

1. General

The Chair welcomed everyone to the Select Committee and officers and guest speakers introduced themselves to the Committee.

(1) Apologies for absence

Apologies for absence were received from Councillor Richard Dodd.

(2) Members Declarations of Personal and Prejudicial Interests

Members declared personal interests as set out below:

- (1) by virtue of them serving as District/Borough Councillors as follows:-

Councillors Les Caborn and Jose Compton - Warwick District Council.
Councillor Susan Main – Stratford-on-Avon District Council.
Councillors Mick Stanley - North Warwickshire Borough Council.

- (2) Councillor Jose Compton declared a personal interest as an Associate Manager at the South Warwickshire PCT.
- (3) Councillor Colin Hayfield declared a personal interest as a Non-Executive Director of the North Warwickshire PCT.

(3) Minutes of the Adult and Community Services Overview and Scrutiny Committee Meeting held on the 17 August 2006

The minutes of the meeting of the Adult and Community Services Overview and Scrutiny Committee meeting held on 17 August 2006 were agreed as a correct record with the following correction:

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Delete Councillor Mota Singh from the list of Members present.

Matters arising

None.

2. Public Question Time

There were no public questions.

ITEMS FOR SCRUTINY

3. Older People and Residential Care

Morning Session - The current pattern and distribution of Care Homes for Older People in Warwickshire and the way forward

Kim Harlock set the scene for the Select Committee and made the following points:

1. There had been an increase in growth in home care facilities for Older People and the role of residential care was changing.
2. The service were working with partners looking at the future role of home care to accommodate the change to people entering homes later, requiring more intensive care and the resultant shorter stays.
3. In order to ensure the right quality of care at the right time, different arrangements needed to be in place including the development in Telecare and the new Phillis Service, both helping people to remain more independent at home for longer.
4. Warwickshire followed the national trend with an increasing number of out of county placements. A review was underway to look at the reasons for this and would be brought back to the Committee.
5. Local Authority homes' performance against CSCI standards was higher than the private or voluntary sector homes and better than the England average in all areas except for medication and premises. Work carried out through the Warwickshire Quality Partnership (WQP) to improve staff training and qualifications was targeted to meet national and CSCI standards.
6. Nursing Homes in Warwickshire were below the England average in all standards.
7. The 'Closing the Loop' survey on customer satisfaction needed to be shared with CSCI, Warwickshire Quality Partnership and Warwickshire Association of Care Homes and there needed to be greater links and more interface between WQP, CSCI and Strategic Commissioning.

Rob Wilkes made the following points on market management:

- i. The different ways of purchasing residential care in the market currently was through ad hoc placements bought as and when needed and the more controlled system of block purchasing. Block purchasing had come about to deal with increasing costs and varying standards.

- ii. The choice directive was important, but block purchasing did mean more control on price and therefore little or no top-up payments required.
- iii. The way forward was through a mix of block and spot purchase to meet needs under more effective contract management and a stronger monitoring framework.

Mike Leyland, Chair of the Warwickshire Association of Care Homes and Warwickshire Quality Partnership, made the following points:

- I. There was massive change taking place through CSCI and the National Board of Standards resulting in many inconsistencies in inspecting. It was felt that the 38 standards care homes were measured against could be interpreted differently by different inspectors and the Warwickshire Association of Care Homes and Warwickshire Quality Partnership would be working closely with CSCI to look at these inconsistencies before the introduction of the new grading due in April 2007.
- II. The Warwickshire Association of Care Homes had been formed in 1992 as a body of representatives to speak with and work with the Local Authority and their prime agenda point had always been “fair price for care”.
- III. The Association enjoyed a good working relationship with the County Council and as representatives of members of the public had taken a lot of initiatives including:
 - A regular publication
 - Warwickshire Quality Partnership
 - A website (<http://www.wpic.co.uk/>) giving information on vacancies and guidance on working through the care process.
- IV. There was growing concern that in seeking to decrease the numbers of residential care beds available that choice would be restricted, which would have repercussions. There was also concern that alternative systems would not always be effective and workable.
- V. A number of reports received by Government recommended that paying extra for care would improve standards. This had been seen as unaffordable by central Government and the pressure had been shifted to Local Authorities.
- VI. Warwickshire were seeking to reduce placements from 87 to 70 with block placements sought at the most competitive price. The danger in forcing homes to accept placements at Social Services rates was a decline in choice, capacity and a tightening of prices. This was a national picture evolving, and Warwickshire had to opportunity as a small county to be a path-setter in setting a more management picture.

- VII. The Warwickshire Quality Partnership welcomed working with CSCI and noted the need to be more proactive with each other in order to improve services.

Elaine Ives, Project Manager, Warwickshire Quality Partnership added:

- 1a. Warwickshire Quality Partnership had been running for three and a half years to improve the lives of people using the services. Their main drivers were quality, recruitment, retention, learning and development and value for money.
- 1b. More work was needed on selling learning in the workplace in order to improve recruitment and retention.
- 1c. The Quality Partnership Board had approved putting in a bid for funding a Quality Assurance Tool, which would be a pathfinder in this area.
- 1d. The Partnership had built trust between the private sector and the County Council and enabled them to sit at the table to seek fair prices, good contracts and improved quality.

Suzette Farrely, CSCI noted the following:

- 1i. CSCI had begun to look at the process in 2006 acknowledging the inconsistencies in how standards were measured within services and task to compare the large variety of care and provision available.
- 1ii. There was a recognition that services needed to be able to be imaginative to meet different needs and CSCI would be moving more in that direction and measuring against the outcomes for individuals, in particular in the areas of risk and maintained safety, administration and management of medication and nutrition.
- 1iii. Areas for change to address inconsistencies that have existed were expected to be:
 - a review of the national minimum standards
 - change in way of inspecting to focus more on the receiving end and the experiences of care of individual. Judgements would be made on four levels with 1 being the poorest and 4 being excellent. Star ratings would be introduced to connect to the way Social Care in Councils was already inspected
 - Inspection reporting would change and would be presented as a bar graph against eight outcome groups and the overall rating of the home.
 - CSCI would be taking a much tougher approach in dealing with consistent and persistent poor service delivery

Report back by Councillors on visits to care homes

Councillor Haywood reported that she had visited a number of homes over three days and found the following:

1. She had not heard any complaints.
2. There appeared to be a general difficulty in recruiting staff including the high cost involved with advertising posts.
3. She urged Members to support a change to the rule involving televisions being withdrawn from respite rooms. Councillor McCarney added that this was due to television licences and that Members should lobby their MPs to have this changed.
4. Some staff felt there would be an advantage to intervening earlier with people showing signs of dementia.
5. It would be useful for homes to have a small pot of money to hire “jobbers” to carry out same jobs on the premises.
6. “Friends Groups” could be formed with volunteers who could visit people in the homes who were often lonely.

Councillor Nina Knapman added that County Council Care homes could achieve better value for money by employing local suppliers such as butchers and gardeners and should be allowed to opt out of contracts with the Council on these occasions.

Councillor Jose Compton had visited a local care home which had been clean and bright and the people in the home were content, felt that their dietary needs were well catered for and had access to outings and holidays. She felt they lacked a large vehicle for transport.

Councillor Ian Smith reported that he had visited two homes in the Rugby area, which had been clean and tidy. One manager reported that there was ample training within the Warwickshire Care Trust for those who wanted it and was pleased to note that people in the homes received a statutory amount of £18.60 a week to spend as they wished.

John Bakker added that the feedback from Member visits had been valuable and he would contact Members to arrange informal quarterly meetings with Members to share experiences from a continued programme of care home visits.

In summing up the morning sessions, the following areas needing improvement were highlighted:

1. training and education
2. medication and nutrition
3. retention of staff and the issue of incentives for trained staff
4. inflexibility of county contracts for county council homes
5. complex funding arrangements and the availability of accounting staff to deal with these
6. earlier intervention with people showing signs of dementia
7. need for quality controls to be in place to monitor and ensure improvement

8. systems and training to be put in place through good record keeping and monitoring, e.g. weighing patients to add some degree of efficiency and awareness to prevent decline in health. Also to ensure Social Workers write risks into Care Plans in terms of weight loss, nutritional deficiencies etc.
9. links to be made across Directorates to share good practice, e.g. linking with healthier eating in schools.
10. Contract Management Protocol in place to establish what measures to be taken within service and own regulations to fill gaps and prioritise issues in terms of proportionality.
11. Where would the money come from the finance all the improvements?

The Chair thanked everyone for the contribution to the morning session and noted that people were offering good services but there was a need to improve standards. It was agreed that Jane Pollard would prepare a report to the go to the next meeting of the Committee outlining recommendations to come from the Select Committee.

Afternoon Session - Future Policy Direction

The Chair welcomed Kate Woolley and Helen Barber to the afternoon session of the meeting.

Kim Harlock noted that the Our health, our care, our say: a new direction for community services White Paper sets out vision for better health and social care for the next ten years and added the following points:

1. The vision of increased choice and control for service users required a strategic shift to supporting people to live independently and away from traditional residential care.
2. Where needed, users would have a safe pathway from low level preventative services to intensive services.
3. A consultation was taking place on the new outcomes framework for Performance Assessment, which would be change from 2007 based on the outcomes of the White Paper.
4. CSCI would be changing to more proportionate inspections, which would take the form of one of three types of inspection – key inspections, random inspections and themed inspections.
5. A report would be brought to the Committee at a later date outlining service user involvement, implications for service departments and the way forward for a more proactive, ongoing interaction with care homes.
6. Warwickshire was still low nationally in terms of helping people to live at home and this was an area improvement for 2006/07. A report was scheduled for Cabinet in October outlining a Joint Commissioning Strategy to address this.

7. A key issue for the Council was minimising abuse of vulnerable adults.
8. It was important to ensure that informal carers had breaks and were able to continue in employment where necessary.

Jon Reading added the following points:

- a. The Council was required to prepare a Needs Analysis which would have to be tied in to the Joint Commissioning Agenda and would produce a commissioning analysis and commissioning plans and put services on a more sound, scientific basis for developing services for the future.
- b. Partnership working was taking place on a number of fronts including the use of the Tribal Sector Model and the setting up of a Team Room pooling data in one place.
- c. As well as the need to cater for an increasing aging population, there was a need to cater for different ethnic groups including an age profile and different needs. There was also the need to engage with gypsies/travellers and this needed to be linked to educational needs and would require cross-directorate working with the Children, Young People and Families Directorate.
- d. The increase in the number of people over 80 years of age would be relatively small in terms of the overall population but the increase in dementia patients was expected to be 26% over the next ten years.
- e. The service would need to shift from a reactive, opportunistic approach to a developed range of alternative support.

Kate Woolley made the following points:

- i. Accommodation and the Supporting People programme was integral to how the service moved forward and this could only be successful if all partners in housing, health and social care worked in a more co-ordinated and joined up way.
- ii. In order for Supporting People to impact on locality priority issues it needed to be sewn into the Local Area Agreements, Local Development Partnerships and Housing Strategies with an increased profile.
- iii. An away day was being held on 16 October to discuss the Supporting People governance arrangements.
- iv. Short-term priorities were:
 - Needs Analysis
 - Strong community engagement
 - Local users having a voice within the planning mechanisms.
- v. Long-term priorities were:
 - supporting more people to live in their own homes
 - an extended spectrum of care
 - increased choice, access and independence

- agreed standards between all partners
 - planned, proactive engagement.
- vi. Packs were being prepared for Members providing information on issues such as low-level support and the Supporting People Needs Analysis to assist them in moving the agenda forward.
- vii. Members agreed the need for a meeting to be held between all Chief Executives across the County, together with the Strategic Director for Adult, Health & Community Services to highlight the need for partnership and co-operation to drive forward services in Warwickshire.

John Bakker updated Members on the Telecare arrangements and reported that work was being done with the Housing Association and Rugby Borough Council who had made two flats available to demonstrate the system. He added that once this was operational a trip could be arranged for Members to visit the flats.

Following a question and answer session (attached as Appendix A), Members noted the following:

1. Meeting standards did not always result in quality services, which relied on partnership working and Members had a role to play in getting that message through where they sat on partner Boards or Councils.
2. The standard of care in community would have to improve and there was a concern around where the funding for this would come from.
3. The Needs Analysis was crucial to meet the needs and wants of users.
4. Jane Pollard would prepare a report of draft recommendations from the Select Committee to be considered at the October meeting. These recommendations needed to reflect the wish of the Committee to be supportive, open and transparent without raising expectations.
5. Members supported the direction the service was going in and the vision and strategy for the future but noted their concern at the lack of engagement by some partners.

ITEMS FOR INFORMATION

4. Provisional Items for Future Meetings and Forward Plan Items Relevant to the Work of this Committee.

Members agreed the provisional items for future meetings and Forward Plan items.

5. Any Other Business

There were no items of urgent business.

The Committee rose at 3.45 p.m.

Chair of Committee

**ADULT AND COMMUNITY SERVICES OVERVIEW AND SCRUTINY COMMITTEE
MEMBER QUESTIONS - SELECT COMMITTEE - OLDER PEOPLE AND RESIDENTIAL CARE
20 September 2006**

Question	Answer
MORNING SESSION	
<p>Councillor Raj Randev If a user makes a key choice in an area where there are no block purchases will that person have to pay top up fees for a spot purchase or will the service make up the cost?</p>	<p>Rob Wilkes The market will be developed in different ways through a proper needs analysis to meet the needs of all users in all areas through a range of services and people will not be moved around to fill block contracts.</p> <p>Jackie Price Each case would be looked at individually, and the intention was to get the right sorts of services in the right places by marrying current availability and an analysis of the shortfalls.</p>
<p>Councillor Raj Randev If there were beds bought in a block contract and not utilised would this prohibit their use by private users and restrict choice in Warwickshire?</p>	<p>Mike Leyland, Warwickshire Association of Care Homes and WQP Beds bought in block contracts were always utilised.</p> <p>Kim Harlock Small numbers of beds blocks were purchased as well as large numbers, to provide beds in people's own locality. When beds available were not in use, they were used for transitional arrangements.</p>
<p>Councillor Colin Hayfield Were the outcomes and what was best for an individual focussed on when decisions were being made on what type of care should be delivered?</p>	<p>Jackie Price The needs and choice of the user were always responded to, the tension arose when these could only be delivered at great cost. There was work to be done with partners to explore alternative care including maintaining and supporting people in their own homes. Financial data with comparative rates on different options would be supplied to Members.</p> <p>Mike Leyland, Warwickshire Association of Care Homes and WQP There was still a lot of debate on continuing care and the role of the NHS to give financial and nursing support with increasing dependency levels. There was a risk that funding would not be equitable.</p>

	<p>Kim Harlock CSCI were consulting on new quality ratings taking into account the outcome of the White Paper and this would allow an information base to be built showing which homes could meet different needs.</p>
<p>Councillor Jose Compton Following the Scrutiny Review of the Acute Services carried out by the Health O&S, would the NHS or the LA pick up the tab for caring for people who should be in hospital but were in a nursing home?</p>	<p>Sue Davis, Rugby PCT There were processes in place for assessment and referral and patients not clinically safe to be discharged would be given a pathway to a local hospital. Following needs assessment, continuing health care was funded by the NHS and long term care was funded by the LA.</p> <p>Toni Ruck, North Warwickshire PCT The cost of care was determined around the needs of an individual and how best they could be supported in a home. There were some instances where the NHS had put extra resources in to achieve this.</p>
<p>Councillor Frank McCarney What were the most common reasons for not meeting standards?</p>	<p>Suzette Farrely, CSCI The standards that were most commonly not met were medication and nutrition. This was due mostly to:</p> <p><u>Medication</u> Training - although often carried out, the importance of what staff were doing was often lost on them and training not followed through. Pharmacists and GPs - Prescriptions and how often patients needed to be reviewed was an issue, particularly in larger care services. There needed to be a strong tripartite relationship between the GP, Pharmacist and the home.</p> <p><u>Nutrition</u> There were a lot of issues impacting on nutrition including cooking for large numbers, catering for individual tastes and a lack of understanding around the needs of older people. Homes were also under financial pressures to cater for different choices, special diets and cultural needs.</p> <p>Weight-loss was a problem with older people particularly those suffering from dementia where staff needed to be more vigilant in ensuring people took in sufficient calories.</p>

	<p><u>Environment</u> The homes consisted of a number of different environments, many having been in existence many years before the standards were introduced.</p> <p>Sue Davis, Rugby PCT Pharmacists would in the future be required to carry out annual audits in care home and to prepare Action Plans.</p> <p>The Health Service had recognised that GPs needed to be recompensed to supporting nursing homes, and with this would come the requirement for GPs to carry out annual medication and health checks.</p> <p>Elaine Ives, WQP The WQP was working closely with CSCI to encourage change and influence training provision to ensure standards were met and services were of a consistently high quality. The Partnership was working closely with partners to sell careers in care and career pathways.</p> <p>Mike Leyland, , Warwickshire Association of Care Homes and WQP Issues around nutrition and medication could always be traced back to recruitment and retention and there was a need for continuous and better education in these areas.</p>
<p>Councillor Raj Randev There were a number of adults placed out of county? Was this due to a lack of capacity in Warwickshire and would it cost less if we could provide the service locally?</p>	<p>Jackie Price A large number of older people living outside the County had chosen to do so to be closer to family members. The Council were part of an agreement to then pay the rates that Local Authority would pay for provision in their area.</p> <p>Young People with disabilities was a more complex issue and were sometimes placed because of specialist needs. This area was currently being reviewed.</p> <p>There were also a number of placements just across borders in homes that were still local to users. It was agreed that this should be looked at with regional partners rather than on a national basis. There were also a number of residents in Warwickshire from elsewhere in the Country.</p>
<p>Councillor Frank McCarney With the increasing number of foreign staff being imported, how were the associated</p>	<p>Suzette Farrely, CSCI There were many foreign workers filling the gap in the market and often accepting lower pay and signing up to longer contracts. Work was being undertaken with providers on linguistic</p>

<p>linguistic problems being addressed?</p>	<p>skills and increasing the understanding of different cultures.</p> <p>Elaine Ives, WQP The WQP was also involved in working out whether overseas qualifications were relevant.</p>
<p>Councillor Raj Randev Once staff had received training were there any conditions attached or incentives offered to stop staff being poached?</p>	<p>Mike Leyland, , Warwickshire Association of Care Homes and WQP The Association and Partnership did not exercise any control over providers and staff were subject to the terms and conditions of their own employers.</p> <p>Elaine Ives, WQP In terms of the wider picture it was felt that the aim should be to keep staff within the social care pot. There was a lot of work to be done with providers to look at different ways of working within a culture such as the work/life balance and different ways of working to make employees want to stay.</p> <p>Kim Harlock Through Assessment Care Management, incentives were being given in the form of career structure.</p> <p>John Bakker The main incentive for staff to remain was the culture of the organisation and the working environment.</p>
<p>Councillor Raj Randev Was there funding available to train staff?</p>	<p>John Bakker There was a requirement on the County for all staff to undertake a certain amount of training.</p>
<p>Councillor Ian Smith Training was lacking in all professions and jobs.</p>	<p>Suzette Farrely, CSCI The issue was not just about offering training, but about the culture and attitude about having training and how what was learned could be best implemented. This was something that had to be fed from the top of the organisation.</p> <p>Elaine Ives, WQP In its ongoing work to improve learning and development the WQP were launching a Workbook and Manager's Guide in December on working with vulnerable adults.</p>

<p>Councillor Marion Haywood Will we need to find more accommodation or build?</p>	<p>Kim Harlock Alongside the growth in community care the area of specialist services to provide a particular type of care was being looked at as well as preventative measures where possible.</p>
<p>Councillor Colin Hayfield How will we ensure better quality of control over nutrition?</p>	<p>Jon Reading There was a need to recognise varying routines and food needed to be available at different times to meet needs. Responses to the consultation of Warwickshire homes indicated that there were some cooks who worked very hard with residents to improve quality.</p> <p>John Bakker Care Homes needed to be creative and to use skills and engage with users to step outside the communal culture. An example of best practice in this area is a home with a glass-fronted fridge in the communal area to remind residents to eat and have fresh food available at all times.</p>

AFTERNOON SESSION	
<p>Councillor Jose Compton The Supporting People Initiative had not scored well when inspected, would the Accommodation Strategy improve that?</p>	<p>Kate Woolley While key priorities were being addressed, all partners would need to be involved to improve the rating of Supporting People. The away day in October would set out the way forward to achieving this.</p>
<p>Councillor Jill Dill-Russell Services were being focussed on Older People and people with dementia who were not in a position to pay for themselves. Did the statistics take into account others?</p>	<p>Jon Reading The Tribal Model being used was based on deprivation indices.</p> <p>Kate Woolley The County Council needed to be joined up with the District/Borough Councils on housing development and understanding the patterns of development and the way forward.</p>
<p>Councillor Raj Randev How frequently would the random inspections by CSCI be carried out?</p>	<p>Kim Harlock The frequency would depend on the star rating received. If a care home had a one star rating, they would receive two unannounced inspections per year, but if an Enforcement Notice was in place they would received more.</p>
<p>Councillor Raj Randev What precautions were being taken to protect vulnerable adults?</p>	<p>Kim Harlock Abuse could take many forms including physical, emotional and theft. The County had invested heavily over the past three years in multi-agency training so that staff could recognise signs and symptoms that abuse was taking place and the procedures to follow. Staff were also vetted before being offered employment.</p>
<p>Councillor Raj Randev Were there any statistics available on home cares?</p>	<p>Jon Reading A lot of work was being undertaken by the Children, Young People & Families Directorate on young carers. Plans were to establish a Partnership Board for all carers to look at their particular issues.</p> <p>John Bakker When an assessment was undertaken, a carer's assessment was also carried out as a matter of practice.</p> <p>Kim Harlock Once a carer had been assessed they would be given a package in their own right. There were Carer Support Groups in place to provide services to carers as well as emergency services being in place to cover for carers taking ill.</p>

<p>Councillor Ian Smith Will the Telecare programme include a PC link?</p>	<p>John Bakker The service providers would be required to come up with suggestions for the most appropriate way the service could be configured.</p>
<p>Councillor Les Caborn What was Extra Care?</p>	<p>John Bakker Extra Care was a model of housing and care support similar to residential care with users owning homes within a closed development where up to 24 hour care was provided. Extra Care allowed users maintained independence, with users paying rent and where couples were able to stay together.</p> <p>A bid was being prepared in partnership with health colleagues to take advantage of the £40m Government funding that had been made available nationally for capital bids. As well as this the Council had a number of sites suitable for creating Extra Care Housing to be developed with independent partners.</p>
<p>Councillor Frank McCarney Following the CSCI inspections on Supporting People, how would the County establish firm partnership working to enable us to deliver our priority outcomes?</p>	<p>Kate Woolley All partners would need to be signed up to the Action and Development Programme and if the County could get names against actions this would lead to greater contributions and better partnership working.</p>
<p>Councillor Colin Hayfield What were the inhibitors to partnership working and why was this not happening quicker?</p>	<p>Kate Woolley The Team Room was being used to pull together information from all partners. The project was still new and so information was not always available or accessible and was not always meaningful to the wider group. The list of players involved was being developed and the project was improving.</p>
<p>Councillor Colin Hayfield What interest had been shown from District/Borough Councils and other partners?</p>	<p>Kate Woolley Responses from partners had been mixed and Councillors who sat on both County and District Councils were urged to move the agenda on wherever possible.</p>
<p>Councillor Raj Randev What was the progress with the Mancetter proposal?</p>	<p>John Bakker While the Mancetter proposals had been a good set of ideas, they had not been supported by a needs analysis and did not reflect the needs of the local community. Agreement had been reached with partners to fund consultancy work to see what stakeholders, including the local community, wanted and needed and how best to lever capital onto the site. It was hoped that this would result in a balanced range of facilities relevant to the community and able to address wider strategic priorities.</p>

