

MINUTES OF A MEETING OF THE ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE HELD IN COMMITTEE ROOMS 2/3, CIVIC OFFICES ANGEL STREET BRIDGEND CF31 4WB ON TUESDAY, 13 SEPTEMBER 2016 AT 2.00 PM

Present

Councillor D Sage – Chairperson

M Butcher
EM Hughes

N Clarke
RC Jones

PA Davies
JE Lewis

N Farr
M Thomas

Officers:

Sarah Daniel	Democratic Services Officer - Committees
Jackie Davies	Head of Adult Social Care
Carmel Donovan	Group Manager - Older People
Julie Ellams	Democratic Services Officer - Committees

52. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors P John and E Venables.

53. DECLARATIONS OF INTEREST

The following Declarations of Interest were made:

Councillor D Sage – declared a personal interest in agenda item 5 – Community Services Phase 2 as he was in receipt of home services.

Councillor N Farr – declared a personal interest in agenda item 4 – Western Bay Draft Commissioning Strategy for Care Homes for Older People 2016-2025 as she was employed as a Social Worker in adult social care in Neath Port Talbot County Borough Council.

54. APPROVAL OF MINUTES

RESOLVED

That the minutes of the meeting of Adult Social Care Overview and Scrutiny Committee of 19 July 2016 be approved as a true and accurate record.

55. WESTERN BAY DRAFT COMMISSIONING STRATEGY FOR CARE HOMES FOR OLDER PEOPLE 2016 - 2025

The Head of Adult Social Care outlined the development of the draft regional Western Bay Care Homes Commissioning Strategy for Older People including its objectives and commissioning priorities, the current consultation process and that this was the Committee's opportunity to comment on the document.

The Group Manager Older People explained that the current draft strategy had been subject to a public consultation between 6 May and 3 August. This included a regional consultation event and public surveys as well as direct email responses. This had resulted in approximately 300 comments which were being responded to and incorporated into the final version of the strategy. Final approval of the document would be sought from partner organisations by the New Year. Members of the Adult Social

Care Overview and Scrutiny Committee were being consulted on the document because it was still in the development phase.

The Group Manager Older People outlined the vision and the objectives of the draft commissioning strategy, the key characteristics of the marketplace, the regulatory environment and the commissioning intentions of the members of the Western Bay Partnership.

There were new regulations due to be enacted during the next twelve months and the draft strategy needed to take account of the new duties and responsibilities of those pieces of legislation. The impact of these changes would be in a further report to the committee scheduled for 21 February 2017.

The Group Manager Older People reported that in Bridgend the budget in 2016/2017 included £8m for residential care and £11m for community based and non-residential services. The cost of delivering social care continued to rise however the service would continue to strive to manage within the overall budget and ensure that the financial implications of the strategy were managed within the context of the Medium Term Financial Strategy.

The Committee questioned if the officers were in a position to share some of the consultation responses with the committee. The Group Manager Older People explained that a matrix of consultation responses was being developed regionally, each authority would be asked to comment and all three would be brought together complete with comments to be presented to each authority.

One of the aims of the commissioning strategy was to build strong collaboration between the Health Board and Local Authority partners to include formal partnership arrangements such as pooled budgets. The Committee questioned if all partners were sharing budgets or if some were reluctant to participate. The Head of Adult Social Care referred to new responsibilities by April 2018 and that legal and financial colleagues were working to establish how exactly it would work. There was a pooled budget which was closely monitored to ensure all elements were clearly controlled.

The Committee questioned how the objectives of the draft commissioning strategy would be monitored. The Head of Adult Social Care explained that performance management tools were being developed and a number were already in place. When they were finalised they would be reported back to Committee.

The Committee questioned how many care homes not in line with the regional strategic approach or not of adequate quality had been decommissioned. The Group Manager Older People explained that there were a number of underutilised beds. There had been considerable investment to keep people in their homes and more sophisticated long term care places were now required. Demand for dementia nursing care was also increasing and a framework was being developed to establish future needs. Essentially Care Homes needed to change to match the changing market.

The Committee questioned how monitoring the objectives in terms of quality of care etc, dovetailed in to the Health and Wellbeing Act. The Head of Adult Social Care explained that the Commissioners looked at what mattered for people and the outcomes rather than just addressing needs within the homes. Services were tailored to the individual to make them as independent and resilient as possible.

The Committee queried the figure of 94.1%, the average occupancy of care home beds in Bridgend for 14/15. The Group Manager Older People explained that they were struggling to get the right beds into the market. The requirement for generic residential

care was diminishing and most of the vacancies were for generic care and not suitable for those requiring nursing or dementia care.

The Cabinet Member – Adult Social Care and Health & Wellbeing reminded the Committee that Bridgend did have the highest occupancy figure when it came to care home vacancies.

The Committee questioned if there had been an increase in hospital admissions because of the number of people looked after in the community with complex needs. The Head of Adult Social Care explained that the service was still in a period of change but she would try to get a full picture for the Committee. In her opinion there had not been an increase in admissions and the length of stay for those aged 75 and over had decreased.

The Committee questioned if numbers were available for the number of patients discharged prematurely then readmitted. The Head of Adult Social Care explained that she was not sure if this data was available but she would check and feedback if it was..

The Committee questioned if the authority was working with extra care schemes to increase the number of beds available for complex needs. The Head of Adult Social Care explained that she was still working on a core model to develop this area. A higher level of support was available in residential homes resulting in a home for life although dementia remained a significant issue that required investment.

The Committee questioned if Llys Ton was fully occupied and commented on the high standard of accommodation provided. The Head of Adult Social Care confirmed that the figures were high and said that she would provide exact figures to a future meeting.

Members referred to the difficulty in recruiting qualified registered nurses within care homes and the use of agency nurses to fill the gaps. They questioned what steps were being taken to encourage more people into the workforce. The Head of Adult Social Care explained that it was difficult attracting nurses into the sector because they wanted to work in other settings and this was a national issue. The Group Manager Older People suggested that a regional approach and support for the private sector might be more effective. Payment of retention premiums or the development of other factors could impact on the market and fees.

The Cabinet Member – Adult Social Care and Health explained that the report identified weaknesses in the area and a taskforce was responsible for looking forward to maintain and sustain the service.

Members asked for confirmation that two new extra care schemes would be developed, one in the Valley Gateway and one in the Llynfi Valley. The Head of Adult Social Care confirmed that the homes were still planned depending on when the land became available and the planning and development process.

The Committee questioned why data regarding self-funders was unavailable in Wales. The Head of Adult Social Care explained that this information was collected from residents in care homes. If a self-funder was identified who might be eligible for support, a financial assessment was carried out and advice given regarding approaching the local authority. Under the new Act, the local authority was responsible for ensuring high quality advice and information was available to all residents. Welsh Government was currently looking at the threshold around charging and it was subject to review.

The Committee asked for information regarding Age Cymru funding since March 2016. The Head of Adult Social Care agreed to report back with up to date information including specific details re advocacy.

The Committee asked if there was an appetite for care homes to provide more dementia and complex needs care. The Head of Adult Social Care explained that it was difficult to attract providers into the complex needs end of the market and there was a need for more quality providers and guaranteed funding was also an issue.

Members asked for the number of beds available for respite and end of life care. The Head of Adult Social Care explained that it was difficult to commission respite beds and the authority was working in partnership to improve this area. Changes were being made to the way the service was delivered such as respite care being provided within the home and non-residential settings. End of life care allowed patients to avoid having to go to hospital because staff were available with the correct skills to manage the situation. Work was being done with the MacMillan partnership to improve skills in this area.

Members asked if there were still issues with delayed transfer of care and the likely cost of such delays. The Group Manager Older People explained that she did not have the exact figures but they were very low. Funding had been available historically to improve flexibility and avoid keeping patients in hospital unnecessarily.

The Committee asked if there was evidence to demonstrate work was being done to improve the flow of people from hospital to care homes. The Group Manager Older People explained that this had been an area identified for development. There had been a robust approach to people returning to their own homes which was working well as demonstrated by Better at Home and Bryn-y Cae and other schemes supported through the Intermediate Care Fund. Social workers were active in the hospitals to identify the number of patients waiting and the homes of their choice. The Head of Adult Social Care clarified the position regarding the importance of not keeping medically fit patients in an acute setting.

Members asked if the free dementia training available in Bridgend was widely taken and if there was continued funding for this in the future. The Group Manager Older People reported that the training team were very busy locally and the scheme was very successful.

The Cabinet Member – Adult Social Care and Health reported that Maesteg had just become BCBC's first dementia friendly town to help people live well with dementia.

The Committee thanked officers for the comprehensive report.

Conclusions

1. The Committee expressed concerns over the nursing staffing issues reported for care homes in that Agency staff were being used to fill the gaps at a likely higher cost. The Committee commented that this needed addressing as a priority and proposed looking towards improving the pay for permanent staff to try and recruit and retain more, instead of paying the higher cost of Agency nurses. The Committee requested that these concerns be fed back to the Western Bay Group in general as Members felt that this was not just a Health Board issue as the Partners within Western Bay should be looking at addressing this together.
2. The Committee recommend that the figures for the numbers of self-funders be gathered as is done in England, in order to determine the extent of the risk to the

Authority in terms of the resources required for future funding for Care for Older People.

3. The Committee requested that they receive the responses to the public consultation once they have been analysed and sorted.
 4. The Committee requested that the Commissioning Strategy be revisited at an appropriate time when the performance measurements for the region have been developed and finalised and there has been some reporting against them. Members agreed that this would also provide the Committee with the opportunity to consider the responses to the consultation in detail and specifically, the responses and receptiveness of Care Home Providers to the proposed increase in complex needs and dementia care beds.
 5. Whilst appreciating that recent statistics have indicated a reduction in the length of stay by patients in hospital as a result of improved reablement services and care in the home, the Committee asked for detailed information on the number of hospital admissions for Older People. The Committee means to determine if the change in service direction towards individuals remaining in their own homes has resulted in an increase in incidents such as falls and injuries and therefore an increase in hospital admissions.
 6. The Committee further asked for information on the number of failed discharges from hospitals where individuals have been discharged and then readmitted as well as statistics for those waiting to move from hospital either to a Care Home or back to their own home within their community, including any associated delays with reasons.
 7. Members asked for information on the current vacancies within Llys Ton Extra Care facility.
 8. The Committee requested further detail in relation to the future plans for Advocacy for older people; who will be providing it and how will it be funded etc.
56. COMMUNITY SERVICES PHASE 2

The Head of Adult Social Care introduced a report updating the committee on the development and progress of new short-term and long-term approaches to Community Services developed in response to the implementation of the Social Services and Wellbeing Act (Wales) 2014. The report explained how the development of short-term and pre-emptive approaches to information, advice and assistance, would affect the organisation of services for people who needed managed care and support at home and long-term care in residential or nursing care settings.

Members received a video presentation showing a resident talking about his experience at Bryn y Cae home for Older People.

The Head of Adult Social Care reminded the Committee of the Western Bay Optimum Model, "Integrated care describes the coordinated delivery of support to individuals in a way that enables them to maximise their independence, health and wellbeing" and explained that a detailed report would be brought to Committee in January.

The Head of Adult Social Care explained that within the Directorate, there were a number of teams providing long term managed care and support and they also supported people in care home placements. In order to offer clarity of roles and

responsibilities, it was necessary to realign the existing social work resources into teams supporting short term, pre-emptive and preventative services based within the Community Resource Team and into long-term managed care and support services, based within the Integrated Community Networks. This would be completed during the next few months.

The report included a table summarising progress since January in delivering the optimal model in Bridgend. There were some aspects to be developed such as Acute Clinical Response where additional funding was required to move from a 5 day to a 7 day service. Also further work would be carried out in the Support and Stay for people with Dementia area, by the mental health directorate and community services to develop the right model for people with dementia.

The Head of Adult Social Care outlined the potential opportunities to extending the service and the anticipated potential benefits for people living in Bridgend County Borough.

Members asked for the contact telephone number for the Common Access Point. The telephone number was provided, 01656 642279. This was available on the BCBC website and in the Regional Directory of Services. There was also an out of hours service and a mobile response service. Calls were redirected to another number to access these services out of hours.

Members referred to improvements working with other bodies eg Care and Repair and the importance of sharing expertise in different areas. There was a real role in signposting people to the right area and excellent relationships had been built with partners. The Head of Adult Social Care explained how a Bridgend patient in a Neath Port Talbot hospital could be referred to the Common Access Point, have access to a social worker who would then liaise with Care and Repair in Bridgend on the patients behalf.

The Committee asked if it would be possible to have a case study showing a virtual ward and how acute clinical services worked. The Head of Adult Social Care said that she would try to arrange a case study for Members.

The Committee referred to the table and questioned why no progress had been made with Support and Stay for people with Dementia. The Head of Adult Social Care explained that when the right model was developed, there would be a direct link between community services and support and stay.

Members asked for more information re alignment of social work to meet the needs of short-term intervention services and long term manage care and support. The Head of Adult Social Care explained that services were being realigned to include disabled and younger adults to allow and encourage them to stay at home. The intention was to create a fully open, pre-emptive service where social workers work with the health board to avoid duplication. A number of social workers were based in the hospital and working on the wards each day "pulling" people out as soon as practicable.

The Cabinet Member – Adult Social Care and Health reported that this was an approach to intervention taken with neighbours and improvements were being made at a time when funds were decreasing. The cost and demand for social care was rising and it was important that the implementation of the new Act was adequately resourced.

The Committee acknowledged the significant role that staff played in the delivery of early intervention at a difficult time and requested that their comments be forwarded to staff within the service area.

The Committee thanked officers for the comprehensive report.

Conclusions

1. The Committee recognised and commended the work that was being undertaken within the Directorate to create improved Community Services and in response to the Social Services and Wellbeing Act (Wales) 2014.
2. Members asked for some case studies for the Acute Clinical Service in order to gain a better understanding of how this would work in reality.
3. The Committee expressed serious concerns over the delays and lack of progress in the area of support for people with Dementia. Members queried why there is a significant increase in individuals diagnosed with Dementia nationally and more importantly why the figures were specifically high for Bridgend in comparison with other Local Authorities. In light of this topic also sitting within the remit of the Partnerships and Governance Overview and Scrutiny Committee, members proposed that this be suggested as a Joint Committee item between the P&G and ASC Committees.

57. FORWARD WORK PROGRAMME UPDATE

The Scrutiny Officer presented a report which detailed the items to be considered at the next meeting of the Committee and sought confirmation of the information and invitees required. An alternative date was being arranged for the next meeting instead of 8 November 2016 because of a clash with another meeting, the new date to be confirmed.

A report on Secure Estate (Parc Prison) was due to be submitted to the November meeting however a pilot scheme was running in September and October and feedback from this pilot would not be available until a later date. It was suggested that Day Services for people with learning disabilities due to be considered at the 21 February meeting be brought forward to November and Secure Estate be deferred to the 21 February meeting.

RESOLVED

The Committee noted the items to be considered at the next meeting and agreed the changes and the new items proposed by the Scrutiny Officer.

58. URGENT ITEMS

There were no urgent items.

The meeting closed at Time Not Specified