Appendix A

NOTES

Health OSC Steering Group
Friday 20 December– Scrutiny Chairs Room (B14a)
2.00pm

Present:

- County Councillor Steve Holgate
- County Councillor Mohammed Iqbal
- County Councillor Margaret Brindle

Apologies:

- County Councillor Fabian Craig-Wilson

Notes of last meeting

The notes of the Steering Group meeting held on 29 November were agreed as correct.

Fylde & Wyre CCG – Health & Care Strategy

Peter Tinson, Chief Operating Officer and Dr Adam Janjua (GP Fleetwood and Acting Chair) from Fylde & Wyre CCG attended Steering Group to discuss the development of the CCG's Health and Care Strategy

A discussion took place between officers and members the main points being:

- Last time the CCG attended Steering group they had just started the process of developing the strategy
- Want to plan for a 17 year period (to 2030) – same time frame as local authority colleagues
- Manifesto for Change poster is a summary of all the high ,level challenges the CCG is facing – Peter to provide an electronic copy of the poster to share with members
- CCG accused of being too ambitious but they feel if they would be less ambitious and fail it would be worse than aiming for the stars
- Approx £200m to spend each year – most of this is allocated to acute trusts so the amount of money to spend on developing new services is quite small.
- Retention issue for staff on Fylde coast so has led to an increase in health expenditure.
- Ageing population but the NHS is a victim of its own success as making people live longer through improved health services - Shame that the public don't take more responsibility for their own health
- The CCG intend to make a sustainable plan – several engagement events taken place already with local councils, HW, etc. - Several groups looked at different pathways, done with stakeholders and they came up with a rough strategy. JSNA and Public Health played a huge part in the strategy. Hoping to make it future proof (regardless of changes in political power)
- Challenge to get patients and service users to think strategically rather than concentrate on individual issues
- Engagement/communications plan that starts January and intend to have the strategy ready by April next year.

- Stakeholder engagement has been a huge part of the content of the strategy
- A lot of the strategy is based on neighbourhood models and integration – particularly important with elderly population and long term conditions.
- Recognition that's there a lot of detail to be worked out over the next few months.
- Communication is key to be clear about what can and can't be done
- Implemented a care co-ordination model – asked practices to identify at least 20 patients most at risk of admission to hospital. Started this Oct 2012 and has saved countless admissions by identifying the needs of those people before hand – integrated services at a very local level at an early stage. Been a big success
- Fylde coast advisory commissioning board – social services, CCGs, acute trusts etc. – ahead of lots of other areas in terms of planning. This could be used as a model of good practice
- Engagement plan – how can they manage expectations – due to budget constraints? How will they manage the wish list? Obviously if there is outrage about the reduction/loss of a service it will have to be reviewed. But just because the public isn't happy with something doesn't mean it's not a good services.
- People still see the NHS as physical buildings rather than services in the community.
- Need for public health to work together in the future – need to make people aware of choices and the consequences of lifestyle choices.
- Prevention of ill health – what type of liaison do they have with public health e.g. immunisation of children? Tends to fall under the remit of NHS England but will from 2014 become a responsibility of the GPs. – what role will health visitors do in the future? –should they be more involved in wider public health education and issues?
- The CCG has a public health specialist from LCC that is involved in the work of the CCG. Feels though that more needs to be done with the general public, more campaigns on a local level.
- NHS health checks – issue of accurate data of eligible population numbers particularly due to the transfer from PCTs to CCGs/Public Health teams. Having to coax people into a health check – takes up a lot of nurse time, involves a second visit by the patient (these are often people who don't normally visit the doctor). Not sure that an individual would be happy telling pharmacist or workplace about health issues – amount they drink, family history etc.
- The CCG have had real trouble about getting patient identifiable data – have to get it either from NHS England or the LSU not the GP direct. Still having problems accessing data – impacts on decision making. National issue which would require legislation. The CCG has to justify the data required on every single occasion. Can transfer info between NHS.net emails but if using another email address requires special permissions to access info. Lots of issues without any obvious solutions being identified.
- Integration appears to be the best solution and a focus on health and well being – but this creates issues in terms that the NHS is geared up to fix unwell people rather than working with the well to keep them well.
- GPs reputations need to be maintained to ensure that people will want to go to a GP rather than A&E – reputation can be tarnished by emphasis on GPs only doing things for money.

- A concern with HWB is that they need to be able to listen to the local data and not just make blanket Lancashire policies. Start planning now
- All CCGs meet monthly and if this is a shared view it needs to be communicated to both the HSC and the HWB
- Draft strategy to be shared with SG in late Jan for comments and further input.
- Members appreciated the candour of the officers in speaking about the issues important to their local area.

Domiciliary Care Review Update

Following on from the Steering Group meeting on 6 September Tony Pounder, Head of Commissioning and Steve Gross, Executive Director - Adult, Community Services and Public Health Directorate attended to provide members with an update on the progress of the domiciliary care review.

Tony recapped what was discussed on 6 Sept and reminding members that it was, at the time very much a work in progress. He explained that a number of options went out to providers in late October for their comments and then in early November he wrote to everyone in receipt of domiciliary care.

He is presenting a report to Executive Scrutiny Committee on 7 January which will then go to Cabinet.

The recommendations of the report and additional comments made during discussions with Steering group members are below:

Recommendations

The Cabinet Member for Adult and Community Services is recommended to:

(i) Approve proposals for Recommissioning and Procuring Home Care services which place an emphasis on:

- Commissioning Home Care Services which:
  - Promote Personalisation;
  - Become more outcome focussed and maximise independence;
  - Support integrated working with other Health and Social Care services and organisations;
  - Ensure the dignity of individuals and safeguards those who are vulnerable;
  - Incorporates human rights obligations into decision making and commissioning and contracting practices - **when it comes to national minimum wage compliance it should be clear that the providers cannot ignore the issue. Uncertainty around whether private providers have to abide to human rights obligations has resulted in specific reference made within the contract.**

- Investing in and developing Lancashire's home care workforce by:

- Ensuring all Home Care agencies are contractually obliged to follow compliance guidance from Her Majesty's Revenue and Customs (HMRC) on paying National Minimum Wage (NMW);
- Setting prices on the Home Care Framework on the basis that
  - the use of zero hours contracts (ZHC) in the Home Care sector is minimised;
  - Hourly rates stretch towards the "Living Wage" to be paid to all home carers during the lifetime of the new contracts';
  - National Minimum Wage Compliance
- Endorsing the principles contained in Unison's "Ethical Care Charter for Home Care";
- Working with workforce and employers' representatives to draft a 'Lancashire Charter for Home Care', detailing annually updated commitments to:
  - National Wage Compliance at all times; **- should be pretty obvious but needs to be explicit due to recent issues identified nationally – everyone who bids on the framework must comply**
  - Minimising the use of Zero Hours contracts; **- more aspirational than mandatory, cannot abolish them legally but if that is the default employment approach then you risk having a workforce with no commitment or loyalty. Current staff turnover rate in home care is approx 37% so aim to reduce this substantially. Acknowledge that majority of staff will be part time (due to the nature of the work). Want to give a strong message to providers. Issue regarding pay increases for staff on working tax credit as this will reduce if their wages increase so they will be no better off. There will always be people who will not benefit but the majority should do. Pay wards will be an attempt to upgrade the status of the job role. Staff have been made aware by LCC writing out to interested bodies (such as Unison) so aimed to access all staff but cannot guarantee it. There is the principal about valuing the profession rather than treating care staff as unvalued workers. LCC hope to underwrite a minimum number of total hours for the provider so they can pass this guarantee onto staff.**
  - Hourly wage rates which stretch towards the 'Living Wage'; **- Reality is that LCC cannot specify what a contractor pays its staff as long as it complies with national minimum wage. Providers feel it's not a level playing field but we will be saying that there is a strong morale case for paying a living wage. Hopefully we can get providers to sign up to say they will work towards it.**
- Inviting Home Care Providers who are secure places on the Framework to sign up to this 'Lancashire Charter for Home Care', and supporting its use as a vehicle for promoting their reputation, partnership working and the sustainable growth of their businesses; - **use this as a reputation marketing vehicle, community pressure for all to be consistent. Didn't want to just make general aspirations but also didn't want to be too prescriptive**

by identifying a figure at the beginning. As there will be so many partners they will want to work with us we will need to be much more proactive in how we deal with problems. 46 current providers in Preston – difficult to have meaningful talks with this number of providers. If go for 5 (as an example) they would have 20% of the market each – some of the smaller ones can't achieve this so services would be delivered by the larger companies. This would disadvantage the smaller, growing organisations that are delivering a good service but not yet in a position to expand rapidly so have decided that a way forward is to ask providers what share of the market they can effectively deliver. Message will be that unless an organisation can grow or merge into a consortium they are unlikely to get a contract. Developing consortia however is more challenging to achieve within the private sector. The reality is that for some small providers they would need to look at the personal budgets or self-funder market instead – there is growth in what CCGs are commissioning and also the self funders market. New legislation is on the horizon relating to self funders but they can use which ever provider they want even if they are known to deliver a poor service

  - Adopting a strategic approach to training in the sector, analysing the workforce National Minimum Dataset, working with Skills for Care, and levering its investment in Lancashire Workforce Development Partnership to ensure delivery of training to Home Carers is in line with local priorities and takes account of CQC regulations, the Cavendish report, and the guidance under development by National Institute for Clinical Excellence (NICE);

- Changing the Council's approach to contracting so that:
  - Providers are clear about their responsibilities to act compatibly with the Human Rights Act 1998, and contracts would give users of contracted services a direct right of redress against the provider in the event that their human rights were breached;
  - There is a greater emphasis on quality over price in evaluating bids from providers;
  - Providers are expected to support the principles of Self Directed Support and take greater responsibility in supporting individuals to exert choice and control over the use of their Personal Budgets;
  - Adoption of a clear and robust approach to quality based on service user derived standards and Key Performance Indicators, reliable monitoring and incentives to continually improve;
  - Designing the new 'Framework' for Home Care providers to offer on minimum guaranteed hours of business the level of which is subject to periodic negotiations and reset according to predicted demand*;
  - Reviewing our approach to Electronic Time Monitoring Systems, with the intention of presenting a business case for investment in a centralised system to enable more effective monitoring and audit of key cost and quality indicators;
  - Extending the length of contracts offered to providers for up to 7 years on the basis of an initial 3 years with the option of yearly extensions for a maximum of 4 years subject to satisfactory

progress and performance and in order to encourage investment in workforce and systems and to reduce procurement costs; - **what happens regarding poor performance within the first 3 years? If identified early (within first year) would work with them to improve. At the moment no real understanding about who is good or bad as it may come down to an individual staff member.**

- Building in flexibility to the contracts to enable the introduction of new approaches and innovations in service delivery and payment mechanisms;
- Redesigning internal County Council arrangements for quality and contract management to ensure consistently high performance is rewarded, mediocre or poor performance is swiftly challenged and consistently poor performance leads to contract termination.

- Shaping the Market including:
  - Significant reductions in home care provider numbers operating under contracts from the County Council allowing for a more collaborative approach to working with commissioners and other providers, encouraging investment in systems and workforce development, reducing the proportion of provider sector's spend on management and overheads; and reducing transaction costs for the County Council; - **United Kingdom Home Care Assoc and Unison both felt that too many providers enable too different working practices and exploitation of staff through poor wages and zero hours contracts. The trade off is that whilst some businesses may become unsustainable the remaining ones will have staff with better terms and conditions which will enable them to provide a better service to clients. Increasing demand will be built into the contracts – reduction in hospital stays and integration of services. Currently the home care system cannot contribute to community based services as there are too many of them. Great opportunities for the future. This will enable improved opportunities to monitor contracts and manage the commissioning of services. Bigger organisations will probably be in a better position to offer training and support to staff as opposed to the smaller companies.**
  - Offering lots for home care business in specified 'Zones' to promote more efficient working across the system and closer integrated working with Neighbourhood Teams;
  - Allocation of new business to providers to secure a balanced and sustainable market in each zone by the end of the transition period, and then using competition to ensure focus on maintaining standards and continual improvement for the duration of the contract term;
  - Small Home Care providers can bid for smaller lots within zones to maintain variation in the market place and reducing the business risk for successful but newer businesses growing from a smaller base;

- Limiting market shares for any one providers to ensure the sector's longer term sustainability while ensure healthy competition and choice;

(ii) Note the details of the consultations undertaken with Home Care Providers and service users and the main findings detailed in Appendices 'B' and 'C' and the Equality Analysis contained at Appendix 'D'; Refers to EA being Appendix A below

(iii) Endorse establishment of a Home Care Business Transitions Project Team to ensure the efficient, safe and timely management of changing from the current configuration of services to those set out in recommendation (i) above;

(iv) Recommend that the Deputy Leader of the County Council approves a waiver of Procurement Rule 6.1 of the County Council's procurement rules to enable the County Council to extend the Framework for an initial 6 month period from 1 April 2014? with the option for the County Council to extend on a month by month basis for a further period of up to one year at the end of that period.

Subject to the approval of recommendations (i) and (iii) the Deputy Leader of the County Council is asked to approve the waiving of Procurement Rule 6.1 and approve the extension of the existing Framework for an initial six month period from 1 April 2014? with the option for the County Council to extend for a further period of up to one year on a month by month basis at the end of that period on the terms as set out in the report.

Another major challenge is the transitional phase from what we've got now to where we need to be – this will take place over a period of months. Issues may arise when providers realise they do not have a new contract but still need to deliver services until their existing contract expires. Also potential problems in the handover of client details from company to company. Also TUPE issues will need to be managed.

A team will be created to deal with these issues and members welcomed this approach

Feedback has been that zone based recruitment events should take place to enable staff to meet employers in the area they live/will work.

Dates of future meetings

- 10 January – cancelled
- 31 January – ELCCG
- 21 February – Sakthi Karunanithi, Director of Public Health
- 14 March – Dr Jay Chillala - Diabetes