage;
- The areas of Stamford and Bourne remained a challenge for staff recruitment;
- A reablement compass was used which was explained as
 - **Now What?;**
 - **Eating and Living;**
 - **Safely and Mobility;**
 - **Wellbeing & Relationships;**
- Patients discharged from an acute bed may be referred to the reablement service, but their needs could be more palliative. This type of case was rare as the processes in place identified at an earlier stage the required type of care for individuals. In some cases, although palliative end of life care was a different service, the reablement service may be the best option for that individual;
- The contract value was £4 million of which a considerable amount would have been apportioned to the TUPE transfer process and the protection of NHS terms and conditions including existing pensions for those staff. A commitment had been made to honour the terms and conditions of these members of staff as it was acknowledged that this was a skilled workforce and retention was key to the success of the service;
- The Committee requested a briefing paper to include the costs associated with the contract;
- The initial intention was to procure a service jointly with the NHS but the timescales involved had meant this was not possible. Once the core service had been established, consideration would be given to the development of additional services in the future.

RESOLVED

That the report, presentation and comments be noted.

6 PERSONAL BUDGETS

Consideration was given to a joint report of the County Manager (Performance and Development) and the County Manager (Carers) which advised the Committee of the processes and context of personal budgets.

Emma Scarth, County Manager (Performance and Development) gave an overview of the report and introduced Mrs Mel Smeeton (Carer), Jane Mason (County Manager (Carers)) and Kingleigh Wolters (Service Manager, Penderels Trust) who

were in attendance from the different areas working to support access to Personal Budgets.

Mrs Smeeton gave a PowerPoint presentation, entitled "Coproduction Matters", which included the following:-

- Pat's Journey – Mrs Smeeton's mother was diagnosed with vascular dementia in 2011; the family were determined to keep mum at home, providing part-time care initially (September 2014) and full-time, live-in care from May 2015;
- What's important to us – wanting to keep mum at the heart of the family; care package to meet changing need; familiar surroundings, people and continuity of care; no hospital admission and regular GP checks; and planning for the future;
- Mel's Journey – Mrs Smeeton joined local peer network and attended Integrated Personal Commissioning conference in January; member of Strategic Coproduction Group (April 2016); link between local peer support, LG, CDGs and Board, strengthening the voice of people with lived experience; and coproduction was integral in shaping future decisions;
- Why Coproduction? – to act as a "conduit" transmitting information to ensure cohesion between all groups; ensure choice was not limited by lack of knowledge; and standardising the language nationally;
- Summary – evolving care needs; quality of life and the benefits; opportunity to influence; and empowerment through knowledge and a common language.

It was explained that Penderels Trust provided the following support:-

- Personal assistant recruitment;
- Guidance on all aspects of being a good employer including legal obligations and responsibilities;
- Assistance with choosing and using a care agency;
- Help with money management and keeping accurate records;
- Managing 'managed accounts'; and
- Assistance in arranging day services.

The Chairman invited Mr Iggy Patel, a service user who managed his own personal budget, to address the Committee. The main points made by Mr Patel included:-

- Mr Patel managed own personal budget and employed five carers, which increased to seven during the summer months;
- Mr Patel indicated that services were available regarding direct payments but these services not available for a service user who managed his own direct payment;
- Five years of experience as a direct payment user and Mr Patel had undergone four assessments during that time. Each time he had been referred to the Penderels Trust despite choosing to manage the direct payment himself;
- Mr Patel advised the Committee that the process of employing staff using a direct payment was not difficult and stated that there were no processes in place or manual available to provide a clear explanation to support individuals who chose to manage their own personal budget;

- Mr Patel stated that a manual had been devised by Lincolnshire Independent Living and presented to Adult Social Care but this had not been utilised.

The Chairman thanked Mr Patel for addressing the Committee and opened the discussion, during which the following points were noted:-

- The Penderels Trust provided included a wraparound service, but also included community networks and included individuals and families supporting each other;
- A range of other services were being developed and, nationally, a preventative element was growing. Direct payment elements for carers was seeing a reduction as community networks increased;
- Clarification was provided that there was no charge for individuals to be supported and gain advice from Penderels Trust, under the contract, even if they decided to manage their own personal budget. The only charge would be if Penderels Trust undertook payroll services on behalf of the individual but this was not a requirement;
- Given the comments made by Mr Patel, it was agreed that other direct payment users may also be unaware of the services available to them for example from Penderels Trust and this apparent gap in knowledge could be addressed. Officers would give further consideration to providing clearer information to allow direct payment users more choice in managing their own care;
- There was a statutory duty to provide an assessment for all service users. Although Penderels did not have to be used, there was a duty for the County Council to provide that service to those who wanted or needed that support and advice;
- An annual reassessment was required for individuals who received care and support from the County Council. During the assessment, the budget would be considered as part of the Care Plan to ensure that this was adequate for that Care Plan. It was stressed that any increase to personal budgets would be agreed during the reassessment process;
- The Committee was advised that direct payments did not need to be spent on a Personal Assistant and could be spent on any equipment which may be required therefore the hourly rate paid to Carers/Personal Assistants could not be included as part of the reassessment as this was an overall Care Plan. The hourly rate paid to a Carer/Personal Assistant was the responsibility of the individual who managed the direct payment;
- It was reported that 60% of people coming through the transition process opted to use direct payments and it was hoped that there would be an eventual shift in the culture;
- Issues with the advice given by social workers was acknowledged and recognised that information packs for staff were required to avoid any potential mixed messages being given to service users;
- There were 1,900 Direct Payment users within Lincolnshire, 1,800 of whom were supported by the Penderels Trust. It was confirmed that the County Council was to ensure that those 100 individuals, who managed their own direct payments without support from the Penderels Trust, were given the correct information;

- It was stressed that social workers were not specialists in employment law but the Penderels Trust were. It was suggested to invite a Social Care Practitioner to the Committee to advise what information they give to services users and what support and training they receive in order to do so;
- Confirmation was received that payments to the NHS would not be paid from Direct Payments for social care. As part of the Care Act, the Committee was advised that Direct Payments were not to be used for Health Care, Gambling or Illegal Activity.

The Chairman thanked all present for the contribution to this item.

RESOLVED

That the report and comments be noted and the Director of Adult Care be requested consider the issues raised during the course of the discussion regarding the information available to recipients of direct payments.

At 12.50pm, Councillors Mrs P A Bradwell and B W Keimach left the meeting and did not return.

7 QUARTER 4 PERFORMANCE REPORT

Consideration was given to a report from Glen Garrod, Executive Director Adult Social Services, which provided an update on the Adult Care – Quarter 4 and Full Year Performance Information.

Emma Scarth, County Manager – Performance and Development, introduced the report and suggested that a more formal report may be presented in the future on customer satisfaction levels of service users.

During discussion, the following points were noted:-

- A table listing the strategies to include a brief statement and how many service users for each area was suggested. However, it was explained that not all areas had a written strategy and that a flow diagram was available for customers in those instances;
- It was considered that the satisfaction survey had resulted in a good outcome as the figure of 80% included only "extremely satisfied" and "very satisfied" answers. The Committee was advised that if the option of "quite satisfied" had also been included in the overall satisfaction result then this would have taken the figure to 95%. This indicator was nationally prescribed and there was no ability to change the questions. It was agreed that a detailed report on the survey be presented to the Committee to enable a broader picture to be discussed;
- Delayed Transfers of Care (DTC) figures were higher than during the same quarter last year which had been an exceptional situation across both health and social care. It was expected that this would improve during Quarter 1;

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RESOLVED

That the report and comments be noted.

8 LINCOLNSHIRE SAFEGUARDING SCRUTINY SUB-GROUP - UPDATE

Consideration was given to a report from Catherine Wilman, Democratic Services Officer which gave the Committee an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group and, in particular, the Sub-Group's consideration of adult safeguarding matters.

RESOLVED

That the draft minutes of the meetings of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 6 January 2016 and 6 April 2016 be noted.

9 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by Simon Evans, Health Scrutiny Officer, which enabled the Committee to consider its work programme for forthcoming meetings.

The Committee was advised that the Health Scrutiny Committee for Lincolnshire had reiterated its request that the Adults Scrutiny Committee give detailed consideration to Delayed Transfers of Care (DTC). Although the Committee was advised that the progress with Delayed Transfers of Care would be included as part of the quarterly performance report, the Committee's preference was that this item should be considered as a single detailed item.

It was agreed that an item would be added to the work programme on Delayed Transfers of Care and the Chairman agreed to discuss this further with the Director of Adult Social Care on how this would be considered by the Committee.

RESOLVED

1. That the Work Programme, as detailed in Appendix A to the report, be noted;
and
2. That following the request made by the Health Scrutiny Committee for Lincolnshire an item on Delayed Transfers of Care be added to the Committee's work programme, which would be considered in addition to the reporting of performance in the quarterly reports.

The meeting closed at 1.30 pm.