

BOURNEMOUTH, CHRISTCHURCH AND POOLE COUNCIL
HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY
COMMITTEE

Minutes of the Meeting held on 26 July 2021 at 6.00 pm

Present:-

Cllr J Edwards – Chair

Cllr L-J Evans – Vice-Chair

Present: Cllr D Butler, Cllr C Johnson, Cllr A Jones, Cllr R Rocca,
Cllr S Phillips, Cllr M Andrews (In place of Cllr C Matthews) and
Cllr T Trent (In place of Cllr M Robson)

Also in attendance: Cllr K Rampton
Phil Hornsby - Director of Commissioning for People
Tracey Kybert - Housing, Health & Social Care Manager
Karen Tompkins – Deputy Head of Democratic Services
Joe Tyler – Democratic Services and Overview and Scrutiny Officer

139. Apologies

Apologies were received from Cllrs D Farr, C Matthews and M Robson.

140. Substitute Members

Cllr T Trent substituted for Cllr C Matthews and Cllr M Andrews substituted for Cllr M Robson.

Note: During this item, the Clerk informed the Committee that Cllrs K Wilson and S Phillips were in virtual attendance and had joined the meeting via the Microsoft Teams call. Both Councillors had been informed prior to the meeting that because of this, they were able to input and participate in the general discussion however would not be entitled to vote on any, as per the relevant Local Government Act legislation.

141. Declarations of Interests

The Vice-Chair declared, for transparency, that she was an employee of the University Hospitals Dorset Foundation Trust.

Cllr C Johnson declared, for transparency, that she was an employee of the University Hospitals Dorset Foundation Trust.

142. Public Issues

There were no public questions, statements or petitions received for this meeting.

143. Minutes of Previous Meeting

Cllr A Jones' name had mistakenly been omitted from the minutes of the meeting held on 24 May 2021 and it was confirmed by the Clerk that this would be corrected.

Cllr D Butler highlighted that minute number 136 should read "... Special Educational Needs and Disabilities (SEND)" rather than Special Educational Needs (SEN)". This was noted by the Clerk and it was confirmed that this would be corrected.

Following these inputs, the minutes of the meeting held on 24 May 2021 were approved as a correct and accurate record.

144. Action Sheet

The Committee noted the Action Sheet.

145. Market Position Statement for Adults

The Director of Commissioning for People introduced the Market Position Statement for Adults report. The main points raised were as follows:

Context:

- The service had identified the need for clearer messaging to the market about future adult social care through the Market Position Statement (MPS).
- The Institute of Public Care were part of the development programme and the MPS took form in a high-level strategic document that outlined the vision for social care, the needs the service was trying to address, the provision currently in place, the provision required and the messaging to care providers.
- This document was aligned to the overall vision of Adult Social Care.
- This MPS approach aligns with the Care Act 2014's desired 'vibrant and sustainable care market' for those who are socially cared for, including those who self-fund part their care.
- The effectiveness of the MPS would be measured by how well it covers the whole adult population of BCP, how it frames care positively, how it encourages greater independence and less residential care, how it continues a dialogue to build trust, openness and confidence between commissioners and providers.
- Work on the MPS had involved the Sector Leadership Group, care providers across the wider Dorset area and the voluntary sector.

Key Messaging:

Key messages within the MPS include but are not limited to:

- The enabling of people to live well, safely and independently by harnessing the strengths of the community.

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- Focusing more on early intervention and prevention with an asset-based community development approach.
- To provide more information, advice and guidance on services that are available to people.
- Increasing the emphasis on outcome focused services.
- Services need to meet the need of aging population but also not to lose sight of adults requiring employment.
- Demand for care homes will rise but other forms of support need to be offered.

The Committee asked several questions following the report. Answers were provided by the Director of Commissioning for People. The questions and responses were:

- Upon reference to page 29 of the report and a highlighting of the 551 adults that use indirect payments, it was heard that this number concerns those who receive BCP-funded packages of care. Data on the self-funders had not been made available yet.
- It was highlighted that BCP Council spend more on care for older people than national average for England. Members were informed that this figure was dictated by the market and that costs of placements for residential care was driven up to above the national average, with a price increase of 5-10% per year. The cost of living as well as rental/housing prices were high in BCP and the Council is led by the market rather than the market being led by the Council.
- A member referred to the increase in annual costs for adult social care, up to the year 2023. With an increase from £4.368 million up to £10.8 million in 2023 the Committee were told that in broad terms, a range of actions were to be taken and that one of the key elements of this was managing the demand for care.
- The Committee heard that BCP were below the national average for the number of people with a mental health problem who are living independently. Members were informed that an annual collection of data is published around September time each year on this topic, and this had been targeted as an area for improvement in the wider adult social care strategy going forward.
- On Home First Funding, the Committee were told that the funding, which was introduced at the start of the Covid pandemic, was short term funding that supported people in being quickly discharged from hospital and put on a recovery pathway to go home. This funding was initially given for 6 weeks but now had been reduced to 4 weeks. The national cap on this funding was set to run until September and there had been no word of funding beyond that. The adult social care system is looking at how to maintain the home first approach by utilising primary funding (existing BCP Council funding) as well as any support that comes out of the Government's review into adult social care.
- A member commented that the new digital format of many services and information could be a barrier to some users. Members were

reassured that resources such as GP surgery libraries, fact sheets, leaflets were all still accessible. Isolation and loneliness were prevalent issues so it was important to always maintain and increase community contact.

- The matter of potential sites for community accommodation was raised by a member and the Committee were informed that this Extra Care Housing Strategy sought to address this issue. Suitability of site is of high importance given some of the specialist needs of service users. Furthermore, developments in this area would be looked at in the local plan.
- The Committee were told that there were cases where people may have placed themselves into a care setting sooner than they necessarily needed to. These users were self-funding and had often not considered other options to residential care. However, the pandemic had reduced the number of self-funders going into social care.
- A member asked if the name 'informal or unpaid' carers could be altered to read 'valued or registered' carers. Feedback to this terminology would be given to the service leads.

RESOLVED that the Committee noted the report.

Voting: Unanimous.

146. Older Peoples Care Home Strategy

The Director of Commissioning for People introduced the Care Homes for Older People Commissioning Strategy 2022 – 2030 report. The main points of the presentation were:

Background:

- The strategy had been developed in consultation with the Institute of Public Care and the Local Government Association.
- The strategy had been based upon a collection of data and detailed analysis.
- Developments in the strategy would be worked through with professionals, carers and others to respond to the high-level issues identified.
- The pandemic had significantly impacted on care homes and finances and these costs had been temporarily offset by short term Government grants.
- Over a number of years there has been an increased rate of dementia cases, in both care homes and the community.
- Fee levels have increased significantly over several years.
- Care home occupancy levels were down in the first quarter of 2021 due to the pandemic. Some occupancy levels had dropped by 20-27% and some providers have closed business due to difficulties in staffing.

- There are currently 1200 beds vacant, with active care homes seeing vacancies of up to 500-600.
- Profits have slowly declined over the last decade for some providers however some providers have seen profits.

Local Profile:

- BCP has a high number of care homes (113) for older people, when compared to the national proportion of people going into care.
- BCP is around the middle/top 40% of Councils who place people into care homes each year.
- There are 30% more beds in BCP than the national average in older people's care homes.
- BCP is an 'importer' of people when it comes to provision of care for older people.
- 50% of people in care homes are self-funders and once capital limits have been used up, that's when they come to the Council for funding.
- Relatively few people out of the total population go into care homes but this area is a significant budgetary impact for the Council and NHS.
- 90% of care homes are rated as good or outstanding by the Care Quality Commission and are in the top 15% of Councils for this.

Going Forward:

- Technology will have a large part to play in care provision.
- Quality is not currently a major issue of concern but is also not something to ever neglect.
- The care home fee structure needs reviewing.
- Data collection and analysis requires improvement in order to prevent frequent scouring of the market regarding placements.

Key Commissioning Objectives:

- The aim is to reduce the number of care home admissions made through the Council and the NHS.
- To review and revise the commissioning arrangements with care homes, including the fees structures.
- To support care homes in developing and maintaining the workforce.
- To better support care homes as they continue to provide safe, effective and high-quality care.
- To reduce the number of un-necessary care home admissions by self-funding.
- To enable people to make better choices at the right time when it comes to their care.

The Committee asked several questions following the report. Answers were provided by the Director of Commissioning for People. The questions and responses were:

- A member asked what happened to those care homes that were rated below good or outstanding by the Care Quality Commission. The Committee heard that there were many stages involved in assessing quality, such as the Council's service improvement team's routine monitoring visits to care homes each year and the assessments of the policy procedures, medicine administration and staff training. The Care Quality Commission can impose sanctions or improvement plans on those care homes that are rated as 'requires improvement' or 'inadequate'. The NHS and CCG also have a quality team who monitor the quality of nurse provision and clinical provision.
- A member raised the issue of the rate-setting strategy to which the Committee heard that the criteria for this was set nationally and was in-line with the Care Quality Commission.
- Members heard that on the issue of staff training that the Care Quality Commission, CCG and Dorset/BCP Council all had respective responsibility to train their staff adequately.
- The Committee were informed that an increasing use of technology was being used in care homes, such as fall and bed sensors as an example. The NHS work closely with care homes on this and the adult social care service were looking at how to use technology more effectively overall to monitor people's activity and provide an effective response where needed.

RESOLVED that the Committee noted the report.

Voting: Unanimous.

147. Extra Care Housing Strategy for Vulnerable Adults and Older People

The Director of Commissioning for People introduced the Extra Care Housing Strategy for Vulnerable Adults and Older People report. The main points of the presentation were:

- The strategy had been developed in conjunction with the Institute of Public Care with support from the Local Government Association.
- The strategy was developed using extensive collection of data and detailed analysis.
- There had been limited consultation due to the pandemic.
- The strategy should be considered alongside other Council initiatives and strategies, such as the Big Plan.
- Extra care housing is often associated with older people where occupants have specific tenure rights to occupy self-contained

dwellings and where they have agreements that cover the provision care, support, domestic community or other services.

- Many properties involved will be self-contained and will be utilised by younger adults of working age with mental or learning disabilities.
- Many accommodation schemes do not fit the criteria of broader care and support on site, often required for 24 hours a day. There are a limited number of extra care housing schemes across BCP; 560 units across a number of BCP sites. Some of the units are purpose built and others are converted from sheltered housing stocks or were initially older care specifically.
- A large number of retirement schemes are in place, over 6000 units, however these generally do not provide care and support.
- Care and housing schemes together can meet the needs of a wide range of groups. A good extra care scheme is reliant upon high quality and appropriate accommodation.
- The strategy includes an aim to expand care housing provision and modelling would suggest that at least 1000 additional units are needed. These must support adults of all ages, meeting the variety of need levels.
- Technology in extra care housing will have a big role to play, because it boosts independence, for example the use of zoom calls and virtual doctors' appointments. This increase in technology is not designed to take away or reduce personal care, but to compliment the human touch of care.
- The profile of extra care housing needs to be raised and promoted better across BCP.

Main Objectives:

- To significantly increase extra care housing units over next 5-10 years.
- Identify specialist sites with companies and developers to meet people's needs as best as possible.
- To develop larger extra care 'villages' and communities with access to community facilities.
- To develop the social care workforce to embed the right skills and competencies required in the operation of extra-care housing schemes.

The Committee asked several questions following the report. Answers were provided by the Director of Commissioning for People. The questions and responses were:

- A member asked about the inclusion of green spaces in the strategy, to which the Committee heard that the Director of Commissioning for People had met with the Chair of planning on this matter. The hope was for extra care villages to include green space or be near to community spaces. Other, similar schemes had included sensory gardens, exercise spaces, hydrotherapy pools and gyms. These

spaces shouldn't just be there for the residents of that community but also for the public as there is an aim to involve people who want to come in and use the facilities.

- A member raised the matter of dementia and the Committee heard that a big challenge for people with dementia was that change prevents settling. Going into extra care housing is a lifestyle choice as well as care choice and it actually might be beneficial to make the move before you are in a position where it is more difficult. The aim is not to silo people and to make an inclusive scheme involving different people and voices that works to break down the stigma around dementia. There is a scheme in Poole mixing young autistic people with learning difficulties and older, frailer people with dementia and it has grown into a successful scheme. Self-funders can help the development scheme if they wish to buy property or part buy.
- A member asked for pets to be accommodated in care housing and stated how separating owners from their pets following re-housing can cause distress. The member referenced the positive and successful work of the Cinnamon Trust, a charity that provides support for elderly and terminally ill people with pets. The organization relies on volunteers to walk dogs, transport pets, and foster pets whose owners have difficulty caring for them.

Members noted that this strategy was a positive step of progress towards preventing isolation and it was moved and seconded that the following recommendation be made to Cabinet:

a) "This Committee recommends that Cabinet, working with relevant officers in both planning and adult social care, be asked to make submissions to the Local Plan Working Group, regarding the provision of Extra Care Housing."

RESOLVED that, in addition to the above recommendation to Cabinet, the Committee note the report.

Voting: Unanimous.

148. Disabled Facilities Grant Policy

The Housing, Health & Social Care Manager introduced the Disabled Facilities Grant (DFG) Policy report. The main points of the presentation were as follows:

- The DFG is a means tested grant eligible to adults and children to make any necessary adaptations to their homes. This may include level access showers, widened doorways or stair lifts.
- The policy aligns with national guidance and includes new discretionary funding to meet applicants' needs for things such as adaptation costs over £30,000 or relocation where this is deemed more viable.

- The policy also commits to use Seascope South as an in-house service to perform adaptations where possible.
- A new grants team will be in place to work more closely with social care and SEND colleagues in order to meet the needs of the applicant.
- The policy's action plan recognises the development work and promotion of the service required across BCP.

The Committee asked several questions following the report and answers were provided by the Housing, Health & Social Care Manager. Questions and answers were as follows:

- Several members cited material inflation as a cause for delays and price hikes in the market and noted that the proposal takes consideration of this phenomenon and would go some way in preventing users from paying over the odds.
- A member noted that other authorities have exceeded the £30,000 discretionary grant limit and, despite acknowledging that the country was facing numerous issues that required funding, encouraged BCP Council to seek to increase the threshold. This would allow the service to utilise any remaining funding where costs have exceeded £30,000.
- A member encouraged the Committee and subsequently Council to lobby the national Government in increasing this discretionary threshold.
- A member hoped that the use of Seascope Ltd for facility installation would be cost-effective and the Committee were told that Seascope publish a list of cost rates for standard adaptations and that this should be continually reviewed upon delivery of service across the whole of BCP.

It was moved and seconded that the following recommendation be made to Cabinet:

a) "We recommend to the cabinet / leader that the leader writes to the local MPs asking them to lobby the appropriate government minister, asking for the Government to review the £30,000 discretionary grant limit."

RESOLVED that, in addition to the above recommendations to Cabinet, the Committee note the report.

Voting: Unanimous.

149. Portfolio Holders' Update

The Portfolio Holder for Adults provided an update on the work that had taken place since the last meeting of the Health and Adults Social Care O&S Committee. The main points were as follows:

- The Strategy documents had been the main pieces of work in recent weeks.
- An all-member seminar was taking place this week focusing on the adult social care Contact Centre.
- Current figures indicate that BCP is the second highest in the region, and above national average, for covid cases.

No questions were asked and the Committee noted the Portfolio Holders' Update.

150. BCP Carers' Review

The Chair informed the Committee that the first session on the BCP Carers' Review, an introduction and scoping meeting, went well and that the preference going forward was for informal sessions to be held, involving members and external consultees, to allow input during the development of the strategy.

RESOLVED that the Committee agree for informal sessions to be held to allow input during the development of the strategy.

151. Forward Plan

The Committee considered the Forward Plan.

The Committee heard that the provision of NHS Dentistry had been considered by Healthwatch Dorset and would feature as a topic in their next update, coming to Committee in September.

A member requested information on access to GP practices for appointments and the Committee heard that it was a workplan item for the coming year, however the recommendation was for this to be put onto the Forward Plan for future scrutiny.

The Dorset Care Record was highlighted by a member and the Director of Commissioning for People explained that due to the changes to systems used by the service following LGR the data has not migrated yet but will be reengaged in Autumn. This was agreed to be added to the Forward Plan.

RESOLVED that following the addition of both the above topics of scrutiny, the Committee agreed the Forward Plan.

Voting: Unanimous.

The meeting ended at 8.20 pm

CHAIRMAN