

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 11 November 2014

Present:

Councillor Pauline Tunnicliffe (Chairman)

Councillors Ruth Bennett, Mary Cooke, Judi Ellis,
Peter Fookes, Hannah Gray, Terence Nathan,
Charles Rideout and Melanie Stevens

Sarah Dowding, Maureen Falloon, Linda Gabriel, Justine
Godbeer, Tia Lovick and Catherine Osborn

Also Present:

Councillor Robert Evans, Councillor Diane Smith and
Daniel Wadey

42 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Tia Lovick and Daniel Wadey to their first meeting.

Apologies were received from Councillor David Jefferys and from Joanna Frizelle – Justine Godbeer attended as her alternate. Stewart Tight had resigned from the Committee and Peter Moore, his alternate, sent apologies.

43 CO-OPTED MEMBERS Report CSD14151

The Committee was informed that the Living in Care Council had requested that its representatives on the Committee be changed.

The Committee also noted that Stewart Tight had resigned as the representative for Bromley Mental Health Forum – the Forum would be nominating a replacement in due course. The Chairman reported that she would write to Mr Tight thanking him for his service.

RESOLVED that Tia Lovick and Daniel Wadey be appointed to the Committee (and the Health Scrutiny Sub-Committee) as co-opted member and alternate representing the Living in Care Council.

44 DECLARATIONS OF INTEREST

In relation to Minute 49(D) (Older People Day Opportunity Services Investment) Councillor Peter Fookes declared that he was a Trustee of Melvin

Hall and therefore a service provider Maureen Falloon declared that her organisation was also a service provider.

45 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received for the Committee.

46 QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING

Three questions for written reply had been received from Mrs Susan Sulis, Secretary of the Community Care Protection Group. The questions and replies are set out in Appendix 1 to these minutes.

47 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 2ND OCTOBER 2014 (EXCLUDING EXEMPT INFORMATION)

In relation to Minute 34 (Feedback from the Adult Stakeholder Conference) Justine Godbeer reported that no feedback had been received as yet. She also commented that Bromley Experts by Experience should have been mentioned in the reply to the question at the last meeting and that they had not been informed about the Council's budget consultation events. It was confirmed that there were four events in total; two were aimed at residents associations and two were public meetings – at Orpington Methodist Church at 7pm on 20th November and at the Civic Centre at 11am on 28th November. Details of the public meetings had been widely publicised including on the Council website and in the Newshopper.

In relation to minute 33 (D), Councillor Peter Fookes asked when the Adult Social Care Gateway Report was due to come to Members. The report was now due to be considered at the special Portfolio Holder's meeting arranged for 11th December if ready.

In relation to minute 31 (Work Programme), the Portfolio Holder emphasised how effective the Council's placements processes were, and repeated the invitation to Committee members to attend placement panels.

The following amendments to the minutes were proposed –

Minute 30 (Minutes) – first and seventh lines, change Bromley Mind to Bromley Mencap.

RESOLVED that, subject to this amendment, the minutes from the meeting held on 2nd October 2014 (excluding exempt information) be confirmed.

48 MATTERS ARISING AND WORK PROGRAMME
Report CSD14150

The Committee considered matters arising from previous meetings, its work programme and the schedule of visits.

The Chairman requested two reports for future meetings on (i) the contract with Kent Association for the Blind (KAB) and (ii) on young carers, including information about who they were caring for and what support was provided to them.

The Chairman reported that she had been very impressed by her visit to the Astley Centre, but she felt that the building was under-used. The Portfolio Holder confirmed that the Astley Centre was part of the market testing process for Learning Disability Day services. Councillor Fookes commented that some clients in this group would need space at the Centre, and asked whether there was a waiting list at some day centres. Officers were not aware of any waiting lists – indeed fewer users were choosing to use these services.

The Chairman updated members on the proposal for a joint Working Group with the Education PDS Committee. This would now focus on the effectiveness of Children’s Centres and would now involve just one or two meetings. Councillors Mary Cooke and Judi Ellis had already been appointed to the Working Group by Education PDS Committee and Councillor Terence Nathan agreed to join them.

There was now a doubt about the date for the joint meeting with Education PDS Committee on 26th February – the Chairman offered to try to clarify this.

Members discussed whether there was also a need to look again at the Tackling Troubled Families initiative.

RESOLVED that Councillor Terence Nathan be added to the membership of the Working Group on Children’s Centres.

49 PRE-DECISION SCRUTINY OF EXECUTIVE AND CARE SERVICES PORTFOLIO REPORTS

The Committee considered the following reports for pre-decision scrutiny prior to decisions being made by the Care Services Portfolio Holder or the Executive.

A) BUDGET MONITORING 2014/15
Report CS14109

The report set out the latest budget monitoring position for 2014/15 based on activity up to the end of September 2014. It was reported in addition that reductions of £100k had been identified in Mental Health Budgets.

The Chairman asked about the budget pressures relating to Leaving Care Clients. Officers confirmed that resources within the Housing team were being used to support these young people in making housing benefit claims.

Within the Direct Care budgets there was a projected underspend on Reablement which related to staffing, but this was not cost-effective as it was likely to lead to increased costs within assessment and care management. It was difficult to fill these posts, and officers were looking at attracting different types of staff. An approach using Occupational Therapists had been tried in the past, but it was very difficult to recruit them now. It was confirmed that there had been an over achievement of income in the Extra Care Housing Service, despite there being voids.

The Committee discussed the position with Deprivation of Liberty Safeguards (DoLS) – the Director confirmed that following the Supreme Court judgement in March the expected full year cost to the Council was in the region of £800k, with only £200k funding provided. The requirements imposed by the Supreme Court could only be changed by legislation; Government had established a Law Review to investigate, but this was not expected to report until 2017.

RESOLVED that

(1) The following be noted:

- (i) The latest projected overspend of £2,768,000 is forecast on the controllable budget, based on information as at September 2014;**
- (ii) The full year effect for 2015/16 of £4,557,000 as set out in section 4 of the report;**
- (iii) The comments of the Executive Director in section 8 of the report.**

(2) The Care Services Portfolio Holder be recommended to approve the latest 2014/15 budget projection for the Care Services Portfolio.

B) INTEGRATED COMMUNITY EQUIPMENT SERVICES

Report CS14097

The report summarised the contract with Medequip under the London Consortium Framework and sought authorisation to extend the current contract. Medequip had performed well and remaining with the Consortium provided economies of scale and greater combined purchasing power. The arrangements were an example of working successfully with the CCG and officers had ensured that health contributions were being received.

Members discussed the issues with returning equipment – it was not economic for many items to be collected, but there was an incentive in the

contract for higher value items to be collected. A Member suggested better signposting about this when equipment was delivered.

Equipment was provided following assessment by an Occupational Therapist, and retailers could become authorised assessors to ensure that people could purchase appropriate equipment. Officers had looked at a full retail model but this had been complex to administer and not viable. Housing associations provided some equipment, such as handrails, but not other aids.

RESOLVED that the Executive are recommended to agree the following:

- (1) An extension to the current contract with Medequip under the London Consortium Framework for a period of two years commencing on 2nd July 2015 as allowed for in the original agreement and in accordance with Contract Procedure Rule 23.7.3.**
- (2) That during the period of extension the Council participates in a joint re-tendering exercise through the London Consortium.**

C) PUBLIC HEALTH COMMISSIONING 2015 - 16
Report CS14101

The Committee received a report setting out Public Health commissioning intentions for 2015/16.

The Committee noted in particular the intention to seek to commission Genito-Urinary Medicine (GUM) contracts jointly with around twenty other boroughs through the North East London Commissioning Support Unit. Members reported that there had been too many separate contracts in the past and problems with poor facilities in the borough. The Director of Public Health reported that the contracts had been rationalised and that there had been a significant improvement in services.

RESOLVED that the Executive be recommended to

- (1) Note the intention to continue to use a number of previously approved procurement mechanisms for the delivery of the Public Health Commissioning plan, including individual contracting, use of a framework agreement, service level agreements with local general practice and partnership arrangements with the local Bromley Clinical Commissioning Group.**
- (2) Note that Public Health take on a new commissioning responsibility for Health Visiting from October 2015 as advocated nationally by the Department of Health; this service, like a number of others, will continue to be provided by Bromley Healthcare, the commissioning arrangements of which have been made through a Section 75 agreement with Bromley Clinical Commissioning Group.**

- (3) Approve the intention to pursue a cross-London solution for the commissioning of Genito-Urinary Medicine (GUM) services and enter into an arrangement with North East London Commissioning Support Unit which proposes to negotiate the local tariff on behalf of 20 London Boroughs (any such arrangement will therefore be exempt from the Council's contract procedure rules.)**
- (4) Approve that if a cross-London solution proves not to be viable, the Council continues with its current arrangement of procuring GUM services through Bromley Clinical Commissioning Group using a Section 75 agreement for 2015/16 (this arrangement will require a continuation of the existing exemption from the Council's contract procedure rules for the next financial year.)**
- (5) Approve the continued use of Service Level Agreements for services offered by General Practitioners for 2015/16 by granting an exemption as per sections 3 and 13 of the contract procedure rules.**

D) OLDER PEOPLE DAY OPPORTUNITY SERVICES INVESTMENT

In February 2013 the Executive had approved a commissioning strategy for older people's day opportunity services and respite at home services. Two year transitional arrangements to protect existing service users were outlined and a system for new clients, in which they would receive a Personal Budget allocation instead of a direct service referral, was described. A one-off investment from the NHS Social Care Fund was allocated to the project as Invest To Save to achieve the required efficiencies.

The transitional arrangements were reaching the final phase and it was now possible to consider the actual changes against the original projections and to project the likely final outturn on the Invest to Save investment. It was also appropriate to consider the next steps for the day opportunity services to ensure that the momentum of change was not dissipated once the transition period had ended and that services continued to develop in order to meet projected future demand. It was proposed that an Innovation and Development Fund be set up to support existing providers to make further changes and improvements to services. This would be £260k over two years.

Members asked about day centre attendance figures. At the start of the transition period in April 2013 there were about 650 service users; this had now reduced to about 500, continuing the trajectory of previous years. However, the level of need of people accessing services was increasing – particularly regarding dementia. A co-opted member commented that many older people objected to having to pay for day services on principle – they felt that government was breaking its contract with them.

It was confirmed that transport would continue to be an essential part of the service but that alternative means of transport would be explored through the draft adult transport policy. Most people used the Council's in-house service, but three of the providers operated their own transport. A sum of £200k was provided for this to continue in the transitional funding arrangements.

The Committee discussed personal budgets and direct payments. It was clarified that all people coming forward for services now would have personal budgets, but this did not necessarily translate into direct payments. A small pilot project was providing support to help people to move into direct payments.

RESOLVED that the Executive be recommended to approve the investment proposal for an Innovation and Development Fund as outlined in paragraphs 3.17 to 3.19 of the report.

E) GATEWAY REPORT ON SPECIALIST ADVOCACY AND ADVOCACY SERVICES FOR ADULTS
Report CS14089

The report set out options for the future delivery of advocacy support services for older people with mental health, older people with physical and sensory disabilities, learning disabilities and general advocacy in the borough. There were currently four contracts, with different inputs and differences in unit costs. These were statutory services, with the exception of the service for adults, but this would become statutory from April 2015 under the Health and Social Care Act 2012. The Chairman commented that it would have been useful to include a glossary in the report.

RESOLVED that the Portfolio holder is recommended to

- (1) Approve the recommendation to tender the IMCA and the IMHA services for a three year contract from April 2015 with the potential to extend for a further two years.**
- (2) Agree the four borough commissioning approach to the delivery of the IMCA service from April 2015 with the Council leading on the procurement on behalf of the consortium of Bromley, Bexley, Lewisham and Greenwich boroughs.**
- (3) Agree the tendering of a new advocacy service based on a new specification to meet the requirements of the Care Act and starting in October 2015 .**
- (4) Agree an extension of one year from April 2015 for NHS Advocacy Contract with VOICEABILITY in the consortium of 27 London Boroughs.**

50 UPDATE ON ECHS INVEST TO SAVE PROJECTS
Report CS14110

The Committee received an update on four of the Education, Care and Health Services Department's invest to Save/Contain initiatives –

- Dementia
- PDSI

- Children's Social Care
- Bellegrave – Temporary Accommodation

The Director accepted that all four projects had taken time to get started, partly as it had been difficult to recruit the right high quality people to the fixed term posts required, but two of the schemes, Bellegrave and Children's Social Care had been very successful. The two adult social care schemes had been less successful; a Member questioned whether more investment should be allowed, but officers reported that progress was now being made.

The Committee discussed the Bellegrave scheme, which had successfully generated savings beyond targets and would repay the initial investment by 2015/16. The scheme was very well managed by Orchard and Shipman; Councillor Judi Ellis did report on one occasion when a repair was required but it was stated by officers that such repairs were usually completed with a minimum of delay after the agent became aware of them. It was clarified that although refurbishment costs were not included in the funding, maintenance was provided for; the Director had not had any complaints brought to his attention and it was likely that any problems reported were quickly dealt with. A Member asked whether there was scope for using other properties for similar schemes; the Portfolio Holder responded that he hoped to have the scheme at Manorfields operating soon.

RESOLVED that the progress made in each of the schemes be noted, and that a further update be provided to a future meeting.

51 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The information briefing comprised five reports as follows –

- Annual Corporate Parenting Report 2013/14
- Adult Social Care Local Account 2014
- Care Services Portfolio Plan Priorities June 2014 – May 2015
- Housing Services 2014/15 Priorities Update
- Education Outcomes for Looked After Children

No questions had been received.

52 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000

RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

**The following summaries
refer to matters
involving exempt information**

**53 EXEMPT MINUTES OF THE CARE SERVICES PDS
COMMITTEE MEETING HELD ON 2ND OCTOBER 2014**

RESOLVED that the exempt minutes of the meeting held on 2nd October 2014 be agreed.

**54 QUESTIONS ON THE CARE SERVICES PDS INFORMATION
BRIEFING - PART 2**

No questions had been received.

The Meeting ended at 8.29 pm.

Chairman

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CARE SERVICES PDS COMMITTEE

11 NOVEMBER 2014

QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

From Susan Sulis, Secretary, Community Care Protection Group

(1) BROMLEY COUNCIL CARE SERVICES PROTOCOLS FOR NEEDS ASSESSMENTS; FINANCIAL ASSESSMENTS; CARE PLANS; REVIEWS; PERSONAL BUDGETS AND DIRECT PAYMENTS.

(a) Does the Council have a Protocol staff observe when:-

- (i) Assessing care needs?
- (ii) Formulating care plans?
- (iii) Assessing financial contributions?
- (iv) Carrying out reviews?
- (v) Formulating Personal Budgets?
- (vi) Offering Direct Payments?

Reply:

Yes, the Council has a protocol.

(b) If so, where can this protocol be viewed?

Reply:

The Council has a protocol - A guide to assessment and care management – which can be viewed on OneBromley - this is a guide for staff. If the public request, a shorter version is available. The guide discusses the care pathway from assessment to eligibility and personalisation, it is quite comprehensive in its detail, giving responses to the questions asked.

(c) How and when are the Assessments, Plans and Budgets explained to users and carers?

Reply:

Where we use third party providers to deliver care we expect them to undertake a risk assessment and then work up a support plan which includes the views of the Service User and their next of kin. The service user will be asked to sign to confirm their involvement. This requirement is set out in our service specifications.

(2) (a) Are users and carers (where users lack capacity), always given copies of the documents above (i) in draft form for discussion? (ii) in final, agreed form?

Reply:

The assessment process includes discussion and confirmation of a persons assessed needs with the cared for as well as (where appropriate) their carer. Once agreed there is sign off and users given a copy.

- (b) What procedures do other agencies, contracted to provide elements of this service, follow?

Reply:

Where we use third party providers to deliver care we expect them to undertake a risk assessment and then work up a support plan which includes the views of the Service User and their next of kin. The service user will be asked to sign to confirm their involvement. This requirement is set out in our service specifications

- (c) Who is responsible for collating and producing integrated assessments and care plans?

Reply:

Care managers lead on the assessment process assessing and detailing need as appropriate, as and when required they will involve other professionals such as occupational therapists etc. and collate and present an integrated assessment, detailing unmet needs.

(3) RESPONSIBILITY FOR OFFERING BENEFITS ADVICE DURING THE ASSESSMENT PROCESS, TO USERS AND CARERS ELIGIBLE FOR CARE SERVICES UNDER 'FAIR ACCESS TO CARE SERVICES'

- (a) At what stage, during the Financial Assessment, do staff offer/arrange advice to the user and/or carer on their eligibility for benefits?

Reply:

Welfare benefit advice is given to service users by the Visiting Officer at the financial assessment meeting with the service user and/or their representative. Where the Visiting Officer has not been able to meet with the service user and/or their representative, advice will be given in writing following receipt of the completed financial assessment form.

The Council does not carry out a financial assessment for carers as they do not currently charge for carers services.

- (b) How is this taken into account in assessing their financial contribution?

Reply:

Service users are charged for services according to their current income and expenditure at the time of the financial assessment.

- (c) Are users or carers charged for services prior to being assessed for benefits?

Reply:

If there are any benefits that the service user may be entitled to then the Visiting Officer will assist them with making a claim. If necessary a further appointment will be made to complete the claim forms. If the claim is successful then a new financial assessment will be completed to include the additional benefits from the date they were awarded.