



# Buckinghamshire County Council

## Select Committee

Health and Adult Social Care

**Date:** Tuesday 10 May 2016

**Time:** 10.00 am

**Venue:** Mezzanine Room 2, County Hall, Aylesbury

### 9.30am 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       |
|--|-----------------|---------------|
| <b>1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP</b>   | <b>10:00 am</b> |               |
| <b>2 DECLARATIONS OF INTEREST</b><br>To disclose any Personal or Disclosable Pecuniary Interests   |                 |               |
| <b>3 MINUTES</b><br>Minutes of the meetings held on 22 <sup>nd</sup> March and 18 <sup>th</sup> April 2015 to be confirmed as a correct record   | <b>10:05 am</b> | <b>7 - 16</b> |
| <b>4 PUBLIC QUESTIONS</b><br>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. Members of the 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. |                 |               |

For full guidance on Public Questions, including how to



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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** **10:10 am** **17 - 20**  
This will include an update regarding Lynton House GP Surgery and an update on the response to the HASC recommendations regarding the draft workforce strategy.
- A copy of the letter sent to Annet Gamell Chief Executive of Chiltern CCG, regarding Lynton House and Primary Care infrastructure funding is attached
- A copy of the letter sent to Cllr Mike Appleyard and submitted to Cabinet on the 25<sup>th</sup> April regarding the draft workforce strategy is attached
- 6 COMMITTEE UPDATE** **10:20 am**  
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.
- 7 SUSTAINABILITY AND TRANSFORMATION PLANS** **10:30 am**  
To provide Members with an overview of the local Sustainability and Transformation Plan including: the footprint, governance arrangements, priorities and next steps.
- Paper to follow.
- Contributors: Lou Patten – Chief Executive – Aylesbury Vale Clinical Commissioning Group, Ann Donkin, Programme Director, Communities Health and Adult Social Care Directorate**
- 8 COMMITTEE WORK PROGRAMME** **10:50 am** **21 - 24**  
For Members to note the work programme

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## 9 THE CARE MARKET

10:50 am 25 - 34

The Committee is looking at the issue of the Care Market to understand the current and future challenges Adult Social Care Services face.

The Committee will receive:

- A presentation of the current and future demand for adult social care services
- An overview of the models and types of support needed to meet future demand more effectively and efficiently
- An understanding of the growing role of assistive technology

**Contributors: Rachel Rothero – Director for Joint Commissioning, Firas Sarhan, Director the Centre of Excellence of Telehealth and Assisted Living (CETAL), Buckinghamshire New University.**

## 10 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)

## 11 THE CARE MARKET

To discuss confidential aspects of the Care Market paper

## 12 DATE AND TIME OF NEXT MEETING

11:55 am

The next meeting will take place on Tuesday 21<sup>st</sup> June at 100am in Mezzanine Room 2. There will be a pre-meeting for Committee Members at 9.30am

## 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.

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:

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- 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**

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

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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](mailto:jhwoodman@buckscc.gov.uk)*

## **Members**

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

## **Co-opted Members**

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

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**Buckinghamshire County Council**  
**Select Committee**  
Health and Adult Social Care

# Minutes

## *HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE*

Minutes from the meeting held on Monday 18 April 2016, in Mezzanine Room 3, County Hall, Aylesbury, commencing at 2.30 pm and concluding at 4.00 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](mailto:democracy@buckscc.gov.uk))

### **MEMBERS PRESENT**

#### **Buckinghamshire County Council**

Ms A Macpherson (In the Chair)

Mr B Adams, Mr C Adams, Mrs M Aston, Mr N Brown, Mr B Roberts and Julia Wassell

#### **District Councils**

Ms S Jenkins

Aylesbury Vale District Council

#### **Members in Attendance**

Mrs A Davies

#### **Others in Attendance**

Ms A Britton

Mrs S Yapp, Head of Strategic Commissioning - Communities Health and Adult Social Care

### **1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**

Apologies were received from Mr Roger Reed, Mr Nigel Shepherd, Mr Tony Green, Ms Shade Adoh and Review Group Member Mr Steven Lambert

### **2 DECLARATIONS OF INTEREST**

There were no declarations of interest



**South Bucks**  
District Council



### **3 DRAFT INQUIRY REPORT - ACCESSIBILITY AND PROMOTION OF SERVICES FOR ADULTS WITH LEARNING DISABILITIES**

The draft Select Committee Report on Accessibility and promotion of services for adults with learning disabilities was introduced by the Chairman and the Chairman of the Review.

A 20 mins video highlighting the user experience regarding accessibility was shown to the Committee.

During the discussion the following points were made by Members:

- Members were extremely grateful to the officers who have helped them prepare this report and service users and carers for their time
- The need for a sharper 5 minute video concentrating solely on user comments to be presented to Cabinet.
- Cllr Mike Appleyard highlighted the ongoing work to improve the home to college transport service and Members highlighted the importance of improving access to travel support during the transition period from Children's to Adults Services
- An issue of bus passes not starting until 9.30am when college and work placements started before this time was raised by Talkback and Members. It was recommended that this should be investigated and if this was the case, the issue should be added to the inquiry findings.

**ACTION – Committee and Governance Advisor to clarify the start time of bus passes and to add findings into the review report if there were discrepancies in the use of bus passes from 9.00 am**

- A number of wording amendments were suggested to improve the clarity of the report recommendations. It was agreed that these would be incorporated into the final report to Cabinet.

**ACTION – Committee and Governance Advisor to revise wording of recommendations as agreed by HASC and in agreement with the Chairman before publishing review report**

Following the discussion the Committee unanimously agreed the following resolution:

**To AGREE to publish the Accessibility and Promotion of Services for Adults with Learning Disabilities Report as a report of the Health and Adult Social Care Select Committee, subject to implementation of revised recommendation wording.**

### **4 DATE AND TIME OF NEXT MEETING**

The next full webcast committee meeting will be on 10<sup>th</sup> May 2016 at 10:00am.

**CHAIRMAN**





**Buckinghamshire County Council**  
**Select Committee**  
 Health and Adult Social Care

# Minutes

## *HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE*

Minutes from the meeting held on Tuesday 22 March 2016, in Mezzanine Room 2, County Hall, Aylesbury, commencing at 10.00 am and concluding at 12.25 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](mailto:democracy@buckscc.gov.uk))

### **MEMBERS PRESENT**

#### **Buckinghamshire County Council**

Ms A Macpherson (In the Chair)  
 Mr R Reed, Mr B Adams, Mrs M Aston, Mr N Brown, Mr B Roberts and Julia Wassell

#### **District Councils**

|               |                              |
|---------------|------------------------------|
| Mr A Green    | Wycombe District Council     |
| Mr N Shepherd | Chiltern District Council    |
| Dr W Matthews | South Bucks District Council |

#### **Members in Attendance**

Mr C Adams  
 Mrs V Letheren



**South Bucks**  
 District Council



## **Others in Attendance**

Mr A Green, Wycombe District Council  
Mr N Shepherd, Chiltern District Councillor, Chiltern District Council  
Dr W Matthews, South Bucks District Council  
Mr T Boyd, Strategic Director (Communities, Health and Adult Social Care)  
Ms I Ellison, BU HR Business Partner, People and Policy Representative  
Mr S Goldensmith, Lead Commissioner Housing, Housing Related Support and Prevention, BCC  
Mr T Snaith  
Mr S Coward, Head of the Academic Department, Social Work and Integrated Care  
Mr J Drury, Prime Care Support Limited  
Ms S Gardiner, Workforce Development Manager, Buckinghamshire County Council  
Ms S Aldridge, Buckinghamshire Local Pharmaceutical Committee

### **1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP**

Apologies were received from Mrs P Birchley, Ms S Adoh and Mrs S Jenkins.

The Chairman welcomed Mrs V Letheren, Chairman of the Children's Social Care and Learning Select Committee to the meeting.

### **2 DECLARATIONS OF INTEREST**

Julia Wassell declared an interest in Item 7, Recruitment and Retention of Adult Social Care Staff, as she works at Bucks New University.

### **3 MINUTES**

The minutes of the meeting of the 2 February 2016 were confirmed as an accurate record, subsequent to the following minor amendment.

Page 8 - Waddeston Pharmacy – to be amended to Waddesdon.

### **4 PUBLIC QUESTIONS**

Mr Trevor Snaith was welcomed to the meeting. Mr Snaith asked the following question about the closure of Lynton House surgery and lack of Surgery in East end of High Wycombe.

'The east end of High Wycombe is seeing massive housing growth.

We are faced with the only Surgery in east end of High Wycombe (Bowerdean/Ryemead/Wycombe/Marsh/Micklefield) moving to Wycombe Hospital with reduced services and hours.

We are also faced with Chiltern Clinical Commissioning Group allowing it to happen and also failing to submit for NHS funds for 2016/2017 which can be secured for investment in primary care infrastructure in future years (There is a deadline for submission of April 2016).

A petition and letters to organisations regarding the closure of Lynton House and a call for Chiltern CCG to submit for funding is being ignored. The residents of Wycombe are incensed by the lack of action on this by Local MP and the statutory authorities.

We are calling for BCC to investigate the situation on behalf of residents, for BCC to press for Lynton House to remain and for pressure to be put on Chiltern CCG to make the necessary effort to secure funding and land/building for a Health Centre in the east end of

High Wycombe’.

Mr Snaith asked if pressure could be put the CCG to make an application for the necessary funding grant to secure the infrastructure and funding that would allow for a surgery to be built on land acquired in the east end of Wycombe. Mr Snaith explained that the submission of the application for funding was time critical as applications had to be made by April for infrastructure and support funding and that opportunities to purchase vacant land or buildings in the area could be lost if the timeline was missed.

The Chairman explained that HASC had already sent a letter to NHS England expressing concerns that the consultation did not cover the whole patient population of the area, particularly raising communication concerns regarding elderly residents and those whose first language was not English. The Chairman confirmed that the request had been made for the consultation to be readdressed and extended to encompass the full range of those affected. It was noted that the advice had been received that an overarching plan was being developed by the CCGs in terms of GP provision across the county.

Julia Wassell said that the consultation process had given a good overview for the planning arrangements for the infrastructure in east Wycombe. Julia Wassell explained that a multi-agency infrastructure group with links to the CCCG and Dr Anette Gamell, had the GP surgery on its agenda for a meeting at the end of March.

The Chairman said it would be useful for members of Committee to receive clarity from the CCGs on the longer term plans of GP provision and location across the area as well as the consultation process.

#### **Action**

**The Chairman to write to the CCCG and NHS England expressing the concerns raised.**

## **5 CHAIRMAN'S UPDATE**

### Buckinghamshire Hospitals Trust

Following discussions at the February meeting of the Committee, Buckinghamshire Hospitals Trust were asked to submit the strategic plans for Wycombe Hospital to the 22 March meeting of HASC. Members of the Committee expressed disappointment and concern that the strategic plans had not been submitted as requested.

The Chairman reported that she had communicated with the Hospital Trust regarding their Estates strategy in relation to Wycombe Hospital and had been informed that ‘a rebuild had never been spoken about and their Strategy is linked to the development of their clinical strategy which will determine how the future estate develops for the Trust’.

The Chairman had also been informed that the Clinical Strategy was still in the development process and needed to go to the Trust Board for approval before submission to the HASC, which was unlikely to be before mid-spring.

A member whether it was correct to say that there was no plan to develop the Wycombe site in terms of its estate and buildings? The Chairman explained that the Trust had not used the term ‘rebuild’ and the focus was on how services were going to be deployed at the site, perhaps including reviewing how the space could be used differently.

### Harlow House

The Chairman reported that the following response had been received from Oxford Health Trust:-

*‘Two years ago Oxford Health NHS Foundation Trust made significant improvements in the design of adult and older adult mental health services in Buckinghamshire. These changes included providing seven day services from High Wycombe (Valley Centre, Shrublands and*

*Harlow House), as well as our services operating out of Amersham.*

*We will be continuing to provide seven day mental health service at the same time as creating three distinct service hubs in High Wycombe. The Valley Centre will provide all of our adult services, Shrublands, our older adult services and Harlow House, our children's services. Oxford Health will be investing £1m in capital to improve these three bases and expect that they will be fully refurbished by the end of June 2016.*

*We will be continuing to provide services in Amersham and are in the process of relocating from the Haleacre site there to newly sourced accommodation'.*

Julia Wassell advised that adult mental health services had moved to the Valley Centre and services had been combined with the Acute Day Hospital. Julia Wassell went on to say that children's services would be commencing which would mean there would not be a loss in facility; however it was believed that there was a reduction in service for adults at the Valley Centre. There was also the increase in pressure to discharge patients from the acute day hospital and from patients requiring rehabilitation from the Whiteleaf Centre. This issue needed to be followed up.

#### *The Mandeville Practice*

The Chairman reported that there had not been any real change since February and that a new interim provider would be in place from April 2016, once the existing GP Partnership had dissolved. The Chairman explained that NHS England was stating there would be significant change, with 'many' of the existing staff transferring over. The Committee was told that once the interim provider was in place NHS England and the AVCCG would commence a project during 2016 'to determine the future scope of services and potential opportunities for integration and innovation to improve access to services and health outcomes for patients.' It was noted that NHS England had stated that 'Public and patient involvement in this process will be critical and the feedback will be used to shape the commissioning of future services and it will be helpful to share this with the HASC.' The Chairman said that recent telephone conferences had not identified what plans are proposed nor volume of staff who are transferring. The Chairman added that a year was a short amount of time for planning, any integration and implementation. It was proposed that HASC was involved from the early consultation phase and consider proposals before any option was decided upon.

#### *The Bedfordshire and Milton Keynes Healthcare Review*

The Chairman reminded Members that from the initial stages of the Review two options for the provision of acute care in Milton Keynes and Bedford had been formulated, with one hospital becoming an Integrated Care Centre, and the other remaining a Major Emergency Centre. The Chairman explained that as the Review progressed, the Bedfordshire Clinical Commissioning Group, Bedford Hospital and Bedford GPs came forward with a third option for an Integrated Acute and Community Services (IACS) model, which would provide streamlined urgent care across primary, community and acute care provision. The Committee heard that a consultation timetable had now been issued and a monthly newsletter would be issued to Councillors. The Chairman explained that the Healthcare Review team had agreed to provide details of the population data being used to formulate proposals in the public consultation documents once they had been produced. Members were told that a list of local contacts had been provided to the CCGs after concerns were raised about the lack of consultation in North Buckinghamshire and that the pre-consultation with key stakeholders on the business case proposals would run from April to June. The Chairman had requested for an update at the June meeting.

#### *Dentistry*

The Chairman highlighted the response from NHS practices included in the agenda pack.

A Member of the Committee expressed concern about the response for funding for dentistry in Buckinghamshire as local dentists were closing their books and funding was being reduced in Buckinghamshire compared to other counties in the Thames Valley. It was noted that the growth agenda for housing in Aylesbury Vale also needed to be taken into

consideration.

## **ACTIONS**

- **The Chairman is to write to Bucks NHS Trust as the Committee raised further questions about why future plans for Wycombe Hospital estates had not been received in time for this meeting.**
- **Further clarification would be sought on whether the statement received about Harlow House would mean a reduction in services (Committee and Governance Advisor to action)**
- **A letter is to be sent to NHS England requesting further clarification about the dentistry provision in Bucks & understanding of the growth agenda for local housing (Chairman to action)**

## **6 COMMITTEE UPDATE**

### *Affordable Housing for Healthcare Workers*

The Chairman advised the Committee that in relation to this issue raised at a previous HASC meeting, responses had been received from all District Councils apart from Aylesbury Vale.

### *Inquiry into Adults with Learning Disabilities – Social Integration*

Mrs M Aston who is chairing the Inquiry advised that the report was currently in its draft stage with three major issues emerging from the Inquiry: transport: communication and safeguarding (the greatest concern is safeguarding of those with learning disabilities). Mrs Aston said that the video taken during the meeting with young people as part of the Inquiry would be edited and presented to HASC and Full Council. Mrs Aston thanked Ms J Woodman, Committee and Governance Advisor for the work on the Inquiry. The Chairman thanked Mrs M Aston, Mr B Adams, Mrs A Davies and Mr S Lambert for the work undertaken.

The Chairman highlighted the special meeting of HASC on 18 April to discuss the recommendations from the Inquiry before it is presented to Cabinet.

### **ACTION:**

**The Chairman to chase the response from AVDC to the letter sent about affordable housing for healthcare workers.**

## **7 RECRUITMENT AND RETENTION OF ADULT SOCIAL CARE STAFF**

Mr T Boyd, Managing Director, Communities, Health and Adult Social Care, Ms I Ellison, Business Partner, Ms S Gardiner, Learning and Development Team Manager, Mr J Drury, Prime Care Support Limited and Mr S Coward, Head of the Academic Department, Social Work and Integrated Care, Bucks New University were welcomed to the meeting.

Members received an update on:

- Position Statement of the ASC Workforce
- Background to Adult Social Care Sector
- The Buckinghamshire Picture
- Bucks workforce overview and key issues
- Risks
- Workforce Strategy & Implementation Plan

During discussions, the following key points were highlighted.

- It is predicted that there will be 124,865 people aged 65+ in Bucks by 2026 - an increase of 31.84%.
- In terms of the Adult Social Care (ASC) workforce nationally, there would be an increase

in all roles which could be difficult in terms of recruitment. More workers would be needed for all roles.

- There had been an increase in the number of Personal Assistants as a result of Direct Payments.
- There was the issue of an aging workforce as well as an aging population.
- An increase in National Living Wage (NLW) would put pressure on care providers, with a knock on effect on those paid the minimum wage and well as an effect on future contracts and spot purchasing.
- Over 300 establishments were involved in the delivery of ASC in Bucks covering 10,200 jobs.
- The number of care workers was expected to rise by 55% by 2025.
- There was an average turnover of 25.4% of the workforce in Bucks, a figure similar to the rest of the country.
- In terms of workforce churns, 2 in 5 members of staff move role within their sector.
- A large number of care workers would reach retirement age in the next 10-20 years.
- Vacancy rates for ASC were higher than the average of other sectors.
- 80% of care workers were female.
- Staff sickness rates were high as a result of the high pressures on resources. The average sickness rate for ASC workers was 6.7 days of sickness per person per year.
- It was difficult to recruit to senior roles, particularly given the better pay from agencies and the higher rates of pay in London and other neighbouring authorities
- There were a lot of newly qualified social workers but an improved infrastructure needed to be in place to provide them with the necessary support. This would be an area of focus.

Mr Drury explained that Prime Care had been a care provider for 20 years and a platinum provider for 5 years.

#### *Implementation Plan*

Ms Ellison referred to the abridged version of the Adult Social Care workforce strategy in the agenda pack which looks at key priorities such as labour demand and supply issues, recruitment and retention planning, working with external providers and partners and the development of a Memorandum of Co-operation (MoC) for adult Social Workers in conjunction with ADASS in the South East region.

Key areas of work included:

- Visits to schools, colleges, universities and recruitment fairs to raise the profile of the sector.
- Working in conjunction with Bucks New University to ensure that students were placed within Buckinghamshire.
- Further work around apprenticeships. There were many young people who could be interested in coming into the sector but were deterred due to perceived difficulties such as DBS checks and mandatory training.
- Closer working with the Job Centre Plus and Further Education colleagues undertaking Level 1 qualifications.
- Introduction classes to the sector as well as English Language courses.
- The development of a more structured approach to career pathways.

Mr Coward gave the following update on work being undertaken by Bucks New University:

- A series of masterclasses which included presentations from noted people from around the county sharing their expertise and skills with Bucks Social Workers. 5 courses were held in 2015 which were well attended. The agreement had been signed for a further set of masterclasses in 2016.
- Pop up classes to update and upskill staff about issues such as Child Sexual Exploitation.
- A Centre of Excellence had been created which provides a pathway for those in Bucks

with little or no qualifications in the social work sector.

- Foundation degree courses were in place in order to ensure that pathways to progress social work qualifications. The courses were initially for children's social workers but had been extended to include adult social workers.
- The key message was about using BNU for community development and to forge partnerships. Ideas on how to take this forward were welcomed.

In response to questions from Members, the following areas were discussed:

- There was learning to be shared from the Children's Services Select Committee Inquiry into Social Worker recruitment.
- Workforce development teams were working closely on career structures and retention packages and lessons were being learnt from work that had already taken place.
- The figures for staff absence in Bucks were of concern. The Strategy needed to recognise the issue of staff absence and stress levels and include innovative and creative ways in which this could be addressed.
- A Health and Wellbeing Strategy for core workers needed to be embedded in the Strategy.
- CHASC as a Business Unit had introduced protected lunch breaks. Signposting was in place to the Employee Assistance Programme as well as supervision and support for staff in terms of career pathways and the identification of effective and efficient ways of working.
- A stress survey was currently being constructed which would help in terms of data collection and where efforts could be focussed to target this issue.
- Staff sickness and stress levels were sensitive and complex issues. There needed to be a sophisticated and qualitative means of addressing this.
- Evidence was needed to support this statement that there was a high level of sickness because of workload.
- Work needed to take place to look at what could be done to raise the profile of the sector, to present it in a positive light and to incentivise recruitment.
- Lack of affordable housing for key workers was an issue.
- Buckinghamshire did not have a bursary scheme for trainee social workers in place.
- The Grow Your Own programme was part of the implementation plan.
- Work needed to be done to explore the possibility of having more male carers in the sector.
- Had thought been given to the local authority setting up its own Social Care recruitment agency?
- The views of young people and carers around the issues they face needed to be taken into account as part of the Strategy.
- One area of work is the Values Based Recruitment (VBR) approach. This was a new system relating to the social care sector introduced by the NHS. It opened the market in terms of recruitment and getting the right people into the workforce. Succession planning was also taking place.
- The Strategy needed to be developed to include more granularity and measures/metrics to show the measures working towards i.e. a reduction in staff sickness levels.
- Demands on the care sector such as the National Living Wage and changes to the pension arrangements were an unknown quantity from which issues could arise.
- In view of the resources available and the number of initiatives included in the Strategy, a sound business model was needed in order for this to be effectively and efficiently implemented.

#### **ACTIONS:**

- **To collate a HASC response to current draft workforce strategy (Committee and Governance Advisor to action).**
- **An invitation to the launch of the Bucks CC Social Work Academy (Centre of Excellence) would be sent to Committee Members (Mr Coward and Committee**

**Governance Advisor to action).**

## **8 15 MINS CARE REVIEW: 6 MONTH PROGRESS**

Mr S Goldensmith, Service Manager Strategic Commissioning was welcomed to the meeting.

Members of the Committee were advised that the 15 mins Care Review was progressing well.

During discussions, the following comments were made:

- It was encouraging to see that the recommendation to incorporate travel time in the new contract had taken place. Members were advised that how the provider accounted for travel time was now part of the evaluation process.
- Travel time continued to be a high profile issue in the national press. More transparency was needed around this issue as well as appropriate monitoring. Members were advised that contract monitoring had been put in place.
- Members were keen to follow up on how their recommendations had been implemented through more field visits. It was suggested this could be in six months time.

### **ACTION:**

- **A report on travel time would be included as part of the update in September 2016 (Mr Goldensmith to action).**
- **A field visit to the providers, post new contractual arrangements would be arranged (Mr Goldensmith to action).**

## **9 WORK PROGRAMME**

The Work Programme was noted.

Members expressed concern about the following:

- Delays in consultant appointment times at Bucks Hospital Trust (BHT)
- Ambulance Trust response times in the south of the county

### **ACTIONS:**

- **The Chairman is to meet with the Ambulance Trust SCAS and will raise concerns about response times and report back to the Committee.**
- **An update would be requested from BHT on the current resources in specialist units and consultant staff over a 5 year period (Committee and Governance Advisor to action).**
- **A senior officer from Bucks Fire and Rescue Service would be invited to attend the June meeting of the HASC (Mr R Reed to action).**

## **10 DATE AND TIME OF NEXT MEETING**

The next full webcast Committee meeting will take place on 10 May 2016, 10.30am, Mezzanine 2, County Hall, Aylesbury.

**CHAIRMAN**



**Buckinghamshire County Council**  
County Hall, Walton Street  
Aylesbury, Buckinghamshire HP20 1UA

angmacpherson@buckscc.gov.uk  
[www.buckscc.gov.uk](http://www.buckscc.gov.uk)  
Tel: 01296 382690

11<sup>th</sup> April 2016

Dr Annet Gamell  
Chief Clinical Officer,  
Chiltern Clinical Commissioning Group,  
Ground Floor, Chiltern District Council,  
King George V House,  
King George V Road,  
Amersham,  
Buckinghamshire, HP6 5AW

Dear Annet,

### **Primary care infrastructure funding 2016/17**

The Buckinghamshire Health and Adult Social Care Select Committee, at their meeting on 22<sup>nd</sup> March, received the following question from a member of the public:

'The east end of High Wycombe is seeing massive housing growth. We are faced with the only Surgery in East end of High Wycombe (Bowerdean / Ryemead / Wycombe Marsh / Micklefield) moving to Wycombe Hospital with reduced services and hours.

We are also faced with Chiltern CCG allowing it to happen and also failing to submit for NHS funds for 2016/2017 which can be secured for investment in primary care infrastructure in future years (There is a deadline for submission of April 2016 )

A petition and letters to organisations regarding the closure of Lynton House and a call for Chiltern CCG to submit for funding is being ignored. The residents of Wycombe are incensed by the lack of action on this by Local MP and the statutory authorities.

We are calling for BCC to investigate the situation on behalf of residents. For BCC to press for Lynton House to remain and for pressure to be bear on Chiltern CCG to make the necessary effort to secure funding and land/building for a Health Centre in the east end of High Wycombe'

Mr Snaith asked at the meeting if pressure could be put on the CCG to make an application for primary care infrastructure funding that would allow for a surgery to be built or land acquired in the east end of Wycombe. Mr Snaith explained that the deadline for the submission of the application for funding was April 2016 and that opportunities to purchase vacant land or buildings in the area could be lost if the timeline was missed.



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The Committee understands that a multi-agency infrastructure group involving Chiltern CCG had the GP surgery on its agenda for a meeting at the end of March.

Please could you clarify whether Chiltern CCG has applied or is intending to apply for primary care infrastructure funding to invest in GP provision in East Wycombe by the end of April submission date? If there is no intention to apply for funds could you further clarify why the CCG has decided against applying.

It would also be useful for members of Committee to receive clarity from the CCGs on the longer term plans of GP provision and locations across the area as well as the consultation process.

We have a themed item on locality working and new model of primary care provision scheduled for our 18<sup>th</sup> October meeting. Please advise if this suitable timing to fit in with any planned consultation

In regards to Lynton House I am disappointed that despite requests following public concern that the consultation has not been extended to ensure that all patients were contacted and additionally to take account of patients with English as a second language.

Kind regards



Angela Macpherson, County Councillor  
Chairman, Health and Adult Social Care Select Committee



INVESTOR IN PEOPLE



**Buckinghamshire County Council**  
County Hall, Walton Street  
Aylesbury, Buckinghamshire HP20 1UA

angmacpherson@buckscc.gov.uk  
[www.buckscc.gov.uk](http://www.buckscc.gov.uk)  
Tel: 01296 382690

13<sup>th</sup> April 2016

### **HASC response to the presentation on the Recruitment and Retention of Adult social Care Workforce at 22<sup>nd</sup> March meeting**

Dear Mike,

Many thanks to you and your staff for presenting a comprehensive picture of the challenges facing the local adult social care workforce and sharing an early draft summary of the workforce strategy at the HASC meeting on 22<sup>nd</sup> March 2016.

The areas of particular significance highlighted by Members during discussions were:

1. The importance of adult and children's social care HR and workforce development teams working together. It is clear there is much to learn from each other. One particular area of success both in terms of recruitment and retention was the 'grow your own' initiative in children's social care. This is seen as a key area to be replicated in adult social care. In addition Members raised questions as to whether the Bursary Schemes could be replicated in Adult Social Care Services.
2. Reducing workforce stress levels and promoting health and wellbeing. The Committee noted the high sickness levels of the workforce and did not feel that the present workforce strategy gave sufficient weight and clarity to tackling this via innovative health and wellbeing initiatives. HASC asks that HWB initiatives and mechanisms for how these will be communicated to the workforce are detailed in the Workforce Strategy.
3. Monitoring the reduction of sickness and absence levels. The Committee appreciates that there is a corporate Health and Wellbeing Strategy. It noted that the issue is greatest amongst senior social workers and that more focus and resources needs to be given to levels of supervision and support. HASC asks that monitoring mechanisms and targets for the reduction of sickness and absence are included in the Workforce strategy.



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4. Working in partnership with District Councils and emphasising their role in offering affordable housing to social care workers as a mechanism to attract and retain the workforce in Buckinghamshire. This was regarded by HASC as timely given that District Councils are producing their Local Plans and would expect CHASC BU to be including affordable housing for social care staff as part of their consultation response.
5. Effectively delivering the strategy within current resource constraints. HASC recommends a business case linked to the strategy so that it is clear that the significant number of initiatives can be delivered within the resource envelope
6. Highlighting and learning from the innovative work of the Chesham Wellbeing Group as a mechanism for getting young people into social care employment
7. To explore the potential to set up an in-house social care agency with Members

I understand that the Workforce Strategy is due to be finalised by the end of April 2016. HASC would therefore like to see a copy of the Strategy by early May with its recommendations from points 2, 3 and 5 if accepted embedded.

If acceptable I would also suggest that HASC reviews the strategy in 6 months at its 18<sup>th</sup> October meeting.

King regards



Angela Macpherson, County Councillor  
Chairman, Health and Adult Social Care Select Committee



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## HASC WORK PROGRAMME FOR 2016

| HASC Meeting Date          | Topic  | Areas of focus   | Stakeholders  |
|----------------------------|--|--|---|
| 10 <sup>th</sup> May 2016  | <b>The Care Market</b>                           | <ul style="list-style-type: none"> <li>• Understanding the continuum of care in terms of need, tiers of provision and types of tenure.</li> <li>• Demand and capacity in the market place.</li> <li>• Ideas for income generation – retirement housing project.</li> <li>• Utilising assistive technology</li> <li>• Assurance process for care providers (15 mins Care visits)</li> </ul>   | <ul style="list-style-type: none"> <li>• Rachel Rothero – Joint Commissioning Director – CHASC</li> <li>• Firas Sarhan - Director the Centre of Excellence of Telehealth and Assisted Living (CETAL), Buckinghamshire New University</li> </ul> |
|                            | <b>Sustainability and Transformation Plans</b>   | <ul style="list-style-type: none"> <li>• An update on the Strategic Transformation Plan and funding</li> <li>• Outline of 'local footprint' before final submission to NHSE in early July</li> </ul>   | <ul style="list-style-type: none"> <li>• Lou Patten – Chief Executive Aylesbury CCG</li> <li>• Ann Donkin – programme Director - CHASC</li> </ul>   |
| 21 <sup>st</sup> June 2016 | <b>Systems resilience and integrated working</b> | <ul style="list-style-type: none"> <li>• Lessons learnt from winter pressure in 2015/16 and how this should inform plans for 2016/17</li> <li>• Understanding the system challenges and building on successful initiatives</li> <li>• Modelling and predicting future demand at pressure points in the system</li> <li>• SCAS and response times - how is the service performing in Bucks? – understanding the issues and impact.</li> <li>• Communicating and increasing awareness of preventative services and targeting this to those at risk of admission to acute care</li> <li>• Closer working with primary and community care to bolster support and sharing of information</li> </ul> | <ul style="list-style-type: none"> <li>• CCGs</li> <li>• Public health</li> <li>• Adult Social Care</li> <li>• SCAS</li> <li>• Buckinghamshire Healthcare Trust</li> </ul>  |

|                                 |   |  |  |
|---------------------------------|---|--|--|
|                                 | <b>Healthcare Review – Bedfordshire and Milton Keynes</b> | <ul style="list-style-type: none"> <li>• Consultation regarding the development of the business case</li> </ul>  | Clare Steward - Healthcare Review programme director   |
|                                 | <b>Adult Social Care Peer Review</b>                      | <p>The Local Government Association (LGA) in partnership with the Association of Directors of Adult Social Services has developed a sector led improvement programme for local authority adult services</p> <ul style="list-style-type: none"> <li>• A Review took place between 2nd November and 4th November 2015 and was led by a team from Oxfordshire County Council and supported by the LGA/ADASS Regional Lead Project Manager. HASC will receive a presentation of findings from the Peer Review Report and linked action plan</li> </ul> | <ul style="list-style-type: none"> <li>• Ali Bulman – CHASC</li> </ul>   |
| <b>6<sup>th</sup> Sept 2016</b> | <b>Maternity Services</b>                                 | <ul style="list-style-type: none"> <li>• Overview of Maternity services in Bucks against national and local performance targets</li> <li>• Understanding how choice is managed and met</li> <li>• How services are meeting current demand and modelling to meet future demand</li> <li>• ante natal &amp; post-natal support services</li> </ul>   | <ul style="list-style-type: none"> <li>• BHT / Frimley - Midwifery Services inc. Community Midwifery, (Carolyn Morrice (BHT) &amp; Adrienne Price Head of Midwifery Frimley Park and Wexham Site)</li> <li>• Public Health - Health Visitors / Family Nurse Partnership</li> <li>• SEAP</li> </ul> |
| <b>18<sup>th</sup> Oct 2016</b> | <b>Locality working and new models of primary care</b>    | <ul style="list-style-type: none"> <li>• The Locality working model in Bucks – what will it look like and how will it be shaped by local population needs?</li> <li>• Consider new models of primary care that are under development e.g. the Mandeville Practice</li> <li>• Further responses to HASC's GP Inquiry</li> <li>• What can we learn from the integrated primary and acute care systems vanguard sites?</li> </ul>   | <ul style="list-style-type: none"> <li>• CCGs</li> <li>• GP leads and representatives</li> <li>• GP Patient groups</li> <li>• Public Health</li> <li>• An Integrated primary</li> </ul>  |

|                         |                         |  |   |
|-------------------------|-------------------------|--|---|
|                         |                         | <ul style="list-style-type: none"> <li>• Understanding programmes to increase self-management building on the Stay Well-Live Well model (this model brings Public Health programmes and Psychological Wellbeing services together) – what is happening, impact and areas for further development?</li> <li>• Children Centres health and health wellbeing provision</li> </ul> | and acute care systems -vanguard site (there are currently 29 new model vanguard areas) |
| <b>To be timetabled</b> | <b>Better Care Fund</b> | <ul style="list-style-type: none"> <li>• The Better Care Fund – update and impact of national funding locally, report back on the BCF risk register and the inclusion of action against red and amber residual risk.</li> </ul>  | <ul style="list-style-type: none"> <li>• CCG's</li> <li>• Adult Social Care</li> </ul>  |







# Buckinghamshire County Council Select Committee

Health and Adult Social Care Select Committee

## Report to the Health and Adult Social Care Select Committee

|                                 |  |
|---------------------------------|--|
| <b>Title:</b>                   | <b>The Care and Support Market Place</b>                               |
| <b>Committee date:</b>          | 10 <sup>th</sup> May 2016  |
| <b>Responsible Officer:</b>     | Rachael Rothero  |
| <b>Cabinet Member sign-off:</b> | Mike Appleyard Deputy Leader & Cabinet member for Health and Wellbeing |

The purpose of this paper is to:-

1. Understand the relationship between the Council and the care and support market place.
2. Understand the profile of the care and support market in Buckinghamshire.
3. Understand the opportunities and risks in the care and support market in Buckinghamshire.
4. Understanding how these issues are being addressed.
5. To receive comments from HASC members

### **1. Understanding the relationship between the Council and the care and support market place.**

The NHS and Community Care Act 1990 recommended the development of a range of private and not for profit providers to deliver social care services. This had been previously delivered by Local Authorities directly. Local Authorities moved from being direct providers of care to increasingly purchasers only of care. This polarisation has become more acute since the recession resulting now in the creation of a diverse care and support market place.

During the last twenty five years Local Authorities have transferred their directly provided services through a combination of one or all of the following: competitive tenders, the creation of alternative delivery vehicles and finally partnership agreements with the NHS, usually in the form of S.75 of the National

Health Services Act 2006, enabling Councils to delegate their statutory responsibilities.

The intention behind the Act was to create a quasi- market in care and support and therefore affording individuals more choice in how their assessed needs could be met. As a result of the Act the role of 'Care Manager' was created which required Social Workers to follow a process of assessing need; deciding how this need should be met (care planning) and then buying the care and support from a range of providers (supporting planning) in the quasi market place and then ensuring through a reviewing process that people's needs continued to be met.

On a macro level this required Councils to more proactively create care and support market places for 'Care Managers' to be able to secure services from. Over time this has resulted in the creation of much stronger commissioning functions which have responsibility for delivering a process that enables Councils to specify, secure and monitor the development and delivery of services to meet people's needs and outcomes at a strategic whole population level.

This applies to all services whether they are provided by the Local Authority, NHS, and other public agencies or by the third sector. Historically, commissioning activity has tended to focus on ensuring that the function is achieved within a specified Council budget. Increasingly however this function is about the wider shaping of other resources to ensure needs and outcomes can be met. The viability of social care going forward is dependent on how effectively Local Authorities are able to undertake this wider market shaping role.

Since the NHS Community Care Act 1990, the Care Act 2015 has built on the responsibilities the Council has in respect of the care and support market place. It is now required to do the following:-

- Promote choice, quality, sustainability and information on the care provider market.
- Assist adults and carers who wish to enter work, education or training.
- Ensure the availability of social capital to deliver required services, and identify those with support needs.

Perhaps one of the most significant new responsibilities is the 'Provider of Last Resort'. This means that Councils have responsibility for the viability of the whole of the social care market place. Councils are now required to deliver timely temporary care where a provider has failed and to interact with Care Quality Commission (the regulator) to assess a provider's financial sustainability to understand the likelihood of potential provider failure. Critically this responsibility does not just relate to areas of the care and support that the Council directly purchases but also to those areas that it has no contractual relationship with. This new responsibility and its operational impact have been discussed at a previous HASC and therefore it is not proposed that it receives detailed attention in this paper.

On a micro level (individual service user) the Care Act 2015 has set out how needs should be assessed and what care and support should be provided. Until the Care Act this was a role that could only be fulfilled by Local Authorities or its NHS partners (via formal delegated authority). However, since then new models of Social Work are starting to emerge as there is now greater flexibility in this area. It would be of no surprise if we start to see the evolution of new types of Social Work market place.

In law the availability of resources cannot be used as a reason for the Council to not fulfil its legal responsibilities and therefore it is vital that the care and support market place is commissioned in such a way that optimises value for money. Increasingly, this is achieved through the delivery of the following:-

- Reducing or delaying the need for high cost services through prevention and demand management.
- Ensuring that the right organisation is paying for the care and support. There are lots of rules in this area that defines which commissioner pays. E.g. NHS, District Council other LAs.
- Reducing duplication across the public sector in Buckinghamshire by better integrated strategic planning.
- Improved productivity and efficiency.
- Income generating as a way of offsetting purchasing budgets.

At a micro level the Social Worker provides the interface between the individual, the Council and the market place it purchases from. In some cases, however, it is not the Council that is purchasing from the market; it is the individual themselves. The inception of Direct Payments has meant that the Council is now legally required to give people money instead of directly purchasing services on their behalf as a way of offering more choice.

The assessment process is very powerful; each individual assessment and care plan is a legal document that sets out the Council's obligation to meet need and the resources it should make available to do so. This is a role which in some areas is making placement commitments with whole lifetime costs of circa £3m per person.

## **2. Understanding the profile of the care and support market place in Buckinghamshire**

This section provides a high level overview of the care and support market place in Buckinghamshire. Below are a number of headline messages:-

Appendix 1. Sets out where Adult Social Care is planning to spend its money in 2016.17 as a % of the overall gross and net budget split by both types of activity and client group. It is important to note that there is a sizeable client income contribution to the overall gross budget as social care services are 'means tested'.

Because of means testing some individuals would be required to pay the full cost of their services. Many individuals in these circumstances do not choose to come to the Local Authority but purchase services directly from the market place themselves. This applies much more to older people than younger adults who may have had a disability from birth and therefore have not been in a position to ever build up their financial means to be affected by the charging regime. This is a very important dynamic in the market place especially for the provision of older people services and considered in section 3 of this paper.

You will note that by far and away our largest areas of expenditure is spent on Residential, Nursing and Supported Living Services markets i.e. where people live. This represents 59% of the spend against the social care budget.

Importantly, the table below shows that we spend 89% of the Adult Social Care budget outside of the Council on a range of third party providers, alternative delivery vehicles and partnerships with the NHS. Adult Social Care has a range of different types of contractual relationships with the care and support supply chain.

In Buckinghamshire there are no directly provided Adult Social Care Services. The Council has had no in-house residential and nursing provision for circa 20 years, and the last remaining in-house domiciliary care and day services ceased to be provided directly by the Council in 2014.15 with the creation of Buckinghamshire Care and externalisation of the remaining home care workforce. Our remaining in-house expenditure is on the Social Work, Occupational Therapy and Commissioning Workforce all of which are essential for the Council to manage the care and support market place.

Given the balance of our expenditure it will come as no surprise that the Medium Term Plan (MTP) savings are largely attached to the external market place. At a time when the care and support market place is one of the main ways in which the Council delivers its MTP savings, it is critical that it understands the conditions which affect market sustainability. Getting this wrong impacts on the

Council's ability to meet its statutory duty to some of the most vulnerable individuals in Buckinghamshire, either because of market failure or because there is not a healthy level of EBITDAR to enable the market place to grow to respond to future demographic trends which, of course, in turn impacts on the fees that the Council pays.

This is finely balanced and requires us to understand the health of the care and support market place and to understand tipping points around viability, all of which are incredibly complex and of course, given the structures of the market, often involve factors which are outside of the Council direct control. For example, a national provider who is delivering a number of care homes in Bucks viability may be impacted by the divergence of fees paid by different regions of the country or a provider's ability to get the right balance between self - funders verses Local Authority funded care.

### **3. Understanding the opportunities and risks in the care and support market in Buckinghamshire**

The Care and Support market place is very large and complex. This section will focus on one area of the market place which is deemed by ASC to be one of the highest risk areas for the Council. This does not mean that there are no other risks, but Adult Social Care took the view that these had been explored in the previous domiciliary care review undertaken by HASC. So why focus on the Older People Care Home market place?

1. The nature of the provision is about people's homes and how they live, including fulfilling some of the most intimate personal tasks. This carries a different weighting in terms of criticality and risk than how people, for example, pursue meaningful leisure activities.
2. It is the area that impacts on affordability in older age if we do not have the right availability of tenure options to support people.
3. It is the area where the Council currently commits the largest expenditure.
4. It has the ability to impact significantly on partners if there is not sufficient supply i.e. bed blocking in hospitals and Delayed Transfers of Care.
5. It has some of the most complex factors which impact on its sustainability.
6. It is the area of the market place that we are going to require to grow significantly in order to meet need.
7. It is the area where we will need the full support of our partners to achieve the growth that is required.

## **Older People Residential and Nursing Market Place**

In 2015.16 Buckinghamshire County Council, in partnership with the County Council Network, commissioned a study across a consortium of twelve Councils to undertake a detailed evaluation of the care home market place and to understand the market implications of what was then phase two of the Care Act. Laing and Buisson were commissioned to undertake this work. It resulted in a standalone report that has informed the policy direction of the Care Act nationally called 'County Care Markets: Market Sustainability and the Care Act' across the 12 County Councils. It also resulted in an individual assessment for each Council. A summary of the key findings generally and for Buckinghamshire specifically are set out below. They have wider implications for this area of the market place and have informed and will shape our commissioning approach going forwards.

- The sustainability of this care market depends on the profitability achieved from the overall mix of self-funders, Local Authority funded and NHS funded residents. The pressures on social care and health budgets over the last few years have led to a widening gap between Council fees and provider costs and this has led to an adverse impact on profitability and therefore has challenged the sustainability of the market in some areas.
- Within these areas there is significant difference between the sustainability of markets in less and in more affluent Council areas, with many care homes in less affluent areas now in dire financial straits and more homes now closing than entering the market place. See Appendix 2.
- There is clear evidence across the country that the self-funding Older Person pays much higher fees for places in residential and nursing care homes than the County Councils do for equivalent support.
- Councils have been able to secure discounted rates from the market at least in part through the extra profit generated by providers from self-funders paying higher fees.
- In areas of more vulnerability they are characterised by Council fees being lower and cross subsidies required being larger. There are also insufficient numbers of self-funders to make up the shortfall in council fees, relative to the care cost benchmark. Frequently these Counties tend to have a less affluent population; but not necessarily so.
- Provider profitability in these high risks areas is therefore typically very low and care homes have to reduce costs in order to survive. Increasingly however, these lower costs are considered unsustainable, particularly with significant shortages of nurses and care workers, necessitating paying higher wages to recruit and retain sufficient staff to provide a good service and meet increasing demand. Returns in less affluent areas are unattractive and less

finance is available to build new home capacity, so scarcity in sufficient new places is emerging.

- However, in areas like Buckinghamshire with higher proportions of self-funders, average profitability is higher and shortages are not so prevalent, although of course this doesn't mean that there is no vulnerability in the market place.
- There is however, in Buckinghamshire, a new phenomenon emerging. This is impacting on the focus of the market place and is referred to as 'market polarisation'. Whilst Buckinghamshire is attractive to developers, they are targeting the private pay market place of self –funders, resulting in the County Council finding it increasingly more difficult to place people they fund at the fee rates they can afford. This has certainly been a major factor in driving up our fees as we compete with self- funders and the NHS and is likely to accelerate unless it is managed differently.

#### **4. Understanding how these issues are being addressed**

Set out below are a number of actions that are being taken to manage the challenges in the Care Home market place set out in section 3.

##### Generation of supply

Some of the response is to ensure we have sufficient supply and the right type to respond to future need. Set out below are a number of key pieces of work underway to address this:-

1. Following a discrete piece of work with the Housing Local Improvement Network (LIN), a national knowledge hub which specialises in older people housing, there is now a detailed draft blueprint for the future requirements of all types of Housing for Older Citizens of Buckinghamshire up to 2035. This will feed into the Buckinghamshire HEDNA and will inform the District Council planning framework to ensure we are taking a longer term view of strategic planning and shaping the market place. It will be critical going forwards that there is a detailed implementation plan in place and we are able to track progress.

The plan sets out, over a five year period up to 2035, what will be required in order to ensure supply keeps up with demand. Set out below are the estimates of tenure and models of housing that will be required by 2035.

- Housing with care (rented) – additional 692 units
- Housing with care (leasehold) – additional 1711 units
- Leasehold retirement housing – additional 3091 units

- Sheltered housing for rent – a reduction in units against current supply
  - Nursing care – additional 1833 units
2. There is a pipeline of developments already underway to support us to achieve this. One of the major opportunities planned for 2018 is the new Extra Care facility provided by Extra Care Charitable Trust in High Wycombe which will result in 250 plus units being developed. This is subject to a consultation with residents currently.
  3. A review of the 'Choice Policy' is underway which will be subject to consultation on how we can, in the short term, purchase capacity outside of the county boundary.
  4. Reviewing the mix of provision of our block funded contracts to ensure that they meet our requirements going forwards.

### **Assurance and oversight**

5. A market oversight framework has been developed which sets out a tiered approach and is fully operational. This sets out how we manage the market place and ultimately what happens if a provider fails in Buckinghamshire.
6. Work is underway to develop a standard suite of market intelligence reporting to understand the health of the market place and will include a focus on the following:-
  - Demand and supply over time (places needed and availability)
  - Changes to fee rates and care costs benchmarked over time
  - EBITDARM % over time for each type of care home (for profit, large and small homes)
  - Openings and closures in numbers of homes and places
  - Tipping point metrics for provider failure – i.e. how do we know?

### **5. Questions from HASC?**



## Appendix 1.

| Sum of Total Plan for Year                   |  | Column Labels ▾    |                    |                    |             |
|--|--|--------------------|--------------------|--------------------|-------------|
| Row Labels ▾                                 |  | Gross              | Income             | Net                | %           |
| Residential                                  |  | 50,945,596         | -10,076,565        | 40,869,031         | 32%         |
| Nursing                                      |  | 21,109,438         | - 6,508,776        | 14,600,662         | 12%         |
| Dom Care                                     |  | 13,712,255         | - 4,975,054        | 8,737,201          | 7%          |
| Extra Care Housing                           |  | 584,946            |                    | 584,946            | 0%          |
| Direct Payments                              |  | 12,257,348         | - 511,312          | 11,746,036         | 9%          |
| Day Services                                 |  | 5,108,481          | - 250,000          | 4,858,481          | 4%          |
| Reablement                                   |  | 2,325,347          |                    | 2,325,347          | 2%          |
| Supported Living                             |  | 19,370,810         | - 869,123          | 18,501,687         | 15%         |
| Other (SW,OT, CSI) (meals, carers, advocacy) |  | 34,508,171         | -10,656,302        | 23,851,869         | 19%         |
| <b>Net</b>                                   |  | <b>159,922,392</b> | <b>-33,847,132</b> | <b>126,075,260</b> | <b>100%</b> |

| Sum of Total Plan for Year          |  | Column Labels ▾    |                    |                    |            |
|-------------------------------------|--|--------------------|--------------------|--------------------|------------|
| Row Labels ▾                        |  | Gross              | Income             | Net                | %          |
| <b>External Spend</b>               |  | <b>136,956,446</b> | <b>-25,797,670</b> | <b>111,158,776</b> |            |
| Older People                        |  | 65,445,625         | -17,555,541        | 47,890,084         | 38%        |
| Learning Disability                 |  | 45,635,689         | - 4,478,660        | 41,157,029         | 33%        |
| Adult Mental Health Needs           |  | 7,055,318          | - 1,356,608        | 5,698,710          | 5%         |
| Physical & Sensory Disabilities     |  | 10,978,967         | - 1,043,021        | 9,935,946          | 8%         |
| Other (meals, carers and advocacy)  |  | 7,840,847          | - 1,363,840        | 6,477,007          | 5%         |
| <b>Internal Spend</b>               |  | <b>22,965,946</b>  | <b>- 8,049,462</b> | <b>14,916,484</b>  |            |
| Assessment & Care Management        |  | 11,885,592         | - 295,000          | 11,590,592         | 9%         |
| Commissioning & Service Improvement |  | 11,080,354         | - 7,754,462        | 3,325,892          | 3%         |
| <b>Net</b>                          |  | <b>159,922,392</b> | <b>-33,847,132</b> | <b>126,075,260</b> | <b>25%</b> |

## ASC client numbers linked to categories as a 'snap shot' in time at the 31<sup>st</sup> March 2016.

| Category of Care and Support market | No of clients 31/03/16 |
|-------------------------------------|------------------------|
| Residential                         | 912                    |
| Nursing                             | 651                    |
| Dom Care                            | 1300                   |
| Extra Care Housing                  | 72                     |
| Direct Payments                     | 1355                   |
| Supported Living                    | 443                    |
| Day Services                        | 509                    |
| Reablement                          | 143                    |
| Supporting People                   |                        |
| Other                               | 5717                   |
|                                     |                        |
| <b>Total</b>                        |                        |

|                                 | No of clients as at 31/03/16 |
|---------------------------------|------------------------------|
| Older People                    | 3249                         |
| Learning Disabilities           | 1136                         |
| Adult Mental Health Needs       | 424                          |
| Physical & Sensory Disabilities | 455                          |
| Other                           |                              |

## Appendix 2. New registrations and closures of Care homes for older and physically disabled people.

*New registrations and closures – care homes for older & physically disabled people*

