

**MINUTES OF A MEETING OF THE SCRUTINY COMMISSION FOR HEALTH ISSUES
HELD AT THE COUNCIL CHAMBER, TOWN HALL
ON 17 JULY 2012**

Present: Councillors B Rush (Chairman), D Lamb (Vice Chair), J Stokes, D McKean, K Sharp, N Shabbir and A Sylvester

Also present David Whiles, LINKs Representative
Katie Baxter, Youth Council Representative
Matthew Purcell, Youth Council Representative
Councillor Fitzgerald, Cabinet Member for Adult Social Care

Officers Present: Terry Rich, Director of Adult Social Care
Tim Bishop, Assistant Director Strategic Commissioning
Tina Hornsby, Assistant Director Quality Information and Performance
Paulina Ford, Senior Governance Officer
Michelle Abbott, Lawyer

1. Apologies

No apologies for absence were received.

2. Declarations of Interest and Whipping Declarations

Item 6 - Older Peoples Accommodation Strategy

Councillor Rush declared that he had a personal interest with regard to the Older Peoples Accommodation Strategy and would therefore step down as Chairman for that item and not take part in the discussion. Councillor Lamb would take over as Chairman for item 6 on the agenda.

3. Minutes of meeting held on 21 June 2012

The minutes of the meeting held on 21 June 2012 were approved as an accurate record.

4. Call In of any Cabinet, Cabinet Member or Key Officer Decisions

There were no requests for call-in to consider.

At this point the Chairman announced that the Commission had agreed to change the order of the agenda and that item number 6 - Older Peoples Accommodation Strategy would be presented after item 8 – Work Programme on the agenda to allow more time for discussion.

5. Quarterly Performance Report on Adult Social Care Services in Peterborough

The Assistant Director Quality Information and Performance introduced the report which provided the Commission with an update on the delivery of Adult Social Care services in Peterborough against the four outcome domains contained within the national Adult Social Care outcomes framework. The report covered the fourth quarter of 2011-12 and gave the position at the end of the annual performance cycle highlighting key achievements and areas of concern. Progress had been made regarding the reviews backlog and safeguarding

investigations. The original 450 open safeguarding cases that had existed when the service was transferred had all been assessed and only 92 open active referrals remained. Areas for improvement highlighted in the National Survey which had been undertaken in February 2012 were; overall levels of satisfaction from service users, access to information and advice, and the extent to which social care services helped people to feel safe.

Observations and questions were raised and discussed including:

- Members sought clarification on the average number of open active referrals that should be open at any one time. The report had stated 77 active cases but the minutes of the previous meeting in response to a similar question had stated 54. *Members were informed that the number in the report had covered the entire number of open case loads including those investigated by the Mental Health Trust. The reference in the minutes had referred to Adult Social Care council investigations only.*
- The report had mentioned that in the Adult Social Care Survey undertaken Peterborough had been below the national average in certain areas. *Why? Members were advised that more work was needed in the area of client satisfaction to understand what the issues had been. Dissatisfaction with access to information had been because there was no on-line information advisory service available. This had therefore become a priority in the Business Plan for this year. Other areas below national average had been settled accommodation and employment for mental health.*
- Do you have enough staff to resource the service? *Members were advised that a review was currently being undertaken to assess the level of staffing required which would be concluded in September.*
- Councillor Fitzgerald advised that the Adult Social Care service would be redesigned to take the service forward.
- Members sought clarification on the statement in the report “The Adult Social Care outcomes have strong links to the health and wellbeing aspects of the community strategy”. *Members were advised that the Quarterly Report reported against the four outcome domains contained within the national Adult Social Care outcomes framework which had been key priorities in all local authorities Sustainable Community Strategies. The four domains were:*
 - *Domain 1 - Enhancing quality of life for people with care and support needs*
 - *Domain 2 - Delaying and reducing the need for care and support*
 - *Domain 3 - Ensuring that people have a positive experience of care and support*
 - *Domain 4 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm.*
- Members were concerned that the Peterborough Adult Social Care survey had highlighted a number of areas for improvement and wanted to know what action was being taken. *Members were advised that the overall levels of satisfaction for Peterborough were slightly below the National Average in some areas. Access to information and advice required a review of what information was available to the public. The extent to which social care services helped people feel safe had been referred back to the Adult Safeguarding board and the Quality and Performance sub group to get them to think about what it might be that made people feel that the services had not helped them to feel safe. Members were asked to note that the question was not asking if people felt unsafe but if people felt that the services had helped them to feel safe. The survey showed that 68.6% of respondents reported that the social care services they received made them feel safe and secure which had been a marked improvement on 55% in the previous year.*
- Members wanted to know how many people had joined the Safe Place Scheme. *The officer did not have the information available but would advise the Committee after the meeting.*
- Under the section Promoting personalisation and enhancing quality of life for people with care and support needs in the Performance Report it stated that the number of new recipients of direct payments had fallen to 164 in 2011/12. Members wanted to know

why this had happened. *Members were advised that the number of people already in receipt of direct payments had remained the same and that it was only new recipients that had fallen in number. The fall in numbers might have been due to the fact that all people requiring direct payment had now been captured. Members were informed that there was a review of direct payments underway and the policy and procedures for direct payments were being looked at. The Director for Adult Social Care advised that a report could be brought to the Committee on the outcome of the review in due course.*

- Mary Cook, representing Peterborough Pensioners Association addressed the Commission and voiced concerns about whether there was enough staff to deliver the service.

ACTIONS AGREED

The Committee agreed that:

1. The Assistant Director Quality Information and Performance provide them with the number of people who had joined the Safe Place Scheme.
2. The Director of Adult Social Care to provide a report on the outcome of the direct payment review to the Commission at a future meeting.

6. Forward Plan of Key Decisions

The Commission received the latest version of the Council's Forward Plan, containing key decisions that the Leader of the Council anticipated the Cabinet or individual Cabinet Members would make during the course of the following four months. Members were invited to comment on the Plan and, where appropriate, identify any relevant areas for inclusion in the Committee's work programme.

ACTION AGREED

The Commission noted the Forward Plan.

7. Work Programme

Members considered the Committee's Work Programme for 2012/13 and discussed possible items for inclusion.

ACTION AGREED

To confirm the work programme for 2012/13 and the Senior Governance Officer to include any additional items as requested during the meeting.

Members agreed that an item on HealthWatch be included in the work programme.

At this point Councillor Rush stepped down as Chairman and Councillor Lamb took the position as Chairman for Item 6 on the agenda - Older Peoples Accommodation Strategy.

8. Older Peoples Accommodation Strategy

The Chairman introduced the item and advised that two people had registered to speak at the meeting. The Chairman addressed the audience and read out the procedure for how the Commission would hear from speakers in the audience and the order in which the item would be dealt with.

The Chairman then asked the members of the audience if there were any other people wishing to speak. Each person would be allowed three minutes each to speak.

The Legal Officer then read out a press release which had been published on 17 July 2012 confirming that the consultation had commenced into the future options for care homes.

The Cabinet Member for Adult Social Care was then invited to introduce the report which asked the Commission to consider, challenge and comment on the Cabinet report recommending authorisation to consult with residents and families, and appropriate staff on the proposed closure of two care homes: Greenwood House and Welland House and approve the refreshed Peterborough Older People's Accommodation Strategy. The Cabinet Member for Adult Social Care explained the reasoning behind the recommendation to close the two homes that had been put forward to Cabinet. The Commission were advised that no decision had been reached and that all options were open for consideration.

The Assistant Director Strategic Commissioning informed the Commission that the Older Peoples Accommodation Strategy set out the need for accommodation for the medium term. It built on the previous strategy, reviewed local data and demographics and projections of need. The aim was to enable as many old people in Peterborough to maintain their independence and be able to live in accommodation which was of high quality. The Assistant Director Strategic Commissioning went through the strategy highlighting the key points and spoke about the reasoning behind the proposal to close Greenwood House and Welland House. Members were informed of the support that would be given to residents, families of residents and staff throughout the consultation process.

The Chair invited members of the public to address the Commission.

- Sally Cottington who worked at Greenwood House made a statement which drew the Commission's attention to an email which had been sent to members of the Commission from Councillor Swift on 17 July 2012. The email had put forward suggested land sites belonging to the Council around Peterborough which could be used to build a new home if it proved necessary to close the two care homes. The Director for Adult Social Care informed the Commission that he had also received the email and that it would be included in the consultation.
- Kathy Wiseman, Manager at Welland House made a statement which included the following points:
 - Kathy advised that she had worked for the department managing various homes for ten years and had managed Welland House for seven years.
 - Background information was provided on the history of care homes in Peterborough advising the Commission that there had originally been six care homes. Greenwood House and Welland House had been identified to provide respite care, interim care, dementia care and day care.
 - There had been no capital investment for many years in the care homes in terms of refurbishment. However in the last six months major refurbishment had taken place which had cost thousands of pounds.
 - The buildings had become tired due to lack of investment.
 - The internal layout of the two homes could be redesigned to bring them up to the required standard.
 - There was a long waiting list for Extra Care facilities for people with dementia in Peterborough. Clients from Extra Care facilities across the city had been accessing day care and respite services provided at Greenwood and Welland House as they had provided out of hours services.
 - Over the past two years staff at both homes had been instructed not to fill beds however the beds could have been filled many times over.
 - Consideration should be given to redevelopment of existing buildings, reorganisation of staffing and at cost saving alternatives within the service.

- Census figures had shown an increase in ageing population to be 1 in 6 people being over 65. Numbers of people with dementia was set to double over the next forty years.
- There had been a 16.6% increase in population in Peterborough since 2001 which would have a huge impact on the older people's services in years to come. Closing the two homes was a short sighted decision.
- Annette Beaton, Management Committee, Peterborough LINK made a statement which included the following:
 - LINK had carried out several reviews of care homes in Peterborough including Greenwood House in September 2011. The findings of the review had been that:
 - The Manager of the home had provided a warm welcome and comprehensive information about the home. The Manager had run the home with great consideration for the individual needs of the residents.
 - Greenwood House provided residential care, interim care and respite.
 - It had been purpose built and was now dated. No rooms had en suite facilities.
 - The home was very clean. Dietary wise it catered well for its clients and a dietician was available if required. Relatives were allowed to bring food in if something special was requested.
 - Most relatives commented that the staff were caring, friendly and understanding and could ask for anything and it was usually provided.
 - One lady had lived there for nine years and spoke very highly of the staff and wanted to stay at Greenwood House.
 - Three lounge areas were available.
 - There were lots of activities for residents.
 - There was a purpose built hairdressers on site.
 - Residents were very happy there.
- Tony Yiannis, who's wife's mother attended Welland House for day care made a statement which included the following:
 - Recognised that it was better to keep people in their own home if possible however his mother in law might need residential care in the future.
 - Before receiving day care his mother in law was very lethargic and sat watching TV. Since attending day care his mother in law had been much more positive and less lethargic. Her life style had changed and she was communicating with people more and smiling a lot more.
 - Given the right level and type of care this could have the same effect on other elderly people.
 - Concerned that dementia and Alzheimer's care was very specific. Felt that figures quoted in strategy were very low.
 - Attended the meeting at Welland House and asked about future day care. The Cresset and Copeland were mentioned. The Cresset and Copeland provided limited day care facilities but Welland House provided day care seven days a week.
- John Snell, Greenwood House made a statement which included the following:
 - He felt that the staff employed was one of the best teams in the country that looked after older people.
 - Agreed that older people did deserve new homes.
 - £6M sitting in the budget. Could this be used to build a new home? Homes should be run by the Council for residents of the authority.
- Sylvia Robins, mother resident at Welland House made a statement which included the following:
 - Mother had final stage dementia and needed continuity of care. Had looked at other homes and noted that rooms were not necessarily bigger. Some rooms had an en suite others did not. Felt that mother should die in own home which was

Welland House and requested that she be allowed to stay there. Mother received very good care in Welland House and was supervised in her personal care to allow her to keep her dignity.

- Donna Bennett, Peri Night Care Assistant at Welland House and Greenwood House and a UNITE union representative made a statement which included the following:
 - Greenwood House and Welland House offered specialist care that met the needs of dementia clients, interim clients and respite clients in Peterborough.
 - The homes were now running near to capacity as referrals were now being processed.
 - Greenwood provided excellent interim and respite care.
 - Spoken to an independent adviser who has carried out research. The research had shown that the transfer of elderly clients from an environment that they knew and trusted was more likely to lead to their deaths. The report proved that after such a move the person dies at a more rapid rate than they would have if they had not been moved. A copy of the report was handed out to Members of the Committee.
 - The best way to move elderly clients was with the carers they know and trust and at the same time as other residents. This could only be achieved with a new build.
 - Concerned that Age UK representatives did not have training or experience in mental health or dementia client needs but would be acting as advocates for those clients.
 - Would like clinical assessments for the clients so that the full impact of the home closures on the vulnerable service users could be properly assessed. Assessment would need to be carried out by consultant psychiatrists.
 - The Commission to note the promise that the councils capital programme had put aside funding to rebuild homes.
 - Cross Keys to begin building an Extra Care housing scheme at Stanground but would not be suitable for dementia care or interim care clients.
 - It was only public sector care homes that offered specialist care in dementia, interim and respite care. The only other two care homes in Peterborough that offered interim care had stated on the radio that charges started at £600 per week.
 - What was the cost of interim care at Greenwood House per week?
 - The Council had £6M for adult social care and an additional £1.5M for redundancies. A new build for two homes was £2.2M. A new build would provide continuity of care.

- Mary Cooke, Peterborough Pensioners Association made a statement which included the following:
 - Mary sought assurance that when the consultation finished that the responses would be published in full.
 - Age UK was the advocate for the clients in the homes. It would seem more appropriate that the advocates would be members of the National Pensioners Convention.
 - The Older Peoples Accommodation Strategy states under 'What is the Purpose of the Strategy "to ensure choice and a stable environment at end of life care". Older people need to be made aware of the End of Life Strategy.

The Chair thanked the speakers for attending the meeting and for their comments and statements.

Observations and questions were raised and discussed including:

- Members questioned whether enough consideration had been given to the alternative option of demolishing the existing homes and rebuilding a new one to replace them.

- If you are more successful in supporting more and more people in their own homes was there a risk of less independent sector homes in the city being required. *The Director for Adult Social Care informed Members that there had been an expansion of modern residential care homes in the city and there was no indication at the moment that this would stop. The current evidence provided including population trends in the medium term suggested that there was not a strong case for council investment to stimulate the market because there was no indication that the supply would dry up.*
- Members asked whether it was the case that public sector care homes ensure that standards and continuity of care remained consistent where as it would be more difficult to regulate independent care homes. *The Director for Adult Social Care informed Members that the Regulator and the local authority as commissioner of care were better placed today to hold to account providers in the care sector and pickup quickly where things were not going well. The authority also had the advantage of community LINKs which would evolve into Healthwatch who would also play a part in the role of monitoring and reporting to the regulator when things were not going well.*
- Members noted the Councils Adult Social Care vision which was to promote and support people to maintain their independence in their own homes. There was concern that by doing this there may come a point in the future when there would be large numbers of people needing to go into residential care at the same time. Members wanted to know if this had been taken into account.
- Members commented that the new Census information had recently been published and requested that the new Census figures be used to rework the model for the strategy. Particular reference should be made to current statistics for the number of people with dementia and how much this had increased in the last 15 to 18 months.
- When is the new Extra Care Housing at Stanground due to be finished? *Members were informed that it could be up to 18months from the start of build to commissioning.*
- Members requested that further data be expanded on within the strategy to show the benefits of a 'block move' of residents if this was to be the way forward.
- Do we currently have enough resources for provision of care? *Members were informed that all Authorities were in the same position in that they were trying to work out how to make the best use of the money that the Council could put into social care to meet the needs of an increasing population. Peterborough was fortunate in that it had a young population and the recent Census figures showed fastest growth in the 4 to 25 age range. There was also a significant percentage increase in the over 85 age group but overall Peterborough was a relatively young city.*
- If we went for a closure or move in the future where would you get the resources from to support this? Members requested that the model show how long the current staff would be retained to provide care and support for the residents when they did move. Also provide a profile of how many staff would be required if one or both homes were closed, how long the staff would be retained through the move and after the move. *Members were advised that with the numbers of people affected by this project if the option was to close the homes it could be managed within the existing social work care management capacity. Two dedicated social workers had already been identified to manage the one to one consultations which included the reassessment process of where was the best place to meet the individual's needs.*
- *Members commented that there were dementia champions within the two care homes and wanted assurance that their expertise would be used in what ever option was chosen. Their experience would be valuable.*
- Members wanted assurance that the consultation responses would be published in full at the end of the consultation. *Members were informed that there would be a comprehensive report which summarised the consultation but there would also be a dossier available for member inspection containing all of the comments received.*
- Members had been advised that there was a long waiting list for people with dementia. Was this true. *Members were informed that there was currently no waiting list for residential care in Peterborough, including for people suffering from dementia.*

There was though a shortage of Extra Care housing schemes able to offer places for people with dementia. The number of places for Extra Care Housing were limited but the strategy would be to encourage new Extra Care schemes to provide more opportunities for people with dementia. Overall there was enough capacity for people with dementia today but with regard to Extra Care Housing there was a need to expand the number of places able to meet the needs of people with dementia.

- *Could you provide the actual cost of providing care for residents at Welland House? The Director referred to the figures in the report which indicated that the costs of providing care at Greenwood and Welland were £714.89 per week for Greenwood House and £665.94 per week for Welland House and that these figures were based on an assumption that the homes were fully occupied. These figures are substantially higher than the cost of equivalent care in other homes in the City. The Director also outlined that Greenwood House provided respite and interim care beds. The cost of providing interim care was often more expensive than permanent care because of a number of factors. One factor being that the bed would not be occupied for the whole time..*
- *Members noted that there was a medium term strategy supported by long term data. If the population was ageing rapidly what would happen in the future when there was a larger older population and more care homes would need to be provided. It would seem that costs were being saved now but more would need to be spent in the future. The Director of Adult Social Care responded that it was important that the modelling was correct and there needed to be a rework of the modelling using current census data. The evidence in Peterborough was that the market was developing in a way which was consistent with demand. Originally there were six homes and this was reduced to four and then to two but this had not lead to a shortage in supply.*
- *The report stated that the council care homes were providing appropriate care but with inappropriate accommodation? The provision of appropriate care and appropriate accommodation should be equal to provide appropriate care. The staff were, in the main, doing the best possible job they could given the environmental conditions they were working within. The homes were designed at a different time when society was moving away from older people being in geriatric wards. Standards had now moved on and better provision was and should be provided for the citizens of Peterborough.*
- *Members had noted that a member of the audience had stated that they had been instructed not to fill beds. Members were advised that it was true that there had been no permanent admissions in either home for some time, people were either choosing other homes or and many more people being supported in their choice to be cared for in their own homes.*
- *It was noted that a figure of £1.6M had been put aside for redundancy money. Members were advised that if every member of staff were to be made redundant as a result of closure of the two homes the estimate was that it would cost as much as £1.6M. This was the figure before any consultation with staff had taken place or any other options had been looked at and any discussion regarding redeployment opportunities.*
- *The Cabinet Member for Adult Social Care advised Members that there was a duty to the public purse and to provide best value. If things were to remain as they were it would cost the Council £8M more to continue.*
- *Members were concerned that national reports had quoted that there was a possibility of a 40% death rate when moving elderly people from their homes. This had not been taken into account in the report. Members requested that the strategy take this into consideration and show how this would be dealt with to reduce the risk. The Director of Social Care advised that the 40% statistic quoted was neither accurate nor current. There had been some bad instances of poorly planned, poorly executed closure of care homes in the past. The evidence pulled together from the Association of Directors of Adult Social Services with the assistance of Birmingham University showed the amount of good practice that had developed over the years. Evidence showed better outcomes post closure if those closures were managed*

effectively through the commitment of the staff even if their own jobs were threatened to make sure that they were minimising the anxiety for every resident in those homes. It would be difficult and it would need to be done in the most appropriate and sensitive manner possible.

- *Members felt that the people in the audience from both homes who had voiced their concerns should form a group to look at the proposed strategy positively and work with officers to look at a way forward to get the best possible solution. The Director of Adult Social Care advised Members that the aim of the strategy was to ensure people were able to exercise choice. If a decision was made to keep the care homes open for another few years because in the natural course of events people passed away that would tie up huge amounts of the social care budget which would prevent other people from making choices. The homes would not be full and therefore the cost of running those homes would escalate.*
- *The Chair of LINKs noted that the report stated that there were 821 beds available in the various care homes across the city. How many of those met the new room size standard of 25m². The Director of Adult Social Care did not have the information at the meeting but he assured Members that those built within the last 5 to 10 years would be of the new room size standard.*
- *Members wanted to see an indication of costs for the option of refurbishing both of the homes. The Director of Adult Social Care advised that this was covered within the revised strategy but that more information could be provided.*
- *Had the council carried out an inspection to assess the quality of dementia care in the independent sector? Although the independent care homes were registered it did not necessarily mean they were good. Members were advised that all people who have been or were currently being assessed as needing residential or nursing home care, including those with dementia care and were supported by the City Council were being placed in the independent sector homes. LINKs soon to be Healthwatch, the Regulator and the Contracts Monitoring staff and reviews of peoples care plans would pick up any concerns regarding delivery of service.*
- *Members wanted to know why both homes had recently been refurbished at a cost of in excess of £100K when there was a possibility they may close. Members were informed that decisions were made in the councils capital programme in November 2011 to invest in the homes in essential areas that had been neglected over a period of years. This decision was made prior to the proposal to close the homes. It was important that standards did not suffer even if the home was due to close because the quality of life for the residents was very important.*
- *Will the dementia day care be provided seven days a week? Members were advised that part of the consultation process would be to assess what the respite and day care service for people with dementia needs were and to ensure that if the homes close that appropriate replacement day and respite provision was commissioned to meet those needs..*
- *A Clinical assessment by medical professionals should be carried out on the residents in the homes prior to transfer to a new home. Members were informed that each individual would need to have a review of their care arrangements and the multi disciplinary team would have an input into that assessment.*
- *Members advised the Director of Adult Social Care that the planning department had a specific portal on the council website which was used for consultation purposes and suggested that this could be looked at for use with this consultation.*
- *More information should be provided on the size of the possible resident group moves should the homes close. Members were advised that group moves would depend on the independent choices of people and families making individual decisions with the help of the staff.*
- *Consideration should be given to the importance of keeping the current staff on to help with the transition of residents to new homes to ease their transition.*
- *If dementia cases are going to rise in the future how will you make the independent sector provide that care. Members were advised that there would be an expansion of*

services for dementia because there would be an increase in demand. There was no evidence to suggest that the independent sector including specialist voluntary sector organisations would not provide dementia care.

RECOMMENDATION

The Commission recommend that the Director of Adult Social Care address all the comments made by the Commission and members of the public and pay particular attention to the following:

1. Further consideration to be given to the alternative option of demolishing the existing homes and rebuilding a new one to replace them.
2. That the Strategy be remodelled to take into account the recently published 2011 Census figures. Particular reference should be made to statistics for the number of people with dementia and how much this had increased in the last 15 to 18 months.
3. Further data to be expanded on within the strategy to show the benefits of a 'block move' of residents if this was to be the way forward.
4. Consideration to be given to the importance of keeping the current staff on to help with the transition of residents to new homes to ease their transition and
 - 4.1. The model to show how long the current staff would be retained to provide care and support for the residents when they move.
 - 4.2. Provide a profile of how many staff would be required if one or both homes were closed and how long the staff would be retained through the move and after the move.
5. To ensure that the expertise of the Dementia Champions within the two care homes is used regardless of the option chosen.
6. The strategy to take into consideration the possibility of an increase in death rate through moving the residents and show how this could be dealt with to reduce the risk.
7. Officers to work with staff at both homes as a group to look at the proposed strategy positively and to look at a way forward to get the best possible solution.
8. To provide costs for the option of refurbishing both of the homes.
9. To look at using the planning department consultation portal to help with this consultation.

The Director of Adult Social Care to bring a report back to the Commission with outcomes of the consultation and all responses before going to Cabinet.

9. Date of Next Meeting

Tuesday 20 September 2012

The meeting began at 7.00pm and finished at 9.30pm

CHAIRMAN