

Lancashire County Council

Scrutiny Committee

Minutes of the Meeting held on Friday, 18th November, 2016 at 10.00 am in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Present:

County Councillor Bill Winlow (Chair)

County Councillors

Ms L Collinge	R Shewan
C Crompton	V Taylor
S Holgate	D Watts
D O'Toole	G Wilkins
Mrs L Oades	B Yates
J Shedwick	

County Councillor Stephen Holgate replaced County Councillor Alyson Barnes for this meeting.

1. Apologies

None were received.

2. Disclosure of Pecuniary and Non-Interests

None were disclosed.

3. Minutes of the Meeting held on 23 September 2016

Resolved: That the minutes of the meeting held on 23 September 2016 at 10:00am be confirmed and signed by the Chair.

4. Residential and Domiciliary Care – Quality and Sustainability

The Chair welcomed County Councillor Tony Martin, Cabinet Member for Adult and Community Services; Louise Taylor, Corporate Director Operations and Delivery; Tony Pounder, Director of Adult Services; and Ian Crabtree, Head of Service Policy, Information and Commissioning, to the meeting.

A report was presented highlighting demographic pressures, increasing financial pressures on local government and significant workforce and retention difficulties

which had raised concerns that the quality and sustainability of the adult social care markets for home care, residential and nursing home care were at risk. The national situation was particularly precarious in those segments of the care market which relied heavily on council funding. Weaknesses in the market were also impacting on other areas within the wider health and social care system, for example by creating delays in discharging patients from hospital.

Lancashire's home care and residential/nursing care markets broadly reflected those national patterns but there were some distinctive local features which were drawn out in the report.

The Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and bodies such as the Kings Fund continued to seek new ways of sustaining adult social care. And this report included an overview of how Lancashire was responding to some of these challenges with new commissioning and clinical models, plans for closer and further integration with the NHS and involving local communities in efforts to maintain health and wellbeing into older age. The County Council had also to be open about what people – both self-funders and those whose care was paid for by councils – could expect from social care in Lancashire, what constitutes a fair price for care, and about the council's ability to fund care needs for its population in the future.

Regarding finances, nationally the 2% Council Tax social care precept had raised £380m but the implementation of the National Minimum wage had cost £612m. It also benefited those areas with higher property values (typically in the South) rather than those with lower values (typically in the North).

The County Council was currently forecasting that it would receive additional resources of £84m as a result of additional funding from both Council Tax and Better Care Fund over the next five years, however the Medium Term Financial Strategy (MTFS) contained additional price and demand pressures of £176m over the same period.

The County Council faced a financial gap of approximately £148m by 2020/21, including a forecasted £92m shortfall in adult social care which was part of the overall shortfall in Health and Social Care identified in the Sustainability and Transformation Plan (STP) for Lancashire and South Cumbria.

The 2% Council Tax precept fell far short of addressing the financial gap for Adult Social Care. In 2017/18 the precept was estimated to generate £8.3m and the Better Care Fund would provide an additional £3.2m in Lancashire. However the price and demand pressures for Adult Social care total £37.7m resulting in an overall pressure for the service area of £26.2m in 2017/18.

Questions and comments by the Committee in relation to the report were as follows:

- In relation to Lancashire's home care provider agencies, concerns were expressed that only 5 had received an outstanding rating from the CQC

and Members enquired what could be done to improve the ratings of the others to good and outstanding. In 2014 the CQC had implemented a new regime in terms of inspections and the outstanding total was reflective of the national situation. It was much harder now under the new regime to get an outstanding rating.

- In terms of the GPs registration and where they are situated the Committee were informed that, Crisis services would respond in terms of the County Council's perspective. Crisis services offered immediate care in a person's home for a period of up to 72 hours and was often used as a tool to assess a person's needs upon discharge from hospital. LCC met with the Crisis service providers on a monthly basis and they had to meet key performance targets.
- Members were informed that the County Council was in the process of recommissioning home care services for older people and disabled adults. Following a five week market consultation exercise, the Cabinet Member for Adult and Community Services approved on 11 October 2016 the commencement of the procurement process. Following its completion the procurement was planned to start on 25 November and it was expected that the new framework agreement would commence in May 2017.
- In the CQC inspection regime it was discovered that smaller and locally based services were receiving good or outstanding ratings compared to bigger services which were serving more complex needs. LCC did aspire to have all its services rated good or outstanding. A key factor is down to good management of individual facilities.
- The residential care provider's biggest concern was not around the fee levels but around recruitment of staff. It was noted that nurses in nursing homes were of an older age group so there had to be different marketing strategies for recruiting nurses to nursing homes.

Members stated that the most complaints they received were regarding assessments. Patients were waiting around in hospitals waiting to be assessed to go to a residential home or their own home. Members enquired if there had been any improvement in assessments or if there was anything in the pipeline for improvement. There was a lot of tracking of assessments by the NHS, hospitals and LCC about the reasons for delays in transfers of care. Delays around assessments were typically around pressures hospitals were facing. LCC was in daily contact with other authorities to make sure it could respond in a flexible way. The biggest cause for delays both nationally and locally was support packages at home. LCC was working on increasing its productivity with its providers. The work with Newton Europe was to provide better offers for individuals.

- It was felt people were being charged more for care if they were better off, had a good pension and many assets. Committee was informed The Care

Act came into force in 2014 and was implemented in 2015. If all had gone to plan Part 2 of the Act would have been implemented in 2016 which would have meant people would have been protected from high payments. The limits of payment would have been around £70,000. This was postponed until 2020 due to other financial constraints local authorities were under.

- As more and more responsibility was being put on carers it was felt more respite care was needed. It was felt that Central Government should look into this.
- Regarding recruitment it was stated that without the right staff in the right places there was always going to be a struggle. Members asked if there was something in place for recruiting, training and demonstrating career paths for people working in the care sector. An Adoption of Care Certificate had been launched as a requirement in 2016. It was pointed out that the turnover in staff was high and the challenge for organisations was getting a return on their investment of recruited and trained staff. There was an organisation called Skills For Care which did a lot to foster improved training and qualification levels for registered managers and frontline staff.
- There had been a reduction in investment in Primary Care Services both nationally and locally which meant it was more difficult to get a GP appointment and harder to get home support. This increased pressures on hospitals as more people were likely to turn up at them to get support. It was felt that GPs and other Primary Care Services were struggling under the weight of expectations.
- Regarding Extra Care, Capital Funding had been provided for an Extra Care Scheme in Chorley.
- Two years ago the Government announced it was taking a 1% cut in housing benefit of registered landlords. Until this was resolved, housing providers were loathe to develop any new schemes as this would put them at financial risk. There were two schemes ready to go but the housing providers were not keen to progress until the housing benefit situation had been resolved. The Committee was informed that the housing benefit situation had recently been resolved so these schemes could now be taken forward.
- The age profile of people in residential care was dramatically different than to what it was 20 years ago. People were entering these homes much later in life now which was considered a success story as people were staying at home longer. However, the level of illness and disability of those people entering residential care was much more severe now.

- LCC was piloting the Quest for Care scheme in Lancashire. This involved Providers doing monthly returns in terms of their quality of service. It reflected what the CQC would do on an annual basis. Quest for Care would require some additional funding put into place so as to roll it out across the whole sector of residential care.
- A new escalation policy had been developed by LCC. The County Council was working with CCG commissioners to secure health clinical leadership, training and support for nurses in the care sector. The escalation policy was a framework for gathering information for people at the right level to decide if further intervention was required. The intervention would be to offer help and support. The Escalation Policy was a way for providers and LCC for taking into account all the information and interacting in an appropriate way with the CQC's views.
- The Adult Safeguarding Board had been set up for keeping people in Lancashire safe, well and healthy. It was important to know how organisations were sharing best practice in order to support the sector. If the quality was there then people would receive better care. Providers wanted to work with LCC and be proactive.
- Members asked if they could be kept informed of risks to the Authority's statutory obligations. They were informed that LCC was doing risk assessments of major challenges facing Adult Social Care.
- What people wanted was consistency from providers. They would prefer the same carer for every home visit. The Committee hoped that this would be considered when issuing new contracts.
- The Committee felt that there was a high turnover of staff within the care sector and that it was due to the zero hours contracts. As part of the new procurement LCC wanted to guarantee hours to providers which would remove zero hours contracts.
- When LCC signed contracts they expected the providers to be good or outstanding. If they fell into the inadequate section after a contract had been signed, LCC would do its best to help them improve their standards and subsequent rating.
- Members were assured that the 2% Social Care precept would definitely be spent on Social Care

Resolved:

- i. The Committee considered the report

- ii. A letter be sent by the Chair on behalf of the Committee to Central Government requesting that Government:
 - Take account of change in demography and impact on demand and thus cost
 - Emphasise the major financial shortfall and say that existing funding is not sustainable
 - Ask for more support for primary care to reduce demand on adult services
 - provide a new settlement particularly for the north
 - Promote the wider determinants of health

5. Budget Scrutiny Working Group

Wendy Broadley, Senior Democratic Services Officer (Overview and Scrutiny), explained to the Committee that the Budget Scrutiny Working Group had the responsibility for considering budget proposals and issues on behalf of the Overview and Scrutiny Committees. The report presented set out the proposed approach for the budget proposals due to be considered by Cabinet in December 2016.

Resolved: The Committee agreed the approach to be taken by the Budget Scrutiny Working Group as set out in the report.

6. Workplan and Task Group Update

The Work Plan was presented to the Committee regarding upcoming topics and future topics not yet scheduled as well as an update on ongoing Task Groups.

Following discussions at the Chair's briefing it was agreed to move the Skills Agenda topic scheduled for the meeting on 16th December to a later date, and, also to swap the Flood Drainage Authority topic scheduled for 17th March 2017 with the Crime and Disorder Strategy scheduled for 13th April 2017.

Resolved:

1. The Committee approved the 2016/17 work plan.
2. The Committee agreed to amend the work plan as discussed.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

The next meeting of the Scrutiny Committee will take place on Friday 16th December 2016 at 10.00am in Cabinet Room B (The Diamond Jubilee Room) at the County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston