



**West
Northamptonshire
Council**

People Overview and Scrutiny Committee

Minutes of a meeting of the People Overview and Scrutiny Committee held at the Council Chamber, The Forum, Moat Lane, Towcester NN12 6AD on Tuesday 16 November 2021 at 6.00 pm.

Present	Councillor Rosie Herring (Chair) Councillor Karen Cooper (Vice-Chair) Councillor Azizur Rahman Councillor Harry Barrett Councillor Imran Ahmed Chowdhury BEM Councillor Nigel Hinch Councillor Greg Lunn Councillor Bob Purser Councillor Emma Roberts Councillor Nick Sturges-Alex Councillor Mike Warren
Substitute Members:	Councillor Julie Davenport
Also Present:	Councillor Matt Golby, Cabinet Member for Adult Care, Wellbeing and Health Integration
Apologies for Absence:	Councillor Raymond Connolly Councillor Wendy Randall Councillor Sue Sharps
Officers	Stuart Lackenby, Executive Director – Adults, Communities and Wellbeing Katie Brown, Assistant Director – Safeguarding and Wellbeing Ashley Leduc, Assistant Director – Commissioning and Performance James Edmunds, Democratic Services Assistant Manager Kathryn Holton, Committee Officer Philip Mandeville, Director, Newton Europe Sam Newton, Principal Consultant, Newton Europe

21. Apologies for Absence and Notification of Substitute Members

Apologies were received from Councillors Connolly, Randall and Sharps. Councillor Julie Davenport attended as a substitute for Councillor Sharps.

22. Declarations of Interest

There were no declarations of interest.

23. Notification of requests from Members of the Public to address the Meeting

There were no requests from members of the public to address the meeting.

24. Minutes

Councillor Roberts highlighted that at the previous meeting the Committee had recommended that minutes should attribute comments to individual councillors in future. She had since been advised that this would not be implemented because it was not in line with the style that West Northamptonshire Council (WNC) would be using for minutes. Councillor Roberts asked for it to be noted that she disagreed with this approach.

RESOLVED that: the People Overview and Scrutiny Committee agreed the minutes of the People Overview and Scrutiny Committee meeting on 21 September 2021.

25. Chair's Announcements

The Chair advised that she had continued to build links with key partners relevant to the remit of the Committee and had recently met with Naomi Eisenstadt, the Independent Chair of the Northamptonshire Health and Care Partnership and prospective Chair of the new Integrated Care Board. Ms Eisenstadt had an extensive background of work on child poverty, which could be very useful to the Committee's anti-poverty work.

The Chair thanked Councillor Cooper, the Vice-Chair, for chairing the previous Committee meeting in her absence.

26. Residential and nursing care for older people

The Executive Director – Adults, Communities and Wellbeing introduced the agenda item and highlighted the following contextual points:

- Mandatory COVID-19 vaccination for care home staff from 11 November 2021 increased recruitment and retention challenges in the care sector. This requirement was due to be extended further to all services subject to inspection by the Care Quality Commission (CQC) from 1 April 2022.
- Vacancy levels in West Northamptonshire care homes were quite low. However, there was a challenge in how data on this was captured. Care homes were required to complete a national tracker, which reported vacancies but not the reasons for them. This could lead acute care colleagues to question why delayed transfers of care occurred when there were apparently vacant care beds in the area.
- There was a continuing need to lobby the government for a better settlement for adult social care, which would support recruitment and retention.
- WNC needed to consider potential future scenarios that could arise from pressures on the care sector, given that service users could look to WNC as a provider of last resort.

The Assistant Director – Commissioning and Performance presented the report and gave an overview of current performance and trends relating to residential care provision in West Northamptonshire, highlighting the following points:

- The profile of performance ratings for care homes took into account that the CQC had not been able to carry out inspection visits during the pandemic and was now working on a risk-led basis.
- Comparisons of performance with neighboring authorities showed that WNC was not where it wanted to be but was broadly comparable with those authorities.
- WNC had terminated seven contracts with providers in 2019 and two in 2020, reflecting that fewer monitoring visits were possible during the pandemic. There had been five terminations so far in 2021. This was due both to the situation of care homes after the pandemic and an increase in WNC monitoring capacity.
- Approximately 60% of WNC's contracted providers had been subject to recent assurance visits. WNC was committed to reaching 100% by 31 March 2022. Additional resources had been employed to support providers and to sustain performance improvement.
- Four contracts had been terminated since July 2021 due to the quality of care. WNC aimed to work with providers to ensure effective care and did not take this decision lightly. However, the ultimate priority was to keep residents safe.
- There were 16 providers currently subject to improvement plans, who were receiving additional support.
- The current overall position regarding occupancy and declared vacancies in residential care homes for older people suggested that providers were declaring fewer unused beds or that some providers were ceasing to operate. Providers were reporting concerns about accepting placements that WNC needed to make, due to pressures on staffing.
- WNC had worked with care homes following the announcement of mandatory vaccinations to support them in meeting this requirement and to mitigate associated risks as far as possible. As of 1 November 2021, 96% of care home staff had received one vaccination dose, 92% had received both doses and 4% had not been vaccinated. There was a lag in data reporting. It was anticipated that an additional 4% of staff would go on to receive their second dose, but that a total of 143 staff would leave employment from the start of November 2021. This position was reviewed on a daily basis. WNC was working with care homes on options for providing extra support where necessary.
- For the future WNC was encouraging providers to join a new Dynamic Purchasing System (DPS) procurement framework. It needed to consider sustainable fee levels, including engaging with providers on this. It was also considering potential alternative options to residential care such as extra care and hybrid models.

The Executive Director – Adults, Communities and Wellbeing advised that a care home being rated as inadequate could ultimately result in the closure of the home and the need for WNC to relocate residents. However, pressures on staffing reduced the capacity to act in this way. The current position was manageable but a significant increase in the number of care homes rated as inadequate would represent a challenge. WNC would need to consider different responses involving sustaining providers whilst securing improved performance.

The Committee considered the report and members raised the following points:

- How did WNC capture data on people waiting to go into a care home but not able to do so due to a lack of capacity?
- There were currently 16 providers subject to monitoring and five contracts had been terminated so far in 2021. How was this affecting the geographical spread of care homes and was it increasing the likelihood of people having to move from one part of West Northamptonshire to another to receive care?
- Concern was expressed regarding the increasing cost of care due to demand, both from a budget and an individual perspective. WNC should look at increasing the number of local authority owned care homes: it currently owned eight homes whereas Derbyshire County Council (DCC) owned 23. Doing this would reflect shortfall in private sector provision as well as increasing WNC's ability to shape new developments in the authority.
- Could comparison figures for care home contract terminations be provided for WNC and other neighboring authorities?
- How would assurance visits to care homes be put back on schedule if current visits were only due to be completed in March 2022?
- WNC needed to ensure that it was able to identify all care homes that were experiencing problems.
- If WNC terminated a contract with a care home this could affect the provider's ability to meet the needs of other clients not placed there by the local authority. How did WNC seek to manage this risk?
- There was a clear need to increase the earnings for care workers but this would in turn increase providers' operating costs. WNC needed to work out the best way of managing these competing factors.
- When a care home was rated inadequate was it an option for the facility to be taken into WNC's control?
- The Committee had previously requested an update on Disabled Facilities Grant (DFG) utilisation, which had not yet been received. This should be provided as soon as possible.

The Executive Director – Adults, Communities and Wellbeing and the Assistant Director – Commissioning and Performance made the following points in response:

- WNC operated a brokerage service that dealt with all care placements and would record when people were waiting for any form of care. WNC worked with providers to address issues affecting care provision but also had an escalation process that could include the use of other providers of assured quality. WNC would not leave an individual without necessary care, even if this resulted in the authority incurring additional costs.
- Care homes were mostly located in and around Northampton. Additional information regarding location could be provided to the Committee. Reductions in provision increased existing pressures on choice.
- DCC's in-house residential care gave it greater capacity to step in and respond to current pressures on overall provision. Until recently, the cost to local authorities of in-house provision had been too high compared to the independent sector. However, it was now more feasible for WNC to consider increasing in-house provision as an option for the future. This would support its role of intervening

when care was not meeting needs. It could also assist in dealing with issues such as the limited availability of independent domiciliary care in Daventry and South Northamptonshire.

- Additional resources would be used to support assurance visits to care homes until they were back on the normal schedule.
- Changes had been made to primary care contracts and as part of Integrated Care System development to improve day to day intelligence on care homes and collaborative working to support effective provision.
- WNC would work to support all residents of a care home if cancelling a contract affected the home's overall viability. WNC had a statutory duty of care to all service users in the area, regardless of the source of funding for their individual care packages.
- It was anticipated that WNC's future approach to residential care would bring in a contractual requirement for providers to pay staff at a set level. This would mean that higher funding provided by the authority would support staffing. However, the ability to take this approach was affected by the fact that the likely increase in the adult social care precept would not cover the cost of increasing care staff pay to the level of the National Living Wage and above. A 1% increase in Council Tax would raise £1.1m in West Northamptonshire: increasing care staff pay to £9.50 per hour would cost £5m and to £10.50 per hour in order to be competitive would cost much more. There was also a question about whether it was fair to increase Council Tax in this way to meet the cost of adult social care.
- A cost of care exercise was due to be done in December 2021 – January 2022.
- It was only financially viable for WNC to take over a care home if it was a unit of at least 60 beds that was constructed in the last 20 years. Smaller and older or converted buildings were not ideal.
- Relevant Cabinet Members were due to be briefed on the current position and planned action regarding DFG utilisation. Further information could then be provided to the Committee.

The Committee considered potential resolutions on this matter, including the scope for it to recommend further action by WNC to make the case for a better funding settlement for adult social care. The Cabinet Member for Adult Care, Wellbeing and Health Integration advised that WNC was already highlighting this need and advised that he liaised regularly with Andrew Lewer MP, whose position on the Health and Social Care Select Committee gave WNC a good link into national discussion.

RESOLVED that: the People Overview and Scrutiny Committee:

- a) Agreed to write to the Leader of the Council and the Cabinet Member for Adult Care, Wellbeing and Health Integration supporting representations to the government concerning the need for adult social care to be funded at a level that recognises current pressures on services.
- b) Requested to be provided with a geographical breakdown of the care homes in West Northamptonshire subject to performance improvement plans or contract terminations in 2021/22.
- c) Requested to be provided with further information on the number of care home contract defaults and terminations in West Northamptonshire's neighbouring authorities.

- d) Requested that the further information to be provided to the Committee on Disabled Facilities Grant utilisation be circulated to Committee members as soon as it is available.

27. **Adult Social Care Transformation**

The Assistant Director – Safeguarding and Wellbeing presented the report, which gave an overview of the aims, development and implementation of the Adult Social Care Target Operating Model (TOM). The TOM had been introduced and funded by Northamptonshire County Council (NCC). It had now been operating for 13 months and it was important to review that it was achieving its purpose. The Assistant Director highlighted the following points:

- The need to develop a new approach had been informed by feedback from service users that the previous service model was not clear to them, involved too many different contacts and not enough coordination between organisations providing services.
- Diagnostic work had made clear the proportion of time that practitioners were spending outside of contacts with service users and their families, which added to the need for a different approach.
- Newton Europe had provided expert support for the development of the new TOM. The fact that they were also now supporting the Integrated Care across Northamptonshire (iCAN) programme gave continuity.
- The design of the new TOM had been led by practitioners and had included work with Northamptonshire Healthwatch on service users' views.
- New care pathways had operated from 19 October 2020 using the footprint for the unitary authorities. Services were linked in to local communities, used the 'three conversations' approach and supported a more flexible, outcome-focused response to service users' needs.
- The TOM was delivering clear benefits in terms of outcomes for service users. It was ahead of target on financial delivery in all areas, which was assisting WNC to manage current demand on services. The iCAN programme would further build on this progress.
- WNC would continue to develop its service offer using a place-based model to deliver positive outcomes for service users and staff and that left flexibility for partnership working. The next phase of development would focus on linking in to wider issues around housing and communities and the Integrated Care System.

The Committee considered the report and members raised the following points:

- It appeared that one of the challenges in getting appropriate care in a timely manner was the need for occupational therapy (OT) assessment. Could this be carried out in a different way?
- Where did the voluntary and community sector (VCS) fit into the model for care provision? Age UK had lost staff at Northampton General Hospital due to the termination of a previous NCC contract. There seemed to be a better position at Kettering General Hospital.
- How did WNC deal with the implications of people being discharged from hospitals in neighbouring areas into the authority?

- How could WNC ensure that support was in place before people reached the point of being unable to cope, particularly if this resulted in them feeling unable to engage with reablement support?
- The reported performance outcomes for the TOM pre- and post-vesting day did not align. It would be helpful to have further information that would enable a better comparison to be made.
- What risk to WNC would result if current service outcomes declined?
- What measures were in place to ensure that telehealth devices were working properly and that risks to service users were not increasing?
- How would the outcomes for an individual needing support now be different from a few years ago?

The Executive Director – Adults, Communities and Wellbeing and the Assistant Director – Safeguarding and Wellbeing responded as follows:

- Occupational therapists were aligned to all community teams and the reablement team. Other professionals could be used to carry out functions where appropriate. There were challenges relating to capacity: OT was challenging area for recruitment although WNC did relatively well. There were currently no OT-related delays in community teams, although there were issues with DFG that would be reported separately.
- WNC had not been party to discussions about the previous contract with Age UK but a vibrant VCS was central to the approach that the authority was seeking to take. VCS collaboration with the acute trusts had helped to change their thinking about ways of supporting hospital avoidance and safe discharge. The VCS was also important for people who did not want formal support but help within the community, for example provision of allotments as part of social prescribing.
- WNC had different arrangements in place to engage with the various acute trusts that served West Northamptonshire. WNC tried to repatriate people to their local area to access reablement services but the relative scarcity of care provision in some areas such as rural south Northamptonshire could make this challenging.
- Providing timely support was more of a challenge in relation to disabled children and young adults than for older people. WNC sought to engage with service users and their families when they presented, whether they were new or returning. In the current situation with busy hospitals and pressures on external care different risk-based conversations were taking place. There was an emphasis on providing support in communities and working collaboratively with other groups that could contribute to this. As a general principle the earlier that WNC could engage with people the better.
- The ways of working put in place as part of the TOM were intended to be sustainable. There would be a risk if necessary community-based solutions were not available and bed-based solutions then had to be considered, which would have a greater impact on budgets. WNC used a series of processes to identify if any negative trends were developing. A money management meeting was held each week to monitor the flow of people through services to understand how that translated to packages of care and to give early warning of any financial spikes. Performance was also monitored against indicators for numbers in care

placements and the average cost of placements. It was important to identify any issues early to put mitigations in place.

- Data on outcomes included in the report showed the full year effect across the whole county and was difficult to disaggregate. The data could be looked at again and WNC performance would become clearer over time.
- Assistive technology was used when agreed by the individual service user and it was assessed that it could be safely managed. It was subject to appropriate safeguards. It would be monitored by a WNC team of responders and as part of the annual review cycle. Individuals could use assistive technology as well as having a care package and their case worker would be able to identify any concerns that might arise. Exciting work around proactive monitoring was being implemented, which picked up early signs of risk.
- In terms of improvements in outcomes compared with services before implementation of the TOM, the focus now was on meeting the needs of the person rather than on process. Service users would now be on an annual review cycle. If contact with them identified an issue they would be put through to speak to an adult social care duty worker, who would determine the next steps needed to support them. If the individual was already receiving care this would trigger an early discussion at the third stage of the 'three conversations' approach about finding the most independent outcomes to resolve their issues.

The Cabinet Member for Adult Care, Wellbeing and Health Integration considered that the implementation of the TOM had been an excellent piece of work. He was proud of what had been achieved. Money had been saved and people's outcomes improved. The development of the TOM had put WNC in a better position than counterparts who had not taken the same approach.

Committee members commented that the TOM did seem to put WNC ahead of the national direction and to be delivering better outcomes for service users whilst also using resources more effectively. This was commendable work.

RESOLVED that: the People Overview and Scrutiny Committee:

- a) Recorded its thanks to staff involved in the successful implementation of the Adult Social Care Target Operating Model.
- b) Requested to be provided with aligned data for the outcomes produced by the Adult Social Care Target Operating Model in the periods before and after vesting day for the new Northamptonshire authorities.

[The meeting was adjourned briefly at this point.]

28. **Carried Motions on Notice - Predecessor Councils**

The Democratic Services Assistant Manager presented the report, which invited the Committee to comment on carried motions on notice from predecessor councils within its remit. This matter was being considered by each of the Overview and Scrutiny committees at meetings in November. This was intended to inform action by the Democracy and Standards Committee and Full Council in response to a motion agreed by Full Council on 15 July 2021.

The Committee considered the report. In response to questions from members the Committee was advised that the identification in the report of motions that could be treated as no longer required was not definitive. It was open to the Committee to consider whether issues raised by previous motions should be included in its work programme or to comment on motions that might be adopted again by the Council. However, when doing so, the Committee was asked to recognise that it might not serve a useful purpose for the Council to re-adopt an original motion that was now several years old even if the subject of the motion was still a live issue.

Committee members commented that it was not feasible for the Committee to consider in detail each of the previous motions within its remit to establish whether or not they had been adequately resolved. However, this work needed to be done by WNC to avoid losing previous motions that were still valid. It was felt that the Committee should comment to the Democracy and Standards Committee that previous motions should be considered for re-adoption by the Council unless it was clear that they were closed.

RESOLVED that: the People Overview and Scrutiny Committee:

- a) Agreed that no further action is necessary on those motions within its remit where it has been identified that the matter is already closed, as indicated by notes included in the report.
- b) Agreed that the Committee is not in a position to identify that other motions within its remit are closed and therefore recommended that these motions should be considered for re-adoption by Full Council.

29. **Scope for Task and Finish Scrutiny Panel - Child and adolescent mental health and the risk of self-harm**

The Chair advised that the task and finish scrutiny panel had met to agree the proposed scope for the scrutiny review, which was now presented to the Committee for approval.

The Chair invited members to raise any points concerning the proposed scope that they wished the Committee to consider.

RESOLVED that: the People Overview and Scrutiny Committee agreed the scope for the task and finish scrutiny panel on child and adolescent mental health and the risk of self-harm.

30. **Review of Committee Work Programme 2021/22**

The Democratic Services Assistant Manager introduced the report inviting the Committee to review and update its work programme for 2021/22 following the work programming event on 21 October 2021. The final work programme would be presented to the Coordinating Overview and Scrutiny Group for approval.

The Committee considered potential topic areas identified at previous meetings and at the work programming event. Members discussed the best way of scheduling forthcoming business to group together relevant items and to take account of the departure of the Director of Children's Services early in 2022.

RESOLVED that: the People Overview and Scrutiny Committee:

- a) Agreed the inclusion in its work programme for 2021/22 of topics arising from the work programming event, as set out in the report.
- b) Agreed that items of business be scheduled at forthcoming Committee meetings in 2021/22 as follows:
 - 25 January 2022: scrutiny of children's services performance; school improvement; special educational needs and disability (SEND) support and alternative provision; and an initial briefing on the Healthwatch function
 - 1 March 2022: scrutiny of the interim housing strategy; anti-poverty strategy; and Healthwatch function.

31. **Urgent Business**

There were no items of urgent business.

The meeting closed at 9.10 pm

Chair: _____

Date: _____