

**NORTH YORKSHIRE COUNTY COUNCIL**

**21 February 2017**

**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE**

**CHAIRMAN'S STATEMENT**

**Care Standards**

1. Everyone deserves access to safe, high-quality care. Having to find a care home for a loved one is one of the most important things we will do and getting this right is key to a secure and comfortable life in later years.
2. Yet it is becoming increasingly apparent that, like all social care providers across the country, North Yorkshire establishments are facing significant financial pressures in maintaining the high standards we, as consumers, expect.
3. The committee therefore held a major session on care standards in December. It invited a small number of key stakeholders to help it answer the question "How we can be confident that North Yorkshire care providers, particularly those who operate residential establishments, are satisfactorily meeting appropriate quality standards and requirements?". With what is such a broad topic, our attention in the meeting gravitated towards the monitoring and regulation of care establishments and understanding the local market and wider market issues in the context of providing social care
4. Kathryn Reid, Regional Inspector for the Care Quality Commission, the independent regulator of health and adult social care in England, explained how the commission goes about making sure care services provide people with safe, effective, compassionate, high-quality care; and how the Commission encourages care services to improve.
5. HAS staff explained to us the role of its quality and monitoring team to support development of market monitoring, trends analysis, and joint working with providers and regulators, including work on training and career pathways. We liked:
  - the commitment to share information regionally;
  - the creative approaches being taken to recruitment
  - the way the directorate supports struggling providers and has engagement meetings with providers;

- the stated aim to get out to regulated services once every three years while investing in staff to get this down to once every 18 months; and
  - how the directorate is looking to capture the service user voice.
6. Putting people first requires local collaboration and joined-up care. We saw reassuring evidence of just such a close working relationship at a local level between CQC, the HAS directorate and Healthwatch whose representatives undertake visits of premises of health and adult social care providers within North Yorkshire. Nigel Ayre, Chief Executive of Healthwatch, explained that these visits are “to enter, view and observe”. Representatives have open and frank conversations with service users, and share information. Healthwatch can then work with providers to improve - especially on the little things that might make a big difference.
  7. North Yorkshire’s quality compares favourably across the Northern region in terms of providers - of Care homes, Nursing Homes and Domiciliary Care - rated good and outstanding. There are no services in North Yorkshire rated inadequate overall. CQC continues to strive to get all providers to good and outstanding.
  8. The increasing age profile of the population means that in the future, more people will require some form of care during their lives. We also know that the level of care required could become more intensive too, since the oldest old (those aged 85 and over) are more vulnerable to conditions requiring high levels of support.
  9. Demographics suggest that the care home sector will continue to play an ever-increasing role in supporting older people with complex health and social care needs. Yet it is well known that, like all social care providers across the country, North Yorkshire establishments are experiencing significant pressures in maintaining the very high standards we have, quite rightly, come to expect. This is the so-called ‘perfect storm’: rising demand, falling funding, greater inspection, staff shortages. Nationally, up to a quarter of care homes are thought to be at risk of closure. Many providers are paying above living wage rates but, as highlighted by the recent joint scrutiny report into workforce pressures in health and social care from the Health and the Care and Independence committees, chaired by Cllr Jim Clark, many simply cannot compete with other employers - supermarket chains in particular. Recruitment is a huge problem.
  10. The Competition and Markets Authority (CMA) in its report into the £16bn care homes sector, which covers 410,000 residents and 11,300 homes, said “urgent action” was needed because the current regime was “not sustainable” without additional funding. Referencing this report, Mike Padgham, representing the NY Independent Care Group, pointed to the increasing number of care homes who are unable to accept the care fees NYCC can afford. He told us that the amount

local authorities pay (£621 average) has fallen below what it actually costs to provide care. Self-funders pay on average £846.

11. In some instances NYCC now ends up paying for placements above the standard rate of fees; this will inevitably be a significant budget pressure next year.
12. Despite the pressures, Members' experience was that over the last few decades care provision – especially in residential establishments - has improved dramatically in many different ways. The importance of dignity in care, seeing the individual person and respecting their own space and their way of life, is now accepted as a given.
13. Members noted the responsibility of the county council to deal with provider failure. Evidence was given to us of how, overall, these processes have historically been managed well.
14. Some members expressed concerns about the limitations of choice in the care sector, for example where the one operating establishment in an area is struggling, or worse still, closing. These concerns were, at least in part, assuaged by reassurances that there are contingency plans in place to address those service interruptions that would pose the greatest risk locally.
15. This aspect links closely to duties in respect of market shaping. We learned that consultants are to help the directorate to look at how we encourage new developments and joint work with health colleagues. This is part of the authority's duty to promote the efficient and effective operation of the market for adult care and support as a whole.
16. We will return in future meetings to the state on the local care market. We are interested in how NYCC might use a range of approaches to encourage and shape it, so that it meets the needs of all people in our area who need care and support, whether arranged or funded by the state, by the individual, or in other ways. The consultants' work on this challenge will be of great interest and assistance to us.

### **Intermediate Care**

17. Intermediate care is a multi-disciplinary service that helps people to be as independent as possible. It provides support and rehabilitation to people at risk of hospital admission or who have been in hospital. In our overview of this service, we found evidence of good practice locally and strong support being provided through the various types of the Intermediate Care Service in North Yorkshire: Home-based intermediate care; Reablement; Bed based intermediate care - sometimes described as 'step up' and 'step down'; and Crisis response.

18. A key element of this approach – how we adopt a ‘strength based’ approach and maximise every opportunity for people to become more independent and achieve their desired outcomes through creative care and support planning - is to be scrutinised at our next meeting.

### **Director of Public Health’s Annual Report**

19. Dr Lincoln Sargeant presented his fifth Annual Report to us for information and for feedback. The report this year highlights the contribution older people make to society and some of the challenges faced by individuals and communities as they age. It examines services that help, and explores opportunities for improving systems across social care, health and wider determinants such as housing. The aspiration is that older people should be recognised as active citizens, not passive recipients of services. We liked the way the report explores three transitions through ageing. The first focuses on healthy retirement encompassing good mental and physical health as well as financial planning. The second considers need for support as we age, using a series of case studies to illustrate the challenges and potential supports. The third transition examines end of life care.
20. As this year’s report’s content matches so closely the committee's remit, we have invited Lincoln to come to us later in the year with an update on implementation.

### **Looking ahead**

21. At our next meeting we will take an initial look at user participation: how confident can we be that services are person centred; are locally appropriate, and have been planned with individuals to put them and their carers in control and thus to deliver the best outcomes?
22. Also at our next meeting, we will review how the authority constructed its bid to provide adult community services in the Scarborough and Ryedale area; what the experience has told us about the state of the social care market, health and social care integration, community health pathways, and possible future opportunities for innovative service configurations spanning health and social care.

### **JOHN ENNIS**

Chairman, Care and Independence Overview and Scrutiny Committee  
County Hall,  
NORTHALLERTON

9 February 2018

Background Documents - Nil