

Minutes

SOCIAL SERVICES, HEALTH AND HOUSING POLICY OVERVIEW COMMITTEE

24 April 2013



Meeting held at Committee Room 6 - Civic Centre,
High Street, Uxbridge UB8 1UW

	<p>Committee Members Present: Councillors Peter Kemp (Vice-Chairman) David Benson Sukhpal Brar Patricia Jackson John Major June Nelson Mary O'Connor</p> <p>LBH Officers Present: Linda Sanders (Director Social Care, Health) Paul Feven, (Head of Commissioning, Contracts and Supply) Gary Collier (Commissioning Services Manager) Charles Francis (Democratic Services Officer) Sharon Daye (Interim Director of Public Health)</p> <p>Also present: Chris Commerford, Chief Executive, Age UK Hillingdon Richard Eason, Chief Executive Officer, HAVS</p>	
62.	<p>APOLOGIES FOR ABSENCE AND TO REPORT THE PRESENCE OF ANY SUBSTITUTE MEMBERS (<i>Agenda Item 1</i>)</p> <p>Cllr Judith Cooper, no substitute.</p>	
63.	<p>DECLARATIONS OF INTEREST IN MATTERS COMING BEFORE THIS MEETING (<i>Agenda Item 2</i>)</p> <p>Peter Kemp declared an non-pecuniary interest as a member of the Board of CNWL and as a member of the Trustees of Hillingdon MIND</p> <p>Cllr Mary O'Connor declared a non-pecuniary interest as Chairman of Hillingdon Mind.</p>	
64.	<p>TO RECEIVE THE MINUTES OF THE MEETING HELD ON 27 MARCH 2013 (<i>Agenda Item 3</i>)</p> <p>Were agreed as an accurate record.</p>	
65.	<p>TO CONFIRM THAT THE ITEMS OF BUSINESS MARKED IN PART I WILL BE CONSIDERED IN PUBLIC AND THAT THE ITEMS MARKED PART II WILL BE CONSIDERED IN PRIVATE (<i>Agenda Item 4</i>)</p>	

	All items were considered in Public.	
66.	<p>MARKET DEVELOPMENT IN ADULT SOCIAL CARE (<i>Agenda Item 5</i>)</p> <p>The Head of Commissioning, Contracts and Supply introduced the report. He explained that the meeting would provide information about the development of the adult social care market in Hillingdon to support personalisation. Officers highlighted the following areas:</p> <ul style="list-style-type: none"> • The National Policy Context • Local Authority Market Development Responsibilities and • Market Position Statements (MPS) <p>It was noted that a MPS was a single document which combined the Joint Strategic Needs Analysis (JSNA), commissioning strategies and market and customer surveys into a single document which provided useful information to the Care Market.</p> <p>The MPS gave information to provider about:</p> <ul style="list-style-type: none"> • <i>Direction of travel</i> – a summary of the key care and wellbeing objectives for the local community and the key principles of policy, legislation and policy that will impact on the market. • <i>Future demand</i> – analysis of the current population and anticipated projections for the coming five, ten and fifteen years and the impact that future population change may have on future demand for social care, health and housing services. • <i>Current supply, identifying strengths and weaknesses</i> – a review of current spend, providing a clear, quantified picture of current supply, looking at what services are provided, to whom, where and in what volume. The qualitative picture of current supply would also be reflected, i.e. whether services were meeting the required standards or service user expectations. • <i>Models of practice</i> – how the Council saw the supply side delivering in the future; the extent to which desired models of care were matched by current provision and how the market might deliver change. • <i>Future resourcing</i> – areas of supply the Council might see as a high priority, where it wishes to see services develop, and where it would be less likely to purchase or encourage service users to purchase in the future. • <i>Support for choice, innovation and development</i> - an analysis of what the Council anticipates will be the impact of more service users purchasing or negotiating their own care, and suggests what impact this might have on transaction costs. 	

Market Development in Hillingdon

The Committee were informed that a significant amount of market development work had been undertaken in the following areas:

a) Capturing and analysing market intelligence

Data had been used to develop the Health and Wellbeing Strategy, as well as a set of more detailed, client-based strategies for disabilities, older people and carers.

To increase the Council's ability to effectively develop and manage social care markets, a new method of combining the often separate fields of commissioning, procurement and contract management had been developed within the Council including Category Management.

The key difference between Category Management and existing practice was that the Council had often used its data to purchase services without analysis of the market in which it was operating and the behaviour/strategies being adopted by providers.

Category Management was in the process of being explored for all areas of social care commissioning.

b) Structuring the market

The Council is planning to develop better methods of engagement with providers, including ensuring that providers had an understanding of the Council's needs and priorities through the provision of **Market Position Statements** (MSPs).

Development work with the Institute of Public Care (IPC) is being undertaken by councils to shift from occupying a role of major procurer to one of facilitator of the whole social care market.

A key action will be to develop an over-arching MPS for the whole social care market (including detailing how current patterns of spend on residential and nursing care will shift to a more community based provision of services). This will be the pre-cursor for a range of more tailored MPS focused on influencing the market to develop and provide the specific services the Council is looking to purchase in future e.g. more extra care housing for older people.

At the heart of the Category Management approach is an ongoing partnership and regular dialogue with key providers – looking to jointly create opportunities to shape services that are attractive for providers (therefore creating genuine competition) as well as meeting the needs of residents.

The Council will be looking to develop new markets such as a market for the provision of Personal Assistants (PAs), care and support in supported housing and outreach services for older people, people with disabilities and people with mental health needs.

Further tasks included capacity building within the voluntary and community sector. This meant facilitating access to the support that will assist voluntary and community organisations to charge for their services and/or to develop services to address a gap in provision identified through the support planning process.

It was noted that Careplace had been developed as an online information system that enabled residents to identify services and activities in and around Hillingdon that could address their needs. Providers upload their own information and update it. Residents could also access it through their own computer or from one of the Council's 17 libraries.

c) Intervening in the market place

The most obvious method of intervening in the market place was to launch a competitive tender in order to purchase a service. This might involve seeking to develop new services, re-package existing services into a new model that was more likely to meet the needs of residents or more simply re-tender an existing service that was still required.

Hillingdon will continue to act within the West London Alliance (WLA) to intervene in the market, particularly within markets where larger buying power is needed to influence the actions of providers. Good examples here included adult home care, residential and nursing care for older people, fostering placements and complex residential services for people with learning disability. A range of initiatives had taken place under the WLA umbrella including:

Flexible contractual arrangements – Successful interventions in the market require using the right tools for the right job. Different contractual arrangements will be required, depending on the nature of the service or the market in which the service is being purchased. Some services can be best procured by using a framework with no guarantees of activity. Others may require more guaranteed outcomes for providers by offering a volume of work in return for a fixed, competitive price. Approved provider lists will also be appropriate in some areas – with no direct contractual obligation to the Council and offering no guarantees of activity but where service users (using their personal budgets) are sign posted to providers that have been tested for quality and best price.

Not all interventions in the market will involve purchasing however other methods could include Remodelling services and Capacity Building.

d) Managing market providers

Once the Council has purchased a service, the ongoing set of tasks begin of ensuring that the service is delivered to the specification, that it meets the needs of residents, that it continues to be delivered efficiently and provides value for money. Managing providers must be a partnership and not a "them and us" relationship if it is to offer the greatest value to all involved.

The Council's method of contract management and monitoring has been fully reviewed this year with a new operating framework being put in place. Key elements include:

- Ongoing dialogue with providers – particularly those providing key services or those in high cost areas.
- A greater focus on performance assessments including customer and stakeholder assessments of a provider's performance and a self assessment by the provider itself.

Inspection and quality assurance – The Council's own inspection team undertake an ongoing programme of provider inspections to ensure continuous improvement as well as ensuring that core standards continue to be met.

A service user "outcomes framework" has been developed that will be built into all existing and new contracts to give greater focus to ensuring that residents benefit from Council funded services. Each service provider will have a core set of outcomes they are required to deliver which focuses not on process but on the improvements they have made to the life of a service-user e.g. greater independence, able to do more things for themselves, access to more training and development opportunities.

Payment by results – The Council was looking to develop a pilot project where a provider is incentivised to meet service user outcomes. Payments were linked to outcome delivery. This was likely to be focused on the homecare and residential care market.

Service user reviews on Careplace – A more democratic method of provider management may emerge from service users themselves. The opportunity for service users to upload reviews of their experience of a provider's service can be a powerful mechanism for improving quality through the power of market forces. However, the Council can and has remove providers where there are quality issues;

Chris Commerford, Chief Executive, Age UK Hillingdon and Richard Eason, Chief Executive Officer, HAVS attended the meeting and provided their views on the challenges posed by market development to the voluntary sector.

In the course of discussions, the following points were raised:

- It was noted that clients using personal budgets had increased from 7% to 74% in the last few years. A recent Department of Health survey had suggested that 80% of Hillingdon service users felt that personal budgets had increased their choice and control.
- It was noted that the national target was to ensure 100% of service users had a personal budget by April 2015.
- There were considerable opportunities for the voluntary sector to respond to market development.
- Both witnesses from the Voluntary Sector suggested that additional assistance with consortia, partnership working and legal implications / risk management aspects of contracts would

be beneficial.

- Further areas for development within the Voluntary Sector included:
 1. Work to ensure voluntary organisations were 'tender ready'
 2. Governance issues and assistance with respective Terms of Reference, the training of Trustees.
 3. VAT
 4. Marketing of services
 5. Staff recruitment and retention
 6. The challenge for the Voluntary Sector included providing local services for local people and competing with national and private sector organisations to provide services.
- Both organisations highlighted examples of strong local partnerships, including those between Uxbridge College and Brunel University and the voluntary sector which were cited as best practice.
- In response to a question about whether service users and carers knew how to access help, officers confirmed that support plans developed by the Council and in conjunction with the Voluntary Sector identified where this could be found.
- In order to ensure quality services were provided, it was essential that the Council only worked with accredited providers which were listed on Care Plan. It was noted that retention clauses might be used for those providers which had an established track record of providing excellent services. The Committee were assured that those organisations which did not meet the approved standard could be removed.
- In relation to the 80/20 means criteria of assessing cost v quality to determine the award of contracts following a tender process, officers confirmed that this was challenging, but that Officers had improved processes to specify contracts at the procurement stages.
- It was noted that service users and carers did not always have access to the internet and so officers were asked about what provision was being made to address this concern. Officers explained that although library access was an important aspect of Care Plan, in future Adult Social Care officers would be provided with laptops to ensure all service users / carers had internet access through officer visits.
- That a key aspect of market development was to focus on delivering and measuring outcomes for service users.

Resolved –

- 1. That the information be noted and be reported back to the Cabinet Member for Social Services, Health and Housing.**
- 2. That officers be requested to provide a written update on the outcomes from the Voluntary Sector Stakeholder event held on 24 April 2013.**

67.	<p>CABINET FORWARD PLAN (<i>Agenda Item 6</i>)</p> <p>The Committee discussed the Forward Plan and no items were identified for discussion at the April 2013 meeting.</p> <p>Resolved -</p> <p>1. That the report be noted.</p>	
68.	<p>WORK PROGRAMME (<i>Agenda Item 7</i>)</p> <p>Reference was made to the work programme and timetable of meetings.</p> <p>Resolved –</p> <p>1. That the report be noted.</p>	
<p>The meeting, which commenced at 7.00 pm, closed at 8.35 pm.</p>		

These are the minutes of the above meeting. For more information on any of the resolutions please contact Charles Francis on 01895 556454. Circulation of these minutes is to Councillors, Officers, the Press and Members of the Public.