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DONCASTER METROPOLITAN BOROUGH COUNCIL

OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE

FRIDAY, 20TH MAY, 2016

A MEETING of the OVERVIEW AND SCRUTINY MANAGEMENT COMMITTEE was held at the COUNCIL CHAMBER - CIVIC OFFICE, DONCASTER on FRIDAY, 20TH MAY, 2016 at 11.30 AM

PRESENT:

Chair - Councillor John Mounsey

Councillors Richard A Jones and Rachael Blake

ALSO IN ATTENDANCE:

Councillor George Derx, Glyn Jones, John Healy, Iris Beech and Sue Wilkinson

Kim Curry, Director, Adults Health and Wellbeing
Pat Higgs, Assistant Director Adult Social Care
Fiona McMahon, Project Manager Commissioning

APOLOGIES:

Apologies for absence were received from Councillors John Cooke and Jane Kidd, Paul Wray and Neil Gethin.

		<u>ACTION</u>
20	<u>DECLARATIONS OF INTEREST, IF ANY.</u> There were no declarations made at the meeting	
21	<u>PUBLIC STATEMENTS.</u> There were no public statements made.	
22	<u>ADULTS, HEALTH AND WELLBEING TRANSFORMATION - COMMISSIONING CARE AND SUPPORT AT HOME.</u> The Committee considered a report relating to the transformation of Adult, Health and Well-being services in Doncaster, addressing how the approach would be phased, to ensure the local people were provided with appropriate care support packages to assist them to continue to live at home. The Chair thanked the officers for the detailed report and the Committee then address the following issues:	

Consultation – The Committee was assured that extensive consultation had been undertaken over the last two years with care providers, care organisations, local health organisations including the Doncaster Clinical Commissioning Group (CCG) and service users. New Horizons had engaged with 1000 individuals, 60% of which had face to face discussions.

There were three areas arising from discussions, those being:-

- Consistency of carers – service users struggled with inconsistency, not knowing who would be undertaking the caring each day;
- Time of visits – no certainty could make people nervous and insecure; and
- Availability of evening calls – sometimes carers would make their last call between 6pm and 7pm to prepare people for bed, which in some circumstances was too early.

Members highlighted that the choice for people needed to be as flexible as possible.

Six Geographical areas – the Committee noted the 6 geographical areas that have been developed for future care and home support. Each zone would have a Strategic Lead Provided appointed following completion of the procurement process. The zones have been developed in conjunction with providers to ensure they are operationally viable and contain a mixture of both urban and rural areas.

It was noted that with there being 6 providers if one failed then there were 5 others available to pick up any issues early. It was explained that, particularly for rural areas, assurances were given to residents that the requirement for a good quality service had been built into contracts. Relationships have been built with current contractors over the last 6 to 8 months to ensure any issues are brought to the Council's attention when problematic issues were raised and wish to this to be continued through new contracts.

Time Schedule – Members were assured that between October, 2016 and June, 2017 there would be a period of stabilisation where cases would be handed over correctly to the new provider. It was confirmed that no one would be forced to change a provider if they were happy with current arrangements, however, if the provider was failing to provide appropriate provision then a change would be required.

TUPE arrangements for staff – It was confirmed that there were no TUPE implications for Council staff at this time.

Whistle blowing – It was confirmed to the Committee that providers

would have to have a whistle blowing policy in place for staff to ensure they were confident to report any issues of concern.

Zero Hour Contracts – Following concern expressed by Members, it was explained that some staff prefer zero hour contracts to enable them to be flexible with the hours they work from week to week. However, if staff wished for a contract, they must be provided with one by their employer.

Hourly rates of pay – Members considered the hourly rate of care with the annual budget for the Domiciliary framework (non-specialist provision) being £10.64m. The 2016/17 budget was planned to deliver care at a standard hourly rate of £14.36 equating to c14,250 paid for hours per week. It was additionally noted that there were a small percentage of hours currently paid at the premium rates of £15.36 and £16.36.

Some Members highlighted that they would prefer the tender documents to detail hourly rates at the Living Wage rather than the National Living Wage. However, it was recognised the implications on being able to deliver the model if set at the Living Wage hourly rate.

Process – The tender process was outlined to the Committee and confirmed it was in line with the EU procurement process. Part of the assessment would be based on quality of care with the requirement that all organisations must be registered with the CQC. In response to Members queries about whether a pilot should have been undertaken prior to the new system being implemented, it was explained that the issue of domiciliary care had required addressing for some time as the current system was not working and required change. It had been recognised how difficult the change could be therefore the implementation of the phased approach was essential. Concern had been taken on board therefore the market had been engaged before the proposed model was developed.

Providers – It was noted that provider numbers had not been limited to ensure the market remained viable and optional. It was also noted that the new services offer all packages to the strategic lead who had 24 hours to prepare the offer of care and support, if this was not achieved then providers would be financially penalised.

With regard to consistency of and relationships with carers, which were key, it was explained that electronic monitoring would now ensure the Council was quickly made aware of any breach in the number of different care workers that were undertaking visits.

Training for carers to undertake basic medical care was addressed, for example carers taking temperatures which would assist when holding basic health conversations with professional health workers. It was stressed that recognising someone losing their appetite for 2 days was

not a major cause of concern, however if this continued for 3 plus days then action would be required, therefore there was a need for carers to understand this.

Pensions – Members were advised that individual companies would need to take their own advice with regards to pension provision with broadly comparable being the preference as it involved little change.

Community support - Members highlighted that support workers who undertake care visits need to promote community groups and activities including how they can be accessed, to ultimately encourage people to reduce isolation. However concern was expressed that there needed to be a much broader knowledge base across all communities and care workers generally, as most people were unaware of what was available for them to access. Members were advised that this issue had been recognised and a lot more work had been undertaken on addressing it, in Adults services, to ensure a much better information advice service was available.

It was also recognised that due to the increasing diverse population in the Borough need of the aging population would change, with an expected rise in BME groups accessing formal support in the future. It was stressed that provision would require designing to meet their care and cultural needs appropriately.

The Cabinet Member thanked the committee for it's questions, which had raised a number of areas he had found personally useful. Both the Cabinet Member and Committee thanked the officers for their hard work in delivering the programme.

RESOLVED that:-

1. The recommendations being presented to Cabinet be supported; and
2. The Health and Adult Social Care Scrutiny Panel give consideration to six monthly updates on the new model of delivery.