



Buckinghamshire County Council

Select Committee

Health and Adult Social Care

Date: Tuesday 20 October 2015
Time: 10.00 am
Venue: Mezzanine Room 2, County Hall, Aylesbury

AGENDA

9.30 am Pre-meeting Discussion

This session is for members of the Committee only. It is to allow the members time to discuss lines of questioning, areas for discussion and what needs to be achieved during the meeting.

10.00 am Formal Meeting Begins

| Agenda Item | Time | Page No |
|---|-------|---------|
| 1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP | 10:00 | |
| 2 DECLARATIONS OF INTEREST To disclose any Personal or Disclosable Pecuniary Interests | 10:05 | |
| 3 MINUTES Minutes of the meeting held on 24 th September 2015 to be confirmed as a correct record | 10:10 | 7 - 10 |
| 4 PUBLIC QUESTIONS This is an opportunity for members of the public to put a question or raise an issue of concern, related to health. Where possible, the relevant organisation to which the question/issue is directed will be present to give a verbal response. The member of public will be invited to speak for up to four minutes on their issue. A maximum of 30 minutes is set aside for the Public Questions slot in total (including responses and any Committee discussion). This may be extended with the Chairman's discretion. | 10:15 | |



CHILTERN
District Council



South Bucks
District Council



WYCOMBE
DISTRICT COUNCIL

For full guidance on Public Questions, including how to register a request to speak during this slot, please follow this link:

<http://www.buckscc.gov.uk/about-your-council/scrutiny/getting-involved/>

- | | | | |
|----------|---|--------------|----------------|
| 5 | CHAIRMAN'S UPDATE This will include responses to committee questions raised at the 24 th September meeting regarding; Care Homes Inspections and waiting times for Occupational Therapy. In addition there will be a response to a question from a member of the public concerning bowel screening. | 10:20 | |
| 6 | COMMITTEE UPDATE An opportunity to update the Committee on relevant information and report on any meetings of external organisations attended since the last meeting of the Committee. This is particularly pertinent to members who act in a liaison capacity with NHS Boards and for District Representatives. | 10:25 | |
| 7 | FRIMLEY HEALTH TRUST UPDATE For members to receive an update on the progress towards quality improvements, future plans for trust sites, services and impacts on residents. Contributors: Andrew Morris, Chief Executive of Frimley Health Trust Reports: Frimley Health Trust Overview paper from Andrew Morris | 10.30 | 11 - 16 |
| 8 | CARE MARKET ASSURANCE To provide Members with an overview of quality assurance processes Contributors: Rachel Rothero: Service Director Communication and Service Improvement, Adult and Family Wellbeing Services, BCC Report: Overview paper of quality assurance processes. | 11.10 | 17 - 24 |

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



- | | | | |
|----|--|-------|---------|
| 9 | COMMITTEE WORK PROGRAMME For Members to note the Work Programme | 11:25 | 25 - 28 |
| 10 | DATE AND TIME OF NEXT MEETING The next meeting will take place on Tuesday 24 th November at 10.00am in Mezzanine Room 2, County Hall, Aylesbury. There will be a pre-meeting for Committee Members at 9.30am. | 11:30 | |
| 11 | DAY CARE OPPORTUNITIES For members to review day care opportunities across the County. | 11.35 | 29 - 48 |
| | <p>Contributors: Mike Appleyard, Deputy Leader and Cabinet Member for Health & Wellbeing Ainsley Macdonnell, Strategic Service Manager, Adult and Family Wellbeing Services, BCC. Rachel Rothero, Service Director Communication and Service Improvement, Adult and Family Wellbeing Services, BCC Kelly Taylor, Project Manager-Strategic Accommodation Development & Transformation of Day Opportunities, Adult and Family Wellbeing Services, BCC</p> <p>Reports: Day Care Opportunity Centre Overview paper</p> | | |
| 12 | EXCLUSION OF THE PRESS AND PUBLIC To resolve to exclude the press and public as the following item is exempt by virtue of Paragraph 3 of Part 1 of Schedule 12a of the Local Government Act 1972 because it contains information relating to the financial or business affairs of any particular person (including the authority holding that information) | 12:15 | |
| 13 | DAY CARE OPPORTUNITIES - BUSINESS INFORMATION For Members to consider more detailed business information relating to Day Care Opportunities | 12:15 | 49 - 56 |

Purpose of the committee

The role of the Health and Adult Social Care Select Committee is to hold decision-makers to account for improving outcomes and services for Buckinghamshire.

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



It shall have the power to scrutinise all issues in relation to Health and Adult Social Care. This will include, but not exclusively, responsibility for scrutinising issues in relation to:

- Public health and wellbeing
- NHS services
- Health and social care commissioning
- GPs and medical centres
- Dental Practices
- Health and social care performance
- Private health services
- Family wellbeing
- Adult social services
- Older people
- Adult safeguarding
- Physical and sensory services
- Learning disabilities
- Drugs and Alcohol Action Team (DAAT services)

** In accordance with the BCC Constitution, this Committee shall act as the designated Committee responsible for the scrutiny of health matters holding external health partners to account.*

Webcasting notice

Please note: this meeting may be filmed for subsequent broadcast via the Council's internet site - at the start of the meeting the Chairman will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act. Data collected during this webcast will be retained in accordance with the Council's published policy.

Therefore by entering the meeting room, you are consenting to being filmed and to the possible use of those images and sound recordings for webcasting and/or training purposes. If members of the public do not wish to have their image captured they should sit within the marked area and highlight this to an Officer.

If you have any queries regarding this, please contact Member Services on 01296 382876.

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area. Catch up with latest County Council democracy news on twitter @BucksDemocracy



If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Julia Woodman on 01296 382062 , email: jhwoodman@buckscc.gov.uk

Members

| | |
|---------------------|---------------|
| Ms A Macpherson (C) | Mr N Brown |
| Mr R Reed (VC) | Mr B Roberts |
| Mr B Adams | Julia Wassell |
| Mrs M Aston | Vacancy |
| Mrs P Birchley | Vacancy |
| Ms J Blake | |

Co-opted Members

Ms S Adoh, Local HealthWatch
Mr A Green, Wycombe District Council
Mr T Hunter-Watts, Aylesbury Vale District Council
Mr N Shepherd, Chiltern District Council
Dr W Matthews, South Bucks District Council

Visit democracy.buckscc.gov.uk for councillor information and email alerts for meetings, and decisions affecting your local area.
Catch up with latest County Council democracy news on twitter @BucksDemocracy





Buckinghamshire County Council
Select Committee
 Health and Adult Social Care

Minutes *HEALTH AND ADULT SOCIAL CARE*
SELECT COMMITTEE

Minutes from the meeting held on Thursday 24 September 2015, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 1.00 pm and concluding at 3.00 pm.

This meeting was webcast. To review the detailed discussions that took place, please see the webcast which can be found at <http://www.buckscc.public-i.tv/>
 The webcasts are retained on this website for 6 months. Recordings of any previous meetings beyond this can be requested (contact: democracy@buckscc.gov.uk)

MEMBERS PRESENT

Buckinghamshire County Council

Ms A Macpherson (In the Chair)
 Mrs M Aston, Mr N Brown, Julia Wassell and Mr A Huxley

District Councils

| | |
|---------------|---------------------------|
| Mr A Green | Wycombe District Council |
| Mr N Shepherd | Chiltern District Council |

Others in Attendance

Ms K McDonald, Health and Wellbeing Lead Officer
 Ms J Woodman, Committee Adviser
 Ms Z Calkin, Lead Commissioner for Learning Disabilities, Lead Commissioner for Learning Disabilities
 Mr A Payne, Aervice Manager - Chase, Bucks CC
 Mr R Corbett, CEO of Healthwatch Bucks

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Mr Roger Reed, Mrs Wendy Mathews, Mrs Patricia Birchley, Mrs Janet Blake, Mr Tom Hunter Watts, Mrs Jean Teesdale, Mr Brian Roberts and Mr Brian Adams.

Mr Andy Huxley substituted for Mr Brian Adams.

The following changes were confirmed:

- Mr Darren Hayday has resigned from the Committee



2 DECLARATIONS OF INTEREST

There were no interests declared

3 MINUTES

The minutes of the meetings on the 30th June and 11th August were agreed as a correct and accurate record. Timings will be added to the last meeting minutes.

Actions arising from 30th June Meeting

Julia Wassell's question during Chairman's update regarding delays to Occupational Therapist assessments of disabilities assessments will be chased for a response.

Item 8 on the Communities, Health and Adult Social Care Budget, had an action for Trevor Boyd to update the Committee with the outcome of this planning work. Mike Appleyard stated he will update the Chair with the outcome around the base budget work in the next week and added that there might be changes before the budget is agreed in early January.

4 PUBLIC QUESTIONS

Julia Wassell asked a question on behalf of a member of the public. 'Why is there inequality in screening for bowel cancer? In England it is at 60 years of age, whilst in Scotland it is at 50 years of age.'

Action: The Committee Adviser will seek a response by the date of the next meeting on 20th October

5 CHAIRMAN'S UPDATE

The Chairman updated the Committee on:

- The Cabinet response to the 15 Minute Care Visits Domiciliary Care Visits Inquiry. The Cabinet agreed all 5 recommendations with 1 caveat on recommendation 4, regarding the payment of carers travel time. Mike Appleyard stated that companies will be encouraged to consider the payment of travel time for their staff, from April next year and added the County Council can't demand this. The Chairman stated the need to be mindful of the new NICE guidance which states that 15 minute visits were only acceptable as part of a wider package and should only be used to deliver one or two simple tasks such as medication and providing a drink. All personal care should be part of a longer visit. This was reflected in chairman's report. All Members agreed that fair remuneration was an essential component of retaining Care Workers and reducing staff turnover. The Chair concluded that the progress of the Inquiry recommendations will be submitted to the Committee in 6 months and then 12 months' time.
- Early Cancer diagnosis rates at Chiltern and Aylesbury Vale CCG's. The Chairman updated the Committee on the 2013 figures from the national intelligence cancer network which show that 29% of people within Chiltern CCG receive early stage 1+2 diagnosis) (371 out of 1280 people.) Aylesbury Vale is 33.2% (247 out of 745 people) This compares to an England average of 46%. By comparison Oxfordshire CCG is 47.5% (1199 out of 2526 people). The Committee decided it will look at this in more detail at a future meeting.
- CQC Care Home Inspection Reports. Three homes in Buckinghamshire since June 2015 are rated as Inadequate: Alpha Community Care, Reach Sistine Manor and Russell House. Russell House was also placed in special measures. The Chair confirmed that Buckinghamshire County do not currently place clients in Russell

House. The Committee endorsed receiving an update on improvement planning currently being undertaken at these homes. The Chair agreed to raise concerns with the Adult Safeguarding Board.

6 COMMITTEE UPDATE

There were no updates from the committee.

7 OVERVIEW OF THE LEARNING DISABILITIES SERVICE

Adam Payne and Zita Calkin provided the Committee with an overview of the Learning Disability Service to inform the focus of a future inquiry. SEE PAPERS AND WEBCAST FOR FULL DETAIL.

During the discussion the following areas were covered:

- The definition of a learning disability
- The Buckinghamshire picture for Learning Disabilities and future demand
- The current work streams and activities for the service.

8 OPTIONS PAPER TO INFORM THE SCOPE OF AN ADULT LEARNING DISABILITY INQUIRY

Adam Payne and Zita Calkin provided members with an overview of the 4 options for a potential Committee inquiry SEE PAPERS AND WEBCAST FOR FULL DETAIL.

During the discussion members raised questions on

- Transition Services what ages this service covered and the development of a new team.
- The issues of people with mild to moderate learning disabilities accessing social housing and leisure activities.
- How to stimulate the voluntary and community sector to provide more accessible services.
- How integration of health and social care services was progressing. The Committee agreed the need to monitor this at future meetings.
- The Committee agreed to choose social inclusion as the focus of the inquiry. It was agreed this could also look at aspects of advocacy and accessibility covered within options 1 and 3.

Actions:

- **The Committee will conduct an inquiry into Learning disabilities. The focus will be:
Improving the social inclusion of people with learning disabilities in Buckinghamshire communities.**
- **The Inquiry will be chaired by Margaret Aston.**

9 UPDATE ON THE PARTNERSHIP APPROACH TO TACKLING FEMALE GENITAL MUTILATION IN BUCKINGHAMSHIRE

Katie McDonald provided members with an overview of the discussions that took place at challenge event with key partners hosted by the Buckinghamshire Safeguarding Children Board and Health and Wellbeing Board on 18 September. SEE PAPERS AND WEBCAST FOR FULL DETAIL.

During discussions the following areas were covered:

- The projected prevalence of FGM locally and the need to ensure the validity of data.
- There was a broad consensus at the partnership meeting that cases are under reported
- FGM is a broad issue and not solely isolated within African Countries / communities
- The need to bridge partnership working with neighbouring counties and District Councils with Buckinghamshire.
- There had been no arrests or convictions for FGM in Buckinghamshire
- Concerns raised by schools to effectively tackle specialist and complex issues such as FGM. The challenge event highlighted the need to identify and train –in-school specialist.
- The importance of partners working with GPs in areas of Buckinghamshire highlighted as having higher predicted figures.
- How to improve communication mechanisms through working with women’s and faith groups.

Julia Wassell drew the Committee’s attention to an International Girls Day at Buckinghamshire New University on 10th October, (11am – 5pm) hosted by Thames Valley Police. The free event will highlight the importance of rights for women across the world.

10 KEY LINES OF INQUIRY FOR DAY OPPORTUNITIES CENTRES AGENDA ITEM AT 20TH OCTOBER HASC MEETING

Members noted the key Lines of inquiry for the forthcoming meeting item on the development of day opportunity centres. SEE PAPERS AND WEBCAST FOR FULL DETAIL.

Action: For Members to receive an update on the progress of the Wycombe Day Centre at the next meeting on 20th October.

11 COMMITTEE WORK PROGRAMME

Member discussed and noted the work programme. Members requested an item looking at Health Statistics. The current statistics reported by Clinical Commissioning Boards were not felt to be user friendly. Members would like to see a synthesis of data which shows how the health of the county is progressing.

Action: A future meeting item to look at key health indicators and trend data tracking the health and wellbeing of residents.

12 DATE AND TIME OF NEXT MEETING

The next full webcast meeting will be on 20th October at 10.00am.

CHAIRMAN

Buckinghamshire County Council
Health and Adult Social Care Committee
20 October 2015

**Frimley Health NHS Foundation Trust:
Frimley Park Hospital NHS FT acquisition of Heatherwood & Wexham
Park Hospitals NHS FT: UPDATE**

Purpose of the report: For information

Following Monitor's approval of Frimley Park's (FPH) acquisition of Heatherwood & Wexham Park Hospitals (HWPH) the Committee wishes to receive an update on progress of the integration of Frimley Health NHS Foundation Trust.

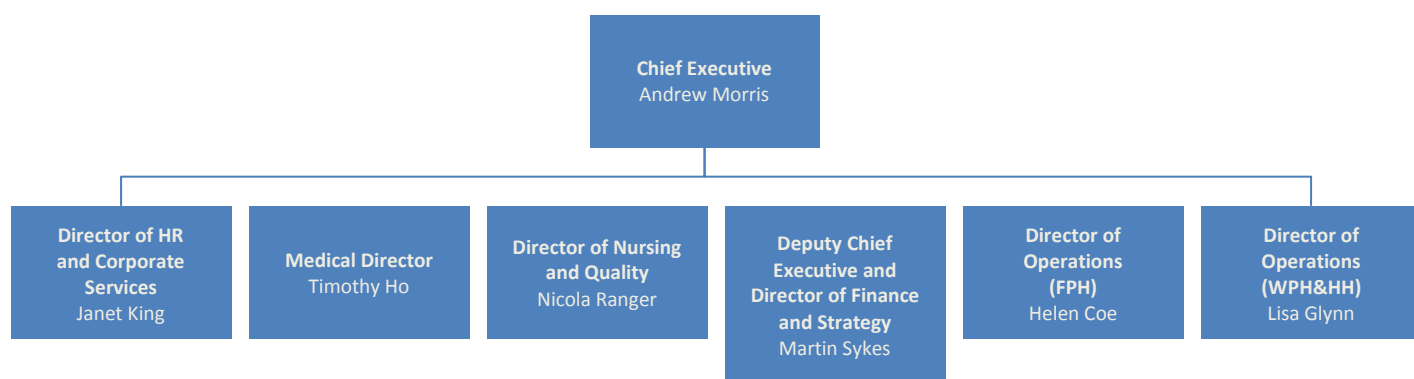
Introduction:

1. HWPH was facing significant financial, operational & clinical challenges. In the absence of the transaction, ongoing financial and operational challenges may have risked FPH's sustainability in the medium term
 - 1.1 Increasing financial and operational pressures are being placed on acute Trusts. FPH was facing declining surpluses over the coming years and HWPH was in a continuing unsustainable financial position
 - 1.2 There is a continued drive for high quality sustainable care in the NHS. FPH was at risk of becoming clinically sub-scale in certain areas as the NHS consolidates to preserve and improve quality care. HWPH already had areas of poor quality in patient care and had lost certain services
 - 1.3 Both trusts were facing a growing and ageing population, coupled with a forecast increase in long term conditions, which will put additional strain on local health and social services
 - 1.4 The combined organisation provides the opportunity to achieve critical mass in clinical services and achieve a sustainable financial position
 - 1.5 Options appraisal has shown that acquisition offered the best opportunity for FPH to maintain medium term sustainability at the current time
2. The acquisition of HWPH by FPH and the resulting increased population served of between 800,000 and 1,000,000 people creates the organisational scale necessary to establish robust, sustainable services for the people of Berkshire, South Buckinghamshire, North East Hampshire and Surrey.

3. The enlarged organisation enables a platform for change, driving forward clinical service changes where appropriate and providing the impetus to create new services to serve the growing and ageing population. FHFT is better placed to recruit and retain high quality clinical staff and to offer excellent training opportunities. Back-office and operational consolidation helps release resources for front-line services.
4. FHFT is committed to significantly improving the quality of care and delivery of performance on the Wexham Park and Heatherwood Hospital sites while maintaining and improving all aspects of care on the Frimley Park site. The longer term goal is to achieve the same standards of quality, performance and financial efficiency across the whole organisation.

Governance arrangements for Frimley Health NHS Foundation Trust:

5. FHFT is a single foundation trust incorporating Frimley Park Hospital, Heatherwood Hospital and Wexham Park Hospital. From 1 October 2014 the foundation trust had a single Board of Directors, made up of the Board of FPH plus two additional positions, one executive and one non-executive. Two new non-executives have been recruited in the last year.
6. The structure for the executive team (given below) includes a dedicated operations director for each acute site, to ensure that there is sufficient focus on maintaining and improving performance and delivery on each of the Frimley Park and Wexham Park sites:



7. The trust has established an organisation-wide clinical and corporate governance structure that supports the Board, executive team and the clinical and corporate leadership team. This is based on the most successful elements of the FPH approach to governance, with modifications to make it scalable and appropriate for a multi-site organisation.
8. Quality assurance arrangements include two site-specific quality committees currently, to ensure that there is no loss of focus on the Frimley Park site. A cross-site Corporate Governance Committee reviews arrangements at specialty level across the organisation, using an assessment framework reflecting the Care Quality Commission's five domains: safe, effective, caring, responsive and well-led. The Board of Directors has established a Quality Assurance Committee

of the Board, which provides the Board with the opportunity to gain greater assurance as required.

9. An integration programme board oversees the work plans that deliver the required changes across the organisation, and gives the Board and our regulators assurance that the benefits of the integration will be achieved and are aligned with the wider objectives of the organisation. Both Monitor and the Care Quality Commission are working alongside our local commissioners to monitor progress, share learning from other acquisitions and mergers and provide assurance that patients will benefit from improved quality, performance and financial viability.
10. The trust is also committed to working with its partners on transformation across the broader health and social care system, and is working to achieve this through joint transformation initiatives with health and social care partners. Because of the trust's complex geography, it is involved in different discussions about how the systems need to transform with the relevant local partners within Hampshire, Surrey/Sussex and Thames Valley.

Progress so far:

11. Performance has been lifted at Wexham Park/Heatherwood Hospital sites. In the first quarter of 2015/16 Frimley Health achieved all the key standards set out by health service regulator Monitor over this three month period, including the A&E four hour waiting target. This is the first time that all these targets have been achieved at Wexham Park Hospital for a number of years.
12. The FHFT management has successfully introduced a single set of vision and principles among the staff on all three sites through significant communication activities and leadership engagement. The executive team has led the engagement work with teams, explaining the imperative for change and cascading this single set of core values across all sites through the local management teams and face to face meetings with the Executives.
13. Patient experience measures indicate that quality and patient experience of care are improving on the Wexham Park site, as complaints are dropping and the numbers of positive comments are increasing.
14. The integration has been successfully implemented although the new management structure has taken longer to implement than was anticipated with elements of the final tier still outstanding. Moving from a single site operation to a multi-site one has created some challenges which need to be better addressed. The integration plan is continually reviewed and reassessed to ensure that the right priorities are chosen to deliver benefits and support the ambitious change programme across the organisation.
15. Wexham Park was inspected by the CQC in February 2014 and the CQC will be returning on the 13th October to inspect the hospital again. It is hoped that FHFT will be able to evidence the improvements that have been made during the last twelve months.

16. The organisation has a challenging financial savings programme to achieve financial balance, including a significant reduction in agency spend. Recruiting nursing and medical staff is challenging, and vacancies remain higher than planned. 18 additional consultants have been recruited at Wexham in the last 12 months to better cope with the workload.
17. Performance on the Frimley Park site has been maintained, and the executive remain committed to providing outstanding care on this site.
18. The 6 CCGs (North East Hampshire and Farnham CCG, Surrey Heath CCG, Bracknell and Ascot CCG, Windsor, Ascot and Maidenhead CCG, Slough CCG and Chiltern CCG) continue to work together across the large Frimley Health acute footprint in commissioning and integrating services.

Benefits for local residents:

19. FPH has been rated as 'outstanding' by the Care Quality Commission, the first trust in England to receive this rating. The acquisition provides a way forward to improve services for patients on all sites, ensure equity of services and parity of access for the population served by HWPH and FPH. The clinical model brings the following specific benefits:
 - 19.1 Improve the quality at Heatherwood Hospital and Wexham Park Hospital through a common culture based on FPH leadership through robust clinical governance
 - 19.2 Improving existing services and developing new services for patients based on sharing expertise and developing improved interfaces with community healthcare. The scale of the new organisation allows for greater subspecialisation.
 - 19.3 New model of elective care including a new centre of excellence for elective care at Heatherwood and enhanced patient centred models of care, for example 'one stop shop' services. Core elective services will also be provided from the main acute sites, offering patients choice on which site they wish to attend.
 - 19.4 Improved flexible capacity and ability to develop and transform services to meet the increasing demands on the system, particularly for frail and elderly patients.
20. Key specific changes envisaged within the proposed clinical model for the Wexham Park site include:
 - 20.1 Working in partnership with the CCGs around the Wexham Park system through a joint transformation board to improve care across a range of initiatives including developing a New Vision of Care across health and social care;
 - 20.2 Improve hyper acute services such as cardiology, vascular and renal services;
 - 20.3 Progress on 7-day consultant delivered service, improved high dependency care, new heart failure pathway and improved frail elderly service;

- 20.4 Changes in the cancer networks to ensure that more local services are available for patients, including an increased range of chemotherapy and on site radiotherapy;
 - 20.5 New ED and assessment areas and rebuilt/refurbished women's services areas.
 - 20.6 Repatriate elective services and consider introducing new ophthalmology service.
- 21. Work is progressing on £130m capital programme at Wexham. It is envisaged that work will start on the £10m upgrade to maternity next spring and later in 2016 work could start on a new ED and 100 new beds to provide state of the art assessment facilities. A new 50 bed elective centre at Heatherwood, if approved by the Board, could result in a start in late in 2016. At Frimley, it is hoped to provide additional ward capacity and new facilities for MRI scanning starting in late 2017.
 - 22. Bringing together two Trusts with important complementarities will deliver improved clinical outcomes through larger clinical teams and improved access to services for patients. The ability to attract and retain high quality staff will support the delivery of these benefits across all sites.
 - 23. All these changes will be supported by some enabling improvements, such as increasing the number of acute medical beds on both main sites, investing in additional car parking, IT infrastructure to underpin all new developments and improve ways of working.
 - 24. The clinical model assumes that the mix of services currently offered to patients in their local area will remain locally. Should the enlarged organisation wish to make any substantial service changes in the future, it would follow an appropriate process of involving all local stakeholders in shaping plans and giving formal feedback on those plans.

Conclusions:

- 25. The formation of Frimley Health through the acquisition is required to provide Frimley Park, Wexham Park and Heatherwood Hospital with a sustainable future, given the challenging external environment.
- 26. Frimley Health is maintaining its successful governance structure of strong clinical leadership and an empowered and engaged culture to ensure the success of the enlarged organisation.
- 27. The governance structure has been developed to particularly ensure that there will be high quality services maintained and improved on the Frimley Park site, while integration is achieved and quality improved across Wexham Park and Heatherwood Hospital sites.

28. There are clinical benefits to being a larger organisation, able to provide more local services with greater sub-specialisation, and these benefits will be available to the residents of Surrey.
29. Early successes in improving performance at the Wexham Park site have been achieved, while maintaining performance at the Frimley Park site.
30. Good progress is being made with the integration and it is hoped that the CQC inspection will identify improvements across performance, quality of care for patients, while highlighting areas FHFT knows require further work.
31. The organisation will also be better able to engage in the transformation agenda with its health and social care partners, including commissioners and the local authority. This will drive improved care for patients with more care intended to be delivered closer to home, and only the sickest patients being admitted to hospital for their care.

Recommendations:

32. The Health and Adult Social Care Committee is asked to note the update provided.

Report contact:

Jane Hogg, Integration Director, Frimley Health NHS Foundation Trust

Contact details: T: 01276 522620, jane.hogg@fhft.nhs.uk



Buckinghamshire County Council Select Committee

Health and Social Care Select Committee

Report to the Health and Social Care Select Committee

| | |
|---------------------------------|-------------------------------|
| Title: | Care Market Assurance |
| Committee date: | 20 th October 2015 |
| Author: | Rachael Rothero |
| Contact officer: | |
| Cabinet Member sign-off: | Councillor Mike Appleyard |

Purpose of Agenda Item

The purpose of this paper is to provide an overview of the action the Council takes in relation to overseeing market stability of the care and support services.

What happens when a care provider fails?

There is a diverse market for care services in England and Buckinghamshire specifically. Public, private and voluntary sector organisations all provide these services.

Some of these services are regulated through the Care Quality Commission, others are more informal. These services are providing care and support to some of the most vulnerable people in Buckinghamshire. To give you a scale of the size of the regulated market on the Care Quality Commission website, Buckinghamshire currently has approximately

- 250 care homes (OP, LD, Nursing, both registered nursing and residential)
- 251 services in own home (supported living, extra care and domiciliary)

There are clearly a large number of unregulated services which are supporting vulnerable people.

As in any market, from time to time some providers leave the market, sometimes because they have failed financially. Their care services may be sold or taken over by another care provider. This process is usually managed in an orderly way that does not cause disruption for the people receiving care. But sometimes, there can be disorderly failures, which happen quickly or with little warning that can threaten the continuity of services for the people who need it and cause great



anxiety and put people at risk. Like all Councils we experience both of these so it is important that we have systems in place to respond.

Who is responsible for what?

Since the 1990s onwards a quasi care market has developed to the point where now about 90% of the Adult Social Care budget is spent on providers outside of the Council. In addition to this, significant amounts of money are spent by self-funders. Prior to this time the Council had a much bigger role in the direct delivery of care.

The failure of a large care provider, Southern Cross, in 2011 highlighted issues around the vulnerability of the market place nationally and has led to changes in responsibilities for both the Council and Care Quality Commission (regulator).

The section below sets out the responsibilities and steps the Council and the Care Quality Commission take to have oversight of the Care Market Place.

The Council's Responsibilities

Tier 1. Day to Day the County Council has responsibility for the following:-

- Prior to purchasing from a provider there is an approval process that is undertaken to ensure that certain thresholds are met. This includes quality, financial and insurance checks.
- Managing contracts in line with the Council's Contract Framework. The scale of contract oversight is based on the size of the contract and the level of risk in terms of service failure. This framework only applies to services the Council purchases.
- All providers are required to have Business Continuity Plans in place under the Civil Contingencies Act 2004, and for the Platinum providers which are larger in value (exceed £1m) or where the impact of market failure is significant these form part of the contract management process.
- As well as the whole service being subject to the Council's Contract Framework, individual service users are subject to an annual review.
- Enter and View Programme - Healthwatch have a statutory power to independently monitor the quality and effectiveness of the care being provided. During 2014/2015 Healthwatch Bucks working in partnership with nursing professional and volunteer post graduates have undertaken visits to 14 care homes. For non-regulated services there is also a 'Support with Confidence Scheme'. This is a voluntary scheme run by the Local Authority Trading Standards department. It provides a list of approved care and /or support services that have been vetted on the grounds of quality, safety and training.

Tier 2. When things may be starting to go wrong or there are emerging concerns

- The Safeguarding Vulnerable Adults Team receives referrals from a range of places 24/7. Sometimes these are about the treatment of individual service users in their own homes or communities, but they can also be an important indicator of a wider systemic problem within a service. Therefore, shared intelligence becomes very important and looking at trend information.
- There is a 'Suspension Policy' where the Council is able to, under the contract, suspend making new placements if there are concerns about a service that have met a certain threshold. This only applies to Council funded placements. It is much harder for us to suspend placements to self-funders.
- The ability to escalate enforcement action within the contract. Again this only applies to areas of the market that we purchase from.
- The Quality in Care Team is a multidisciplinary team which works alongside providers (both contracted and non-contracted) to support them with specific interventions to drive up the quality of their service. This team has been vital to supportively working alongside providers to help them address issues. Providers are able to refer directly to this service and ask for help. This importantly applies to all areas of the Care and Support market irrespective of whether it is Council funded or not.
- Bucks Emergency Assistance and Response Service (BEARs) is a service that has been set up to provide mutual support across the Domiciliary Care Market Place and our Meals Service if they have business continuity issues.
- Market Surveillance Meetings. Every two months a formal meeting takes place between CQC, contracts, safeguarding, operations. This is an important forum for us to share our collective intelligence across the whole of the care and support and health market place locally and sometimes regionally and nationally. There are discussions at this meeting about specific hot spots where we review the management action taken around specific providers.

Tier 3. When things have gone wrong and we have reached a point of serious provider failure

There has been a significant change recently with the Care Act that the Council has a clear legal duty when there is a provider failure.

The Act makes it clear that local authorities have a temporary duty to ensure that the needs of people continue to be met if their care provider becomes unable to carry on providing care because of business failure, no matter what type of care they are receiving. Local authorities will have a responsibility towards all people receiving care. This is regardless of whether they pay for their care themselves, the local authority pays for it, or whether it is funded in any other way.

In these circumstances, the local authority must take steps to ensure that the person does not experience a gap in the care they need as a result of the provider failing. For some people, that may only require providing information and advice on the alternative services available locally, to help them make a choice about a new provider. For others, it may require actively arranging the care with a different provider for a period of time, to ensure that there is continuity. The steps will depend both on the circumstances of the provider failure, and what nature of support the person wants from the authority.

This duty applies temporarily, until the local authority is satisfied that the person's needs will be met by the new provider. At that point, the person may again become responsible for arranging their own care.

In Buckinghamshire there is an agreed policy in place. There are a range of options that we could invoke, depending on the scenario.

- Invoke 'Provider of Last Resort'. Commissioned a provider to undertake responsibilities on behalf of the Council to maintain the operational management of a service. This could be taking the management of service and stepping in or it could, for example, be transferring 100 service users into the organisation. The scenario will dictate the approach.
- Alternatives to provider of last resort. Approaches could include finding alternative safe provision or the Council or NHS taking on the management; mutual aid between LAs.

Care Quality Commission Responsibilities

Inspection and regulation

The inspection and regulation of adult social care services has undergone significant changes. The CQC's original four-tier rating system, which saw services rated from zero (poor) to three stars (excellent), was scrapped by the regulator in 2010. However the rating system has been established again with the introduction of a similar system, under which services will be rated as inadequate, requires improvement, good or outstanding. This will be based on how providers perform against five key questions: is their service safe, caring, responsive, effective and well-led. The aim is to inspect all 25,000 adult care services in England by March 2016. CQC are responsible and have a new enforcement policy that explains the approach to be taken where they are identifying poor care, or where registered providers and managers do not meet the standards required in the regulations. Enforcement policy is used to:

- Protect people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services to an appropriate standard.
- Hold registered providers and managers to account for failures in how the service is provided.

The enforcement policy sets out the full approach to be taken to address breaches of regulations. It also reflects how we may work with other organisations to make sure that people are protected from harm; for example, through special measures regimes.

Market oversight

In addition to this, the Care Act establishes that the Care Quality Commission (CQC) will take on a new responsibility for assessing the financial sustainability of certain "hard-to-replace" care providers from April 2015. These are care providers who, because of their size, concentration or specialism, would be difficult to replace if they were to fail, and so where the risks posed by failure would be highest for individual local authorities.

To assess financial sustainability, the Act gives the CQC the power to request information from any provider in the regime. Regulations also allow CQC to request information from other companies in the same group, where this is relevant to assessing the finances of the provider itself.

Factors that impact on market stability.

In only exceptional cases do providers set out to provide poor care and support. There are lots of factors which shape the stability of the market place and threaten organisation stability. The section below attempts to isolate the factors

- Organisational structures and whether these create greater financial instability
- Ownership – regular turnover of ownership which increases volume and type of change may increase market instability.
- Distribution – how services are distributed affects how easy and cost effective they are to manage.
- Legislation and regulation – increases in regulatory regime potentially imposes increased costs
- Employment factors – this is seen as one of the biggest threats to market stability. There are a number of risks in this area:-
 - The rises in national minimum wage could be highly problematic if not reflected in the payments.
 - Potentially exacerbated by pay constraint in the public sector at a time where the private sector potentially 'lifts off'.
 - Difficulties recruiting to essential posts. This is especially a problem in Buckinghamshire with challenges around nursing capacity in nursing homes, registered manager, care worker roles. This factor has been one of the key causes of service failure locally.
 - Agency staff are more expensive than permanent staff in addressing staff shortages.
 - Higher than average staff turnover can be an indicator that a provider is not managed well. Industry averages are around 25% per annum.
- Occupancy levels and take up – Average occupancy rates have fallen slightly in residential care homes. Older people are being admitted to residential care homes at a later stage with higher levels of acuity than in the past. The shorter average length of stay increases costs for the providers.
- Fees, pricing and profitability – profit levels of care providers vary widely, depending upon whether or not they have large debts, whether or not they own properties, the proportion of LA funded verses self -funder clients, size of the home.

Real Anonymised Scenarios in Buckinghamshire

At any point in time we have a number of providers/services on our list who are raising significant concerns that have tipped them into tier 2 or 3 activity. Sometimes services move through the tier and sometime a service suddenly tips into tier 3 provider failure. All of these scenarios involve very vulnerable people and our role as a Council is to ensure that vulnerable people continue to receive essential care and support. This also requires us to balance difficult decisions around risk of moving people verses not.

The list below is not current and dates back a number of years by way of an illustration.

1. ASC started to see an increasing number of completed and safeguarding alerts in relation to people being supported by a domiciliary care provider. The nature of the complaints and safeguarding issues were around missed visits and people not receiving essential care and support. Whistle Blow and media attention following this resulted in a loss of confidence of staff in the services leaving the organisation. This included front line carers and officer staff responsible for co-ordinating the logistical care delivery. This exacerbated the failure of the service even more. This happened over a number of months affecting many service users.
2. Provider sold the care home property for development and the Council were told with less than 8 weeks' notice to re-provide over 30 council and self-funder users. The Council was told after the property was sold.
3. Out of County very specialist MH provider had received planning designation at the time the building was developed which put in age restrictions. The care provider supported people outside of the designation in line with its CQC status. The local community challenged the provider for supporting people outside of the planning designation and the provider lost in the High Court. The Council had to move its service users and find very specialist alternative placements.
4. The Fire Authority has inspected a Care Home following concerns raised in a whistle blow. The Fire Authority was so concerned with the access arrangements that it required the provider to make changes. The changes to the building were financially prohibitive and the care home closed with very short notice.
5. A large nursing home has been unable to recruit a registered manager and sufficient nursing staff to cover all of the shifts. It was relying increasingly on agency, but this was unreliable. The Council started to get an increase in safeguarding alerts with people getting pressures sores.

Appendix 1.

Set out below is the outcome of the current status of inspections provided by CQC as of the 8th October. Please note that many providers have not yet had a new inspection under the new inspection regime.

Table 1. Care Home providers (including residential and nursing)

| Outturn for Care Home Providers | |
|--|----|
| Overall Summary | |
| Inadequate | 4 |
| Requires Improvement | 14 |
| Good | 27 |
| Outstanding | 0 |

Table 2. Non Care Home (including, community, GP and specialist health)

| Overall Summary | |
|------------------------|----|
| Inadequate | 0 |
| Requires Improvement | 11 |
| Good | 19 |
| Outstanding | 1 |

| Date | Topic | Description and purpose | Contact Officer | Attendees |
|--|--|---|--|--|
| Health & Adult Social Care Select Committee | | | | |
| 20 Oct 2015 | Committee Work Programme | For the Committee to note its updated work programme | Julia Woodman, Committee Adviser | Julia Woodman, Committee Advisor |
| 20 Oct 2015 | Day Care Opportunities | For members to review day care opportunities across the County. | Rachael Rothero, Service Director (Business Transformation CH&ASC) | Mike Appleyard, Cabinet Member for Health and Wellbeing, Kelly Taylor, Project Manager, Rachel Rothero, Service Director |
| 20 Oct 2015 | Care Homes and Quality Assurance | | Rachael Rothero, Service Director (Business Transformation CH&ASC) | |
| 20 Oct 2015 | Frimley Health Trust Update | Overview Information: For members to receive an update on the progress towards quality improvements, future plans for trust sites, services and impacts on residents. | Julia Woodman, Committee Adviser | Andrew Morris, Chief Executive of Frimley Health Trust |
| 24 Nov 2015 | Adults with Learning Disability Inquiry Update | For members of the committee to receive an update from the Inquiry group on the progress of the Inquiry into services for adults with learning disabilities. | Julia Woodman, Committee Adviser | Inquiry Chairman and Members |

| Date | Topic | Description and purpose | Contact Officer | Attendees |
|-------------|---|--|---|---|
| 24 Nov 2015 | Better Care Fund | For the Committee to have: 1. an overview of the key Better Care Fund projects, how outcomes are measured and how the projects are progressing 2. an update on how risk is managed and the development of the risk register 3. How agencies are planning to move forward in light of higher rated residual risks identified | Lesley Perkin, Programme Director for Integrated Care | |
| 24 Nov 2015 | Buckinghamshire Healthcare Trust | For Members to examine the Trust's progress to date on their improvement programme in response to the recent CQC inspections. | Julia Woodman, Committee Adviser | Mike Appleyard, Cabinet Member for Health and Wellbeing. Neil Dardis, CEO, Bucks Healthcare Trust. Carolyn Morris, Chief Nurse Louise Patten, Aylesbury Vale CCG Annet Gamell, Chiltern CCG |
| 24 Nov 2015 | HASC GP Services Inquiry 12 month review | | Julia Woodman, Committee Adviser | |
| 2 Feb 2016 | Work Programme | | Julia Woodman, Committee Adviser | |
| 22 Mar 2016 | 15 minute Care Visits Inquiry – 6 month follow-up | | Julia Woodman, Committee Adviser | |

| Date | Topic | Description and purpose | Contact Officer | Attendees |
|-------------|--------------------------------------|--------------------------------|-------------------------------------|------------------|
| 22 Mar 2016 | Learning Disabilities Inquiry Report | | Julia Woodman, Committee Adviser | |



Buckinghamshire County Council Select Committee

Health and Social Care Select Committee

Report to the Health and Social Care Select Committee

| | |
|---|---|
| Title: | Transformation of Day Opportunities Project |
| Committee date: | 20 th October 2015 |
| Author: Commissioning and Service Improvement | Rachael Rothero (Service Director) |
| Contact officer: | Kelly Taylor (07739531268) |
| Cabinet Member sign-off: | Councillor Mike Appleyard |

Purpose of Agenda Item

This report is intended to give the Committee up to date information around the progression of the Transformation of Day Opportunities Capital Programme.

For Members to assess the impact transformation programme at mid-point through the programme on the following:

- The breadth and quality of the provision
- Spread of provision and accessibility
- Usage of sites by target groups
- Meeting future changes in need and demand.

Programme Overview

The overall Transformation programme combined a number of elements. (21st March 2011 Business Case):

- Ensuring greater emphasis is placed on giving individuals personal choice about their own support arrangements.
- Ensuring day services for people with very complex needs (frailty and vulnerability or level of profound and multiple disabilities) will be delivered from a network of six new, or refurbished, fit for purpose Day Opportunity Centres. Reducing the pre-existing number of largely Council owned buildings from 22 down to 6. The locations of these were planned as Aylesbury, Chesham/ Amersham, Buckingham, Beaconsfield, Burnham and High Wycombe.



- It was proposed that as well as a service for people with complex needs that these facilities would become community hubs for wider community resources, developing the existing market that the Council had with the voluntary sector and supporting providers to develop a network of Community Bases, which will be the main provision for people who do not need a high level of support. Community Bases will be situated in community venues such as local community centres, village halls, leisure facilities etc. These will be places where people can meet and /or use as starting points for other activities within the local community. These services may be run by a variety of providers, including local communities themselves. It was expected that this would be facilitated through an increased take up of Direct Payment.
- In addition to the 6 Day Centres, communities came forward to express interest in running their own Community Interest Companies and presented business cases to retain the buildings in Bourne End and Princes Risborough.
- The delivery of a challenging MTP target of £4.48 million revenue saving over the period 2011/12 to 2013/14. The original MTP target was recognised to be challenging in terms of both its size & period of delivery.

The transformation programme commenced in 2011 and was due for completion in June 2015. This was when the last centre was original scheduled to be opened; however, there has been a significant delay in programme completion due to the changes to the proposed site of the High Wycombe Opportunities Centre and the site in Amersham/Chesham. This has in turn delayed the rationalisation programme. This has significant implications for the transformation programme and is detailed in the High Wycombe section further in the report. This has meant that the transformation of day services has now extended to autumn 2018. Therefore, because we are only part way the programme, there are still significant movements of clients that will need to occur. This means that capacity utilisation is still in a significant state of flux. Confidential Appendices 2 & 3 set out the expected changes that will take place between now and 2018. The remaining services still due to open as part of the original business case, include Burnham and High Wycombe.

Table detailing building development summary to date

| Site | Completion Due (at end of month) | Actual Opening Date |
|--------------------------|-------------------------------------|---------------------|
| Hartwell (Aylesbury) | Jan 2014 | Opened Jan 14 |
| Well Street (Buckingham) | April 2014 | Opened Oct 14 |
| Chiltern View (Chesham) | Feb 2015 | Opened April 15 |
| Wycombe | June 2015 | Autumn 2018 |
| Burnham | Oct 2015 | Due Nov 15 |

Key reasons for the delay include exploration around sites which then fell through and contractor delays

Aims of the Business Case

The aims identified within the cabinet paper and the business case discussed the following aims and objectives for the project:

The Transformation of Day Services aims to:

- i.** Deliver significant revenue savings on a recurrent basis.
- ii.** Release funding currently locked up in directly provided (BCC delivered) services and which represents 68 per cent of expenditure on Day Services.
- iii.** Establish a service model that supports the Government's ambition to offer personal budgets to all service users, with a strong focus on Direct Payments
- iv.** Develop a continuum of services that service users will want to buy, that responds to the prevention agenda, and supports independence and inclusion.
- v.** Respond to the changing demographic profile of people who use Day Services.
- vi.** Support the development of the 'Big Society' by encouraging communities to take an increasingly prominent role in supporting people with disabilities through the development of community capacity and social capital.
- vii.** Deliver improved value for money.
- viii.** Address the issues around the estate.

See Public Appendix 1 Vision & Components of the Day Opportunities Service Model

Market Shaping - From Day Services to Day Opportunities

In recent years, there has been a refocusing of Day Services away from traditional '*building based*' models of service provision to a range of community based alternatives. This movement has led to an emphasis away from '*occupation*', in traditional centres, towards supported activities in the community. The concept of '*non-buildings*' based person-centred day care provision has gained a sustained momentum across all service user groups. Day Opportunities reflect this movement with the receipt of the service not being based on whether or not a person is attending a day centre.

However, the Buckinghamshire service model did not propose a '*buildingless*' solution to the provision of Day Opportunities. The County Council is mindful of the feedback received to the "*Having A Good Day*" consultation on this point and recognises that there are individuals with profound and multiple disabilities who will continue to require a specialist building based service and that they will benefit greatly from attending a safe, familiar, purpose-built environment with an expert staff group. Nothing in the service model should be regarded as diluting the Council's commitment to providing these individuals and their informal carers with the support they need.

The Council adopted a successful approach to developing community alternatives with the establishment of support brokers and supporting providers to develop their business. As Building Based day centres were about to close, those service users assessed as receiving a community alternative would receive a direct payment. This meant community alternatives



needed to be in place prior to the closures for service users to have a smooth transition into the external market place. This was a real challenge as the findings from the analysis were that there were no external providers providing the new day opportunities model. There is a detailed closure report for the Market Shaping upon request.

Changes to Community Based Service

There were also a small number of block contracts providing a range of community based services which changed during the transformation programme. This was unplanned and due to changes of direction to the providers. These were part of the community based offer rather than the Buildings Based Services. These contracts ended, which has resulted in changes to the profile of provision. In some cases it has meant that Buckinghamshire Care, through brokerage/self-funders and Provider of Last Resort, have taken on some of this activity.

See commercially sensitive Appendix 2 Changes to external contracts

See confidential Appendix 3 for full summary of changes to external/ internal contracts to date

Day Opportunities Revenue Savings Summary

To date, the day services programme has delivered approximately £2.93 m of annual savings with an expectation that a further £0.5 m (across BC services) will be delivered over the next 2 years, taking the overall savings delivery to £3.43 m per annum. The future savings targets are built into the contract with Buckinghamshire Care.

| | |
|---------|---------|
| 2013/14 | £2.68 m |
| 2014/15 | £2.93 m |
| 2015/16 | £3.18 m |
| 2016/17 | £3.43 m |

This is a very considerable reduction (circa 35%) from a budget costing around £10 million in 2010/11.

Savings to date have been achieved through a number of different ways

- Major staffing restructure before transfer to Buckinghamshire Care
- Establishment of more cost-effective community options
- Contractual rebasing to deliver efficiencies

Remaining savings targets have been passed to Buckinghamshire Care via the contract. The expectation is that Buckinghamshire Care will deliver these through income generation and further efficiencies over the remainder of the contract period.

The savings achieved to date are embedded in the new service delivery arrangements provided by Buckinghamshire Care. Future savings targets will be achieved by recurrent

reductions in the contract payments to Buckinghamshire Care. Buckinghamshire Care has been working to these savings targets for some time and it is understood they do not present a significant risk.

Transformation Programme to Date

Development of the Buildings

After the business case was approved by Cabinet on 29th March 2011, ADP architects were appointed under an existing Framework Contract to provide Buckinghamshire County Council with Lead Consultant Services, including provision of a design and specification for each of the opportunity centres. These design specifications were approved internally by Major Projects and Adult Health and Social Care. Following good project management practices, roles and responsibilities were divided within the internal team.

Roles & Responsibilities of the Project Team – Public Appendix 4

For Procurement of Works Detail for Each Opportunities Centre – Public Appendix 5

Aylesbury Day Opportunities Centre Opened in January 2014

Aylesbury Day Opportunities Centre is complete and provides outdoor space, numerous activity rooms and a sensory room, and provides services to the local community. A new single storey extension was built to provide additional facilities, plus a refurbishment of the existing building to include a special autism unit. The Centre has a new reception area, optimised circulation, new WC and changing facilities, new training kitchens, new clinical rooms, new sensory rooms, plus multiple activity spaces and a dining area. Hoists have been installed throughout the centre. The Centre supports adults with learning disabilities, adults with autism, older adults, older adults with dementia and those with mental health problems. During the transition from Aylesbury, service users were relocated to Bierton Hill for the 18 months of the build. Once the redevelopment was complete these people returned to this service. Hartwell day centre was closed at this time and people were supported to access either community alternatives or the new Aylesbury Opportunities Centre.

Buckingham Day Opportunity Centre - Opened October 2014

Buckingham Opportunities Centre is a newly-refurbished centre which has retained original features of the former Buckingham School (which it used to house). This refurbishment of the existing BCC Well Street Centre Building has created new facilities plus a raised deck to the central courtyard to create easy access from day activity spaces and a new riverside garden. A new building entrance was constructed as part of the project; this houses the reception area too. The existing site entrance and parking areas were retained. The Centre Supports adults with learning disabilities, adults with autism, older adults, older adults with dementia and those with mental health problems.



Chesham Day Opportunities Centre - Opened April 2015

Chesham Opportunities Centre is the newest opportunities centre and opened to the public in April 2015. It is set over two floors and provides views across the town and the surrounding Chilterns. The new Chesham centre facilities include: a state-of-the-art sensory room; activity rooms designed for people with a physical disability; modern washrooms and kitchens for food skills sessions; two balcony areas with artificial turf, meaning outdoors area available to clients 12 months a year; and fully-accessible lift, meaning clients can use all areas of the building. The centre is a short walk from Chesham town centre and supports clients from surrounding towns including Amersham, the Chalfonts, Hazelmere and Great Missenden. The Centre Supports adults with learning disabilities, adults with autism, older adults, older adults with dementia and those with mental health problems.

Next Steps

Thrift Farm

This is not part of the Transformation programme but a development supported by Adult Social Care to support Buckinghamshire Care to provide increased supported employment opportunities to Adult Social Care Clients and to generate income through increased footfall. The Café is a modular build and is in the final stages of completion. Work on the café and associated car park is due for completion and hand over to Buckinghamshire Care on 23rd October 2015. The awarded contractor has produced a building which supports Buckinghamshire Care to deliver a service that provides meaningful employment opportunities for clients in an assessable environment and enables Buckinghamshire Care to deliver its revenue predictions through increased covers and footfall to the café.

The design of the café was completed and based on the need to provide a multi-facility service to offer clients a safe environment where the space facilitated training for people, including those in wheel chairs, to operate within the kitchen and serving areas. It was also designed to facilitate Buckinghamshire Care growth plans through increased footfall and to provide a platform for clients to gain experience and supported employment opportunities.

Burnham

Burnham Day Opportunity Centre is currently under refurbishment and is due to reopen to clients on 16th November 2015. Buckinghamshire Care is managing the transition arrangements for existing Burnham clients, who are temporarily receiving services at Hillcrest and Seeleys House. Buckinghamshire County Council officers meet with Buckinghamshire Care representatives regularly to ensure continuity of service for each individual.

A lead has been designated by Buckinghamshire Care to complete the individual return transition plans for each client.



High Wycombe

High Wycombe Opportunities Centre was scheduled to open in June 2015; however, there have been significant delays to the proposed timetable due to the Council being unable to progress the land deal with Wycombe District Council regarding the Hughenden Quarter site. Alternatives have been assessed by the Major Projects team and initial funds have been released from the Asset Strategy Board in August 2015 to appoint a commercial team for the Orchard House site, which includes the development of Wycombe Day Opportunities Centre.

Significant delays to the development of this Opportunity Centre mean clients are being supported in existing services around High Wycombe in a number of buildings which are not fit for purpose. It is anticipated that the running costs for the new centre will be met by the closure of Southern Day Services, Hillcrest and Wycombe Hills. This development is key to the delivery of further savings in the Bucks Care contract.

Confidential Appendix 6 - commercially implications of delay.

Capacity and Costs

Due to the changing complexities of people across the county outlined below – ie people getting older, those with multiple disabilities living longer - the demand for modern facilities, such as opportunities centres, is only likely to grow.

Individual needs have a direct impact on the staff ratios and Buckinghamshire Care work on the formula that:

$$\text{capacity} = \text{staff availability} / \text{service user needs}$$

Confidential Appendix 7 – Opportunity Centre utilisation figures based on KPI figures provided by BC August 2015

Proposed Move from Block Contract to Unit Costs

As part of the original Business Case and contract with Buckinghamshire Care it was recognised that a unit costing exercise need to be undertaken. At the time that Buckinghamshire Care was established the service was transferred as a block contract. The key aspects of this work are reviewing the unit costs, comparing unit costs to published benchmarking, and to then develop options for unit based pricing, rather than continuing with block contracts for the longer term.

The services that are included in the work include all Day Opportunity Centres, the Respite Care unit, Re-ablement Services, and several employment-based services that are primarily aimed at helping adults with learning disabilities performed by Buckinghamshire Care.



The work commenced in September and a draft report will be available as a discussion document in the near future. Unit-based pricing is a significant departure from the block contract approach currently in use and carries a number of complex considerations associated with the migration, including the treatment of overheads, price differentials, and the inclusion of outcome based payments for some services. It is possible that this will change the contracted capacity for the services; therefore units commissioned and the way we contract may change in the future.

Buckinghamshire Care Pricing

The price for self-funders to access the range of day opportunity centres for Buckinghamshire Care is a standard charge of £45 per day, with an additional £4.60 for lunch and refreshments. This is based on a full day of support and activities on offer within the centres. Broken down to an hourly rate, this is £8.50 per hour and Buckinghamshire Care requires a minimum attendance of 2.5 hours.

Where there are specialist needs such as LD or autism to be met the price increases to reflect the additional 1:1 assistance and the additional staff needed to provide this. This results in prices of £70 - £120 per day.

For some service users who have attended other day centres this is an increase in price; Buckinghamshire Care are aware of this and are working with service users to seek affordable ways to access new services. For example, for the service users transferring from Denham Day Centre to Burnham Opportunities Centre, Buckinghamshire Care have introduced a scheme whereby service users will be charged the day service price at Denham (£30 per day) for a period of 12 months.

As an independent legal entity Buckinghamshire Care has a board of directors who agree a business plan, which includes income generation targets. This business plan is then discussed at the Shareholder Commissioning Group (SCG) but the SCG cannot act as a shadow director and can only express satisfaction / dissatisfaction for Buckinghamshire Care to consider; it is the Buckinghamshire Care Board which defines the pricing strategy to meet its income generation targets.

BCC Charging Policy

Under the current BCC Charging Policy, day care is charged to those who are ineligible to receive funded services, having been financially assessed, at a rate of £38 per day attending day care (£68 per day for those with high dependency), with transport at £8.00 per return journey. Meals are charged to all service users at £4.60 per meal. These rates are set annually by Members. The charging policy will need to be reviewed in light of the unit costing work.

Future Demand and Capacity Requirements

The buildings have been developed by ADP with assumptions built in around projected client numbers to ensure they remain fit for purpose for the life of the building. It is



important to recognise that these buildings have been developed with the next 20 -30 years in mind.

As well as the remaining changes within the programme which will impact on utilisation of the buildings, it is expected that they will also be required to respond to demographic pressures. Set out below are some of the key projections.

Demand is detailed in Strategic Needs Assessment for Learning Disabilities Planning4Care summary report for Buckinghamshire – September 2015 as follows:

Learning Disabilities

By 2033, 4,590 people aged 18-64 across Buckinghamshire are expected to have moderate learning disability (MLD), with an additional 400 aged 14-17 and 1,270 aged 65 and over. The overall proportion of people aged 18-64 with learning disabilities is projected to increase by around 1.7% across Buckinghamshire to 2033. The largest increases are expected in the Profound and Multiple Learning Disability (PMLD) group, with a projected growth of 38% to 2033. At the Profound and Severe levels of severity, the estimated total number of adults aged 18-64 across Buckinghamshire is approximately 1,280. Based on the number known to Buckinghamshire Care services, virtually all of this group are likely to be receiving services

The table below shows the Planning4Care estimates of the current and projected numbers of adults aged 18-64 in Buckinghamshire expected to have a learning disability at the different *levels* of severity.

| | 2013 | 2023 | 2033 | % change 2013 - 2033 | | |
|---|-------|-------|-------|----------------------|------------|---------|
| | | | | Buckinghamshire | South East | England |
| PMLD | 160 | 180 | 220 | 38% | 43% | 49% |
| SLD (total) | 1,120 | 1,130 | 1,150 | 2.7% | 4.3% | 8.9% |
| MLD (total) | 4,590 | 4,590 | 4,600 | 0.2% | 2.7% | 7.5% |
| SLD/ MLD with serious challenging behaviour | 100 | 100 | 100 | 0% | 0% | 4.9% |
| Total | 5,870 | 5,900 | 5,970 | 1.7% | 4.0% | 8.6% |
| | | | | | | |

PMLD – Profound and Multiple Learning Disability

SLD- Severe Learning Disability

MLD - Moderate (or Mild) Learning Disability

The population aged 65+ is projected to increase by 51% across Buckinghamshire to 2033, with numbers in this group having learning disabilities also projected to increase by 51% to 2033 (compared to 47% nationally). The PMLD group aged 65+ is expected to increase in size at a faster rate than working-age groups^[1], but from a low base. Around 72% (930 people) of those known to social care services are supported in the community (this compares with an average of 76% for England).

Older Adults

The most recent estimates show the 2013 65+ population of Buckinghamshire as 90,194, with 11,926 aged 85+. Compared with England, the profile of the 65+ population in Buckinghamshire is older compared with England as a whole. The size of the 65+ population is projected to grow significantly in Buckinghamshire over the next 20 years - a 23% increase in the 65+ age group to 2023 and a 51% increase in 65+ to 2033. This projected increase is likely to drive increased demand for social care in the Local Authority. This is particularly the case as the fastest increases are seen in the oldest age groups, those most likely to need social care. Compared with other Local Authorities across the South East region, Buckinghamshire shows the 11th highest projected increase in the older population over the next 20 years. The projected 20-year increase in the size of the 65+ age-group in Buckinghamshire (51%) is identical to that of the region, and slightly above that of England (47%). Of the total population aged 65+ in Buckinghamshire (2013), 23,800 (26%) are estimated to have some level of social care needs; of these, 14,000 are estimated to have 'moderate' to 'very high' needs, and 4,900 (5%) to have 'very high' needs.

Based on Planning 4 Care estimates combined with Census 2011 and published population projections, the number aged 65+ with some level of social care need in Buckinghamshire is projected to rise by 66% over the next 20 years (above the regional rise of 60% and above the national rise of 54%). The number of people in Buckinghamshire with 'very high' social care needs is expected to rise by 72% over the same period.

The most recent estimates show the 65+ population of Buckinghamshire as 90,194, with 11,926 aged 85+^[1]. Recent trends have seen the 65+ population in Buckinghamshire increase from 69,800 to 90,194 (29%) over the period 2001-2011, compared with an increase of 21% across the region and 9.5% across England^[2].

[1] Again, the large projected growth in the PMLD group is due to expected future improvements in infant mortality and life expectancy for those with PMLD. However, these should be regarded as upper estimates, since the proportion of people known to services with PMLD level of disability is likely in practice to be lower in the older age groups.

[1] Census 2011 population estimates for Local Authorities were published July 2012.

[2] Increase based on comparison of Mid-Year Estimate 2001 to Census 2011.

Based on Planning4Care estimates combined with Census 2011 and published population projections, the number aged 65+ with any level of social care needs in Buckinghamshire is projected to rise by 66% over the next 20 years. This is above both the projected increases in the region (60%) and nationally (54%). The number of people in Buckinghamshire with 'very high' social care needs is expected to rise by 71% over the same period.

Analysing the current patterns of services in Buckinghamshire, and assuming that the same proportions of people with different levels of need continue to be supported in the future in residential and community-based services respectively, the table below shows the change in requirement for local authority commissioned home care hours, day care placements and residential care placements over the next 5 and 20 years. This represents an increase of 73% in LA commissioned home care hours, day care placements and residential care placements between 2013 and 2033, compared to regional increases of 62% and national increases of 54% over the same period.

Projected LA-commissioned service requirements based on current patterns of provision in Buckinghamshire

| | 2013 | 2023 | 2033 |
|---|--------|--------|--------|
| Home care (hours per week) | 11,700 | 15,600 | 20,200 |
| Day care (placements) | 360 | 480 | 620 |
| Residential care (supported placements) | 1,200 | 1,500 | 2,000 |

Source: Planning4care (2013)

Based on current patterns of services across Buckinghamshire,

Publicity & Promotion of Centres for use by and integration with the Local Community

Buckinghamshire Care has a strategic communication and promotion team to promote each of the services. The media strategy for promotion includes utilising social media such as Twitter, Facebook and the Buckinghamshire Care website. Local newspapers are invited to all open events in order to promote "good news stories".

On a local level, each centre holds regular marketing workshops where external providers and groups are invited to attend to view the facilities and discuss any activities they may be able to offer. Drop-in sessions are offered to potential new service users and these are targeted through community groups and leafleting in doctor's surgeries.

Each service manager within Buckinghamshire is required as part of internal targets to promote the day opportunities centres within the local community in order to provide

accessible activities that are appealing to the local community. This is a recent change and is in response to the need to ensure that the buildings are also used as community assets.

Reviews of Quality

A review was commissioned by BCC early 2014, during client transitions to the Aylesbury Opportunities Centre to look at the quality of provision, looking at what Buckinghamshire Care does well – and what it needs to adapt.

The outcome of the Tizzard review was combined by Buckinghamshire Care with the staff survey they undertook and the review of Buckinghamshire Care autism services. This formed the basis of Buckinghamshire Care Better Futures strategy, which began at the end of 2014. The central aim is a focus on moving the emphasis of care and support from a service provided to people and enhancing it to become a service which wraps around the needs of the client and those around them.

Buckinghamshire Care's strategy has specific measures and an active participation programme with: road shows - client, carer, staff; setting up user groups to ensure good and effective communication and participation; re-tuning Buckinghamshire Care support plans; and looking at how and when Buckinghamshire Care provides services so that they meet client need and aspiration both now and in the future.

The ethos is embedded in Buckinghamshire Care core values and vision.

From a Council perspective, we monitor closely the quality of services through our care contract and in partnership with CQC where services are subject to regulation.

Buckinghamshire Care Service User Survey

Buckinghamshire Care completes an annual user survey that polls the opinions of service users, carers and staff in order to improve the service provision within the day opportunity centres. The most recent survey was carried out in 2015; Buckinghamshire Care has provided a breakdown of the key results as follows:

Client responses:

- 97% of clients say they are treated with dignity and respect in Buckinghamshire Care services.
- 96% of clients believe our services are open when they need them most

Carers Responses:

- 74% of carers feel they are communicated with on a regular basis
- 80% of carers believe that Buckinghamshire Care services support clients to meet their own personal outcomes
- 78% of carers feel they are involved in the support planning process



From the information collected there are some emerging themes and areas of focus. There is an appetite for co-operation and innovation through using collective knowledge and holistic solutions. There is a demand to open centres for longer period in the evenings and Bank Holiday weekends. Buckinghamshire Care would like to introduce a drop-in service but a review of the transport infrastructure needed to support such a service will be required. The following involvement and inclusion strategies have been developed and are being rolled out within each of the services:

- Drop-in sessions
- Open Days
- Service and regional meetings
- Client and carer involvement in recruitment
- Local induction booklet
- Job Swapping
- Staff file index
- Implemented transport review

Transport

There are different processes in place for service users wishing to access the opportunity centre that fall in line with assessed needs and funding provision.

If Buckinghamshire County Council funds service users to attend an opportunity centre, the service users are transported as part of their care package through Bucks County Council's contract with AMEY. The contract with AMEY follows usual procurement guidelines and is managed by the contracts team.

Appendix 8: Overview of the contracted services between the Council and Buckinghamshire Care.

Public Appendix 1 - A Vision for Day Opportunities

The Day Opportunities vision is dedicated to ensuring that disabled younger adults and vulnerable older adults have the individualised support they need to be as independent as possible and to have happy and fulfilling lives. This includes giving people real choice and control over their services and supporting them to:

- i. Succeed economically.
- ii. Stay healthy.
- iii. Enjoy a better quality of life.
- iv. Stay safe.
- v. Be part of the communities in which they live.
- vi. Be able to access universal services.
- vii. Make friends, enjoy social opportunities and not feel lonely.

Underlying the service model is a commitment to the promotion of social inclusion as the best means of enabling disabled adults of all ages, irrespective of the nature and degree of their disabilities, to maximise their independence and enjoy the same opportunities and rights of self-determination, consistent with the Mental Capacity Act, as other citizens.

The Components of the Day Opportunities Service Model

The core components of the Day Opportunities model are:

- i. *A menu of services based on promoting independence* from which service users can choose.
- ii. *A clear focus on delivering Day Opportunities that meet the needs of people with multiple and profound disabilities.* There will be a reduction in existing numbers of building-based Day Services. In their place a smaller number of new, or refurbished, fit for purpose buildings will be established. These will provide Day Opportunities for those with the most complex needs (eg dementia, autism, profound multiple learning disabilities) or where economies of scale can be achieved (eg older people).

- iii. A *locality-based approach* to service delivery where people in Buckinghamshire will be able to access a core spectrum of services in each area. More specialist services may be provided on a countywide basis.
- iv. A *commitment to the development of bridge building and brokerage* to form and sustain links between service users and a full range of social, vocational, educational and other community opportunities and with universal services.
- v. A *flexible tiered Day Opportunities service* that is responsive to the changing needs and aspirations of individuals. This flexibility will be underpinned by an ethos of enablement to maximise people's independence. The adoption of a tiered approach will allow a move away from care-group specific services towards the development of an outcome-based model, and of service specifications and contracts that identify measurable quality of life indicators.
- vi. A *continuing commitment to informal carers* to provide them with respite and assistance to help them to continue to care.
- vii. A *wider community resource – the use of Day Opportunities Centres as centres of excellence* to provide centres for Independent Living, One Stop Shops and Information Points, while hosting the services of other organisations and making available facilities to local people to provide community benefits.
- viii. A *network of Community Bases* as the default form of provision for people able to cope in the community with or without support. Bases will be situated in ordinary community facilities (eg leisure centres, community centres, village halls) and not have any capital implications, although adaptations to make facilities accessible to disabled people may be funded.

Public Appendix 4 - Roles & Responsibilities of the Project Team

Major Project's role – procurement of and subsequent management of the Lead Consultant, monitoring of the Construction Contract, ensuring risks and information required from CHASC are communicated and managed within the construction programme's constraints, co-ordination of the handover process, and on-going management of issues through the defect period until the Final Certificate is issued.

Adult Health and Social Care is the client of Major Projects and so makes decisions with regards to design and build with guidance from Major Projects. A project manager is appointed to monitor financial expenditure, feed in to design specifications in line with operational needs, and to act as the central liaison point for the project between stakeholders. Adult Health and Social care is also directly responsible for managing the Opportunity Centre's ICT and furniture and equipment requirements, including procurement and installations.

After appointment of the team, regular project meetings are held between the architects, Major Projects and Adult Health and Social Care. It is here updates against project milestones are monitored and change control is implemented. This process allows Major Projects and the Architect to feed back into the Construction Works via monthly site progress meetings. This also allows for effective financial monitoring and programme control of each project.

Within the transformation project, the individual projects are split for the purposes of tender. Following internal procurement guidance, each of the centres' specifications were uploaded into the South East Business Portal for building companies to compile tender applications. The following excerpts are from the evaluation reports produced by Baqus giving recommendations. Baqus are the cost consultant part of ADP.

Public Appendix 5 - Procurement process for works schedule/costs

Hartwell Day Opportunities Centre Aylesbury

Six companies were invited to tender for the project. The lowest 4 tenders were then asked to submit priced Bills of Quantities for scrutiny. All of the submitted tenders were based on a 43 week contract period. The lowest tender submitted was by Company A; this was approximately 0.75% below that of the second lowest bidder. The overall tender range was 8.99%. Company A's tender was bona fide and competitive and therefore it was recommended that they were awarded the tender.

Buckingham

Six contractors were invited to tender for this project. The lowest three tenders were then evaluated and asked to provide priced Bills of Quantities for scrutiny. All of the 3 lowest submitted tenders were based on a 28 week contracting period. The lowest tender submitted by Company C was approximately 2.583% below that of the second lowest tender. The overall tender range was 7.84%.

Due to the three lowest tender's prices being very close, it was decided that the design team would interview all contractors with the emphasis on the running of the project and their approach to value engineering. The design team concluded that due to the nature of the project Company C would be the most suitable.

Burnham

Six contractors were invited to tender for this project, all of whom responded.

The lowest two tenders were then evaluated and asked to provide Priced Bills of Quantities for scrutiny. The two lowest submitted tenders were based on a 26 week contracting period. The lowest tender submitted by Company E was approximately 2.18% below that of the second lowest tender. The overall tender range was 17.81%. After financial analysis Baqus concluded, based on a revised tender received from Company E, that they were the most competitive and recommended that Company E should be awarded the contract.

Chesham

Five contractors were invited to tender for this project, all of whom responded.

The lowest three tenders were evaluated and asked to provide priced Bills of Quantities for scrutiny. Companies A and B submitted a 40 week contracting period and Company C submitted a 50 week programme stating that they felt that a 40 week programme was not achievable. The lowest tender submitted by Company A was approximately 9.5 % below that of the second lowest tender. The overall tender range was 26.69%. After financial analysis Baqus concluded that Company A was the most competitive and recommended that they should be invited to an interview and should be considered the preferred provider

Public Appendix 8 - Service Provision Provided By Buckinghamshire Care

Day Care services are provided by Buckinghamshire Care which is a Local Authority Trading Company (LATC) and 100% owned by the Council. This trading company delivers many of the services previously carried out using 'in-house' resource which include:

- Domiciliary Care (new) Day Opportunities
 - Aylesbury Opportunity Centre (AOC)
 - Buckingham Opportunity Centre (BOC)
 - Buckingham Outreach (library – will close this year)
 - Burnham (will re-open October 2015 – incl Denham previous clients)
 - Chesham Opportunity Centre (COC)
 - Chesham Outreach
 - Hillcrest & Wycombe Hills
 - Seeleys Day
 - Spring Valley
 - Southern Day Services
 - Wing & Steeple Claydon
- Reablement service (new)
- Supported Employment Services
 - Food4Thought @ The Watergarden Café
 - Thrift Farm
 - Missenden Abbey
 - Back to Base
- Laundry Service
- Learning Disability Respite Care (Seeleys)
- Provider of Last Resort

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

