

# Public Document Pack



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PUBLIC

To: Members of Improvement and Scrutiny Committee - People

Monday, 24 August 2020

Dear Councillor,

Please attend a meeting of the **Improvement and Scrutiny Committee - People** to be held at **2.00 pm** on **Wednesday, 2 September 2020**. This meeting will be held virtually. As a member of the public you can view the virtual meeting via the County Council's website. The website will provide details of how to access the meeting, the agenda for which is set out below.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'S Hobbs', written over a horizontal line.

**Simon Hobbs**  
**Director of Legal and Democratic Services**

## **A G E N D A**

### **PART I - NON-EXEMPT ITEMS**

1. To receive apologies for absence
2. To receive declarations of interest (if any)
3. To confirm the Minutes of the meeting held on 22 July 2020 (Pages 1 - 6)
4. Public Questions (30 minute maximum in total) (Pages 7 - 8)

(Questions may be submitted to be answered by the Scrutiny Committee, or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure for the submission of questions at the end of this agenda)

5. Cabinet Member Portfolio update - Councillor Jean Wharmby
6. Support for Unpaid Family Carers (Pages 9 - 10)
7. Actions following LGO investigation (Pages 11 - 30)
8. Better Lives Programme update (Pages 31 - 36)
9. Scrutiny Working Group update - Homes for Older People (Pages 37 - 38)

PUBLIC

**MINUTES** of a meeting of **the IMPROVEMENT AND SCRUTINY COMMITTEE – PEOPLE** held on 22 July 2020.

**PRESENT**

Councillor G Musson (in the Chair)

Councillors J Coyle, R Flatley, J Frudd, R George, K Gillott (substitute Member), R Iliffe, D Taylor and J Twigg.

Also in attendance - S Stevens.

Apologies for absence were received on behalf of Councillor C Dale and D Turner

**8/20        DECLARATIONS OF INTEREST** Councillor K Gillott declared a personal interest in agenda item 7 as a member of the Derby and Derbyshire Children's Safeguarding Board.

**9/20        DEBORAH TURNER** The Chairman reported that Deborah Turner, a Trade Union representative on the Committee would no longer be attending these meetings. On behalf of the Committee, the Chairman wished to thank Ms Turner for her input to proceedings and wished her all the best for the future.

**10/20       MINUTES RESOLVED** that the minutes of the meeting of the Committee held on 12 February 2020 be confirmed as a correct record.

**11/20       PUBLIC QUESTIONS** There were no public questions.

**12/20       UPDATE ON HOMES FOR OLDER PEOPLE** Simon Stevens, Deputy Director Adult Care provided Members with an update on the proposed closures, following the conclusion of the public consultation on 24 April 2020.

At the meeting of Cabinet on 4 June 2020, Members were asked to consider the outcome of the consultation on the future of ten of the Council's homes for older people.

The Council had taken account of the feedback received during the consultation and had determined that none of the homes should close at this time unless a direct alternative in the local community could be provided. If there were no direct alternatives in the local community the intention would be to develop these prior to considering the future of the seven homes originally proposed for closure.

Whilst the Council understood the distress and anxiety which had been caused during the consultation to residents, their relatives and staff working at these homes it was however essential that their views were sought on the future of the homes given the condition of the buildings, the urgent need for major refurbishment and repair, the disruption which this would cause to residents and the potential cost of these repairs as well as concerns that they were not fit for purpose and not needed in the longer term.

The Council would now be devising a plan for the future of the seven homes which had been proposed for closure and would be developing a new approach to develop local alternatives before consulting again on any individual home closure and/or setting aside funding where necessary to undertake works on the homes.

In respect of the consultation on the plan to refurbish the three homes the feedback received during the consultation was positive and in agreement with the proposal. A further report setting out the next stage in this process would be presented to Cabinet in due course.

This was followed by in-depth discussions and many questions from Members to Mr Stevens.

The Chairman pointed out that this would be included in the Committee's work programme and overseeing the next steps (with particular reference to the need for and type of local provision required) was key to ensure transparency of decision-making and to make any recommendations to Cabinet or elsewhere that might arise as a result of such scrutiny.

**13/20      DERBYSHIRE SAFEGUARDING ADULTS (DSAB) BOARD UPDATE** Andy Searle, the Independent Chair of DSAB and Natalie Gee, the DSAB Project Manager, attended the meeting to provide Members with an update of the work the Board had undertaken.

The Derbyshire Safeguarding Adults Board (DSAB) was a multi-agency strategic partnership, which ensured and oversaw the effectiveness of arrangements made by individual agencies to safeguard adults who had care and support needs or were experiencing, or at risk of experiencing, abuse or neglect.

Members were provided with a brief summary of the work of Safeguarding Adults Board and outlined the statutory duties and six safeguarding principles. Mr Searle reported on the impact the Covid-19 Pandemic had had on the service and highlighted the measures that had been put in place to mitigate these issues.

Members were afforded the opportunity to ask questions which were duly answered or noted.

The Chairman thanked Andy Searle and Natalie Gee for their most informative presentation.

**14/20      DERBY AND DERBYSHIRE CHILDREN'S SAFEGUARDING PARTNERSHIP (DDCSP) UPDATE** Steve Atkinson, the Independent Chair of DDCSP attended the meeting to provide an update of the work the Partnership had undertaken.

The Derbyshire and Derby Safeguarding Children Boards were merged by voluntary agreement in September 2019. Therefore, this was the first update to the Committee from the DDSCP. Members had received the Annual Report for the Derbyshire LSCB for 2018-19 and accordingly, the first full report for the new Partnership would cover the period April 2019 to March 2021. This report will be shared with the Committee, once it had been completed.

Mr Atkinson highlighted the progress that had been made against the 2018-2021 priorities and the challenges the Partnership had faced since March 2020.

The Chairman thanked Mr Atkinson for attending the meeting and providing details of the work of the Partnership.

**15/20      REVIEW OF DERBYSHIRE CARE LEAVERS OFFER** Members were informed of the outcomes of the scrutiny review of the Derbyshire Care Leaver's Offer.

The review had focussed on three discrete aspects of the Derbyshire Care Leaver's Offer: Council Tax, Accommodation and Financial support. During the review a series of working group meetings had been held to ensure that Members were kept informed about partnership working undertaken by the Young People's Department to develop a more consistent offer throughout Derbyshire. The information gathered at these meetings was presented.

Councillor Musson and Councillor George had met with two care leavers (Adam aged 21 and Ben 20) to ask them about their experiences of the Leaving Care Service. This was an informal meeting held online and their Leaving Care Support Worker (Claire) was present. Whilst the conversation focussed on issues relating to accommodation and financial independence, there was an open invitation to raise any issue and to share suggestions about how the service might be improved.

The Committee acknowledged the significant progress that had been made in the development of the Derbyshire Care Leavers' Offer. Members welcomed the fact that there was now an equitable approach that ensured that all Derbyshire care leavers would receive 100% Council Tax discount up to the age of 25 and that their local connection (when applying for a council

tenancy) would be deemed to be Derbyshire rather than an individual district. However, the Committee felt that there were still opportunities to develop the offer further. The Committee would also support work to identify ways of ensuring that each young person had the opportunity to build a bond with an additional support worker so that they felt comfortable raising issues and seeking support should their designated support worker not be available. Enabling access to guidance or mentoring beyond the age of 21 was another area of work that Members felt would be beneficial to care leavers.

Members raised various observations and comments and these would be incorporated into the final document.

**RESOLVED** that (1) the Committee commends the partnership working that had led to the countywide improvements to the Derbyshire Care Leavers' Offer. The agreement of all District and Borough Councils within Derbyshire to provide Council Tax discount would bring significant benefits to care leavers up to the age of 25 and would help their transition to independent living. The removal of the local connection from the districts to the whole of Derbyshire would open-up opportunities for care leavers when setting up home and seeking employment or training;

(2) publicity regarding Council Tax discount for care leavers, that was delayed as a result of the Covid19 pandemic, should be progressed as soon as practicable;

(3) Children's services work in partnership with District and Borough Councils to identify an approach that would enable a care leaver to make an "expression of interest" for a property in sufficient time to allow them to move in when they reached the age of 18;

(4) in addition to allocating each young person a designated Leaving Care Support Worker, the service explored the feasibility of identifying a second point of contact within the service. This would provide each young person the opportunity to get to know and feel comfortable with another member of staff who would be available for them in the event of their designated support worker being on leave or leaving the Derbyshire service; and

(5) the Leaving Care Service explored mechanisms that would facilitate care leavers having access to ongoing guidance or mentoring with a person that they knew, beyond the age of 21.

**16/20**      **HEALTHWATCH DERBYSHIRE ANNUAL REPORT** Members received the Healthwatch Derbyshire Annual Report. On behalf of the Committee the Chairman thanked Healthwatch Derbyshire for the continued work they did.

**RESOLVED** to note the report.



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## **Procedure for Public Questions at Improvement and Scrutiny Committee meetings**

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

### **Order of Questions**

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

### **Notice of Questions**

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12noon three working days before the Committee meeting (i.e. 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to [democratic.services@derbyshire.gov.uk](mailto:democratic.services@derbyshire.gov.uk)

### **Number of Questions**

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

### **Scope of Questions**

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

## **Submitting Questions at the Meeting**

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (i.e. 5pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room). It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

## **Supplementary Question**

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

## **Written Answers**

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.

**DERBYSHIRE COUNTY COUNCIL**

**ADULT SOCIAL CARE AND HEALTH**

**Report to Improvement and Scrutiny Committee - People**

**2 September 2020**

**SUPPORT FOR UNPAID FAMILY CARERS**

**1. Purpose of report**

This report highlights some of the themed issues being raised by carers in relation to the Covid-19 pandemic, the current areas of support required for carers and the action that is being taken to address that need.

**2. Information**

**Rising levels of care;** many carers have been affected by the reduction/closure of services or have declined formal care due to fear of infection. In some cases, carers have benefitted from increased support and recognition from wider family networks and in others, carers are facing significant challenges and increased isolation as many day care and respite services for those depending on care, remain closed due to Government guidance.

The Adult Social Care Transformation Team and Prevention and Personalisation teams are currently working hard to get day care opportunities opened up, but this will be limited in terms of the number of places available due to Covid-19 restrictions. P&P teams have been in touch with individuals and their carers on a fortnightly basis throughout the lockdown and are now starting to have conversations with clients to determine how day care opportunities can be reinstated safely and fairly.

**Financial pressures;** some carers have had difficulty following a reduction in income or increased living costs. These carers have been referred to food banks, community support groups and specialist financial/welfare benefits organisations.

**Working carers;** some carers have been expected to return to work, raising concerns about the risk this poses to the person depending on them for care, particularly if formal support cannot resume. The commissioned carers service has provided carers with 'letters of recommendation' to provide evidence of the caring role to employers. There has been a notable increase in the level of information and support delivered to carers requiring financial and employment advice.

**Worries and fears;** many carers have experienced distress, anxiety, isolation and fatigue alongside worries and concerns for the wellbeing of the person depending on care. These carers have been offered regular telephone support, befriending and/or have been connected with other carers and worked closely with other organisations to reduce duplication and pool resources to reach more carers. The commissioned carer's service has assisted carers to update emergency plans and issued carer identification cards to enable priority access to shopping and other essentials.

**Bereavement;** many carers have sought bereavement support following the death of loved ones and in some instances, the struggle of coming to terms that the person depending on care, died alone. The carer's service is signposting carers to specialist bereavement, talking therapies and befriending support in addition to offering a counselling service funded through the National Lottery.

**Practical issues;** the carers service has coordinated practical solutions for carers in relation to food, medicine, continence products, aids, PPE and access to on-line information. The carer's service has resumed carer assessment and support planning and in some cases, this will result in the delivery of a carer personal budget to resource eligible need and improve health and wellbeing.

**Carers supporting each other and their local communities;** many carers have been linked to the Community Response Unit, the 24/7 Mental Support Health Line, local volunteering and mutual aid schemes. Partnership work is underway to ensure these services develop to meet the early identification and support of carers, particularly for hidden carers and those who have care and support needs in their own right. The carer's service is also delivering 'Zoom based' peer support and social groups along with a variety of training and learning activities available both on line and in paper based form.

### **3. Conclusions**

The Carers Strategy 2020-2025 sets out local system wide priorities based on the findings of the Healthwatch Carers Report, ADASS self-assessment, Survey of Adult Carers in England as well as extensive engagement carried out with carers in Derbyshire throughout 2019.

The Carers Strategy Delivery Group, led by DCC, will ensure delivery of the strategy action plan and in the current climate (created by COVID-19 with partial lockdown) we are considering how we can best undertake this work. Additionally we are working closely with Derbyshire Carers Association, to refocus the carers support service through the recovery and restoration phase, to ensure it is meeting the changing needs of Carers in Derbyshire.

**Julie Vollar**

Service Director Commissioning, Safeguarding & Performance

**Jude Boyle**

Commissioning Manager, Commissioning, Safeguarding & Performance

**DERBYSHIRE COUNTY COUNCIL**

**Improvement and Scrutiny Committee - People**

**2 September 2020**

**Report of the Executive Director Adult Social Care and Health**

**1. Purpose of the Report**

To update the Improvement and Scrutiny Committee – People regarding progress of work outlined within the report submitted to the Committee on 12th February 2020. The report submitted earlier this year detailed the Local Government's findings following an investigation into the death of Mrs C at the Grange Care Home in Eckington.

**2. Background**

The LGO found fault, causing injustice in the following areas:

- Failure to carry out an adequate pre-admission assessment.
- Failure to complete a falls risk assessment.
- Failure to consistently or adequately record falls.
- Failure to keep family members informed of the extent of the pattern of falls.
- Failure to complete an adequate nutritional assessment.
- Failure to meet nutrition and hydration needs in line with the CQC's fundamental standards.
- Flaws in the way records were kept.
- Failure to complete mandatory falls risk assessments.
- Failure to consider referral to Derbyshire's safeguarding Adults Board.

Despite identifying these failings the LGO acknowledged that the work undertaken by the Council since late 2016 demonstrated that it had learnt appropriate lessons around the management of care for individual service users and could demonstrate satisfactory reviews by the Care Quality Commission and Healthwatch.

The Council accepted the LGO's recommendations in full and has responded to all of the requirements laid down in relation to making a full and unreserved apology to the family, making a payment of £1,000 to a registered charity of the families choice and to pay for a memorial. The council also refunded Mrs C's estate with all fees paid to the care home.

In accordance with the recommendations of the LGO, the Council undertook a further review of Mrs C's death with a specific focus on the key areas of concern identified in the report. As a result of this review a Quality Improvement Board was established. The Board, chaired by the Assistant Director, involves Group Mangers

(Heads of Service) across the department in order to ensure that the quality and improvement of the Council's directly provided services is the responsibility of the whole directorate and not just Direct Care.

The work of the board was split in to six critical work streams which were identified in response to the LGO's findings; Safe Services, Quality Recording, Quality Monitoring and Improvement, Quality Workforce, Communications and Quality Policies and Procedures. Each workstream has a set focus and purpose and key actions to address the learning points. These key actions are delivered through specific, measurable, achievable and time specific tasks documented in a detailed workstream action plan.

Within this document we have reported on progress against the key actions. It is important to note that whilst a key action may have been achieved as originally set out, these detailed workstream action plans are working documents that continue to support the ongoing work. The action plans continue to adapt, completing tasks and adopting new ones to ensure that there is a continuous improvement cycle.

This report will set out the progress made against the six critical work streams detailed above.

## 1. Safe Services

The focus and purpose of this workstream is to ensure that individuals in our care are free from abuse and that any harm or potential harm is understood, investigated and responded to in accordance with legal and regulatory requirements.

This workstream seeks to address all of the learning points identified within the LGO report and ensure that all of our Directly Provided Services are delivering to both CQC statutory requirements, council policy and procedure and that our managers are aware of, and delivering to their responsibilities.

Within this workstream there are five key actions as follows:

- Review of safeguarding arrangements in relation to residential establishments.
- Establish a system for recording and reporting and investigating all incidents that cause harm or potential harm to clients that may or may not meet the safeguarding thresholds
- Ensure that themes and trends in relation to incidents are visible to identify immediate areas of concern
- Clarify roles and responsibilities in relation to investigating incidents including the individual and their families.
- Review our approach to learning reviews and serious incidents to ensure these provide independent oversight and clear recommendations that ensure improvement.

This workstream has seen significant progress, achieving four of the five Key Actions:

In February we had reported that the review of safeguarding arrangements had already been completed and updated the committee regarding the progress towards achieving a system of recording that would contribute to being able to identify themes and trends.

The new incident report form described in the previous report as being in the formative stages has now 'gone live' and forms an important part of the Council's quality assurance processes. This form is completed whenever there is an incident of harm or potential harm. The requirement to complete this form provides our homes with a clear and consistent way of recording all incidents, including a clear way to evidence the action taken following incidents. An important benefit of this form is that it allows the Council to have oversight of the incidents across its services and allows for the identification of themes and trends and for swift action to be taken where necessary. The information that can be pulled from this 'intelligent' form also enables each manager within the home to understand and react to any themes and trends.

In February 2020, Adult Care reported that data from this form would feed in to its 'dashboard'. This work has now been done and monthly reports are being submitted to officers responsible for taking any action required. There is further information below about the progress made with respect to the dashboard.

In relation to the outstanding action within this workstream which is to review our approach to learning reviews and serious incidents, we are currently in the process of revising the current policy and arrangements. This work is being led by Adult Care's Safeguarding Group Manager and it is intended that the revised policy and arrangements will be in place by November 2020.

In addition to the key actions above there has been a deliberate change in the safeguarding arrangements within Adult Social Care. The safeguarding team was previously located within the Personalisation & Prevention (Social Work) structure of the department. In order to promote more robust safeguarding focus there has been additional investment in leadership within the team and a transfer of the operational structure into the Commissioning, Safeguarding and Performance team. This enables more independent scrutiny and oversight of the operational teams carrying out their statutory responsibility in relation to safeguarding.

## 2. Quality Recording

The focus and purpose of this workstream is to ensure that there are systems to enable clear recording of information in relation to the care and support of individuals within Council run care homes.

This workstream seeks to address the learning points from the LGO report specific to the quality of recording or the absence of relevant assessments.

Within this workstream there are four key actions as follows:

- Review of current recording tools, paper and electronic (including quality of completion)
- Develop a suite of streamlined documents which support safe practice, quality recording and which provide essential quality and compliance data
- Develop clear arrangements for recording across paper and electronic systems which minimise duplication
- Produce practice guidance and visual workflows which clarify recording responsibilities

This workstream has progressed in all areas.

Key policy documents which provide guidance on the quality of recording and clarity on recording responsibilities in relation to a person's care home admission, risk of falls and nutritional needs have been revised. These include the Recording Policy and Nutrition Policy. These are expected to be introduced in September 2020, following formal sign off.

The quality of completion of the documents will continue to be monitored through the quality assurance process and this is now a specific requirement within the local and central audit tools.

As part of its review the LGO looked at the Council's practice of having both electronic and paper records. The LGO felt that this practice could lead to confusion and recommended that the Council review whether it can improve record keeping in care homes by using one recording mechanism. Previously, Adult Care reported that a pilot scheme had been approved to improve the Wi-Fi within two homes and to trial the use of handheld tablets. The findings of this trial were reported to Adult Care's senior management team in February 2020. Those responsible for running the pilot reported that it was extremely successful and recommended further roll out of Wi-Fi across the Council's homes and this was approved.

The additional benefits for care homes of having wide spread Wi-Fi are:

- 1 Managers can progress with using digital technologies in a way that results in them being able to work anywhere, at any time, within the building.
- 2 Residents can use digital technologies such as Amazon Echo Dots/Alexa's or Smart TVs.
- 3 NHS colleagues can use DCC Wi-Fi to enable them to log in to their own systems on their own NHS devices at the bedside of a resident.

As a result of the visiting restrictions imposed based on government guidance, further rollout to the remaining care homes to improve the Wi-Fi was put on hold immediately, as Covid lockdown was announced. At this point, it has not been possible to recommence this work but as restrictions begin to reduce, plans are now



underway to ascertain when it will be possible to continue with the rollout. It is hoped that this work can be concluded by the end of the year but this will be dependent upon a number of factors, including the care home's current Covid status, a detailed risk assessment around enabling non-essential visitors in the establishments and whether contractors feel appropriate risk mitigations can be put in place to protect their own members of staff as private contractors are required to undertake cabling in the ceiling voids in each care home.

In the interim care homes continue to have ICT access in the main office and this provides them with access to DCC electronic recording systems. Online forms are being introduced for managers and those able to access the main computer with the aim to introduce full electronic recording when the Wi-Fi infrastructure work can be completed and staff can use the tablets anywhere within the care home.

### 3. Quality Monitoring and Improvement

The focus and purpose of this workstream is to ensure that effective monitoring arrangements are in place to provide assurance to the Council that care homes are operating to the required standard and that these monitoring arrangements enable any problems to be quickly identified and addressed.

Within this work stream there are five key actions as follows:

- Review current audit governance arrangements
- Develop effective monitoring tools.
- Promote a one council approach to quality monitoring of care services
- Develop transparent performance data
- Establish escalation process to respond to concerns

This workstream has seen significant progress, achieving all Key Actions.

In February Adult Care reported that it recognised the need to improve the way it's directly provided services were monitored. To support that work, significant investment has been made in the Quality and Compliance Team. The focus of this work is thorough auditing of services and the development of policy and procedure to ensure compliance with developing regulation and good practice.

To support ongoing learning this work stream has engaged and obtained feedback from an independent expert, the CQC and also liaised internally with Children's Services, to share learning and identify opportunities to improve quality monitoring. As with all quality programmes, there will be continual review and ongoing development as a result of new guidance and learning from best practice examples.

Alan Jefferson, the independent expert engaged by Adult Care at the time of the initial review, has recently conducted a further review of progress and has commented that the auditing tools developed by the team are 'comprehensive' and 'completed thoroughly and to a high standard'.

In February, Adult Care reported upon the implementation of a central dashboard which monitors the performance of the Council's care homes by measuring across six key metrics; staffing vacancies, occupancy, incidents (including trips and falls and medication errors), training, complaints and CQC rating. These data sources continue to be tested to ensure that they provide the necessary and accurate information to feed into a central dashboard. Both the high level dashboard, and a more detailed report sitting underneath, are sent to all relevant operational staff and are also monitored by the Quality and Compliance Team. Alan Jefferson has provided useful comment about the dashboard and the metrics being used. Further development of the dashboard is being worked on by the Council's management Information Team and the Quality and Compliance Team.

The complaints procedures have been reviewed across Adult Care to establish a more robust reporting mechanism and this data, which identified both complaints and compliments feeds into the dashboard.

The performance data, including that from the dashboard and qualitative information taken from the site visits will be shared with Group Managers across Adult Care as part of a regular weekly meeting focussing on Quality and Compliance and work is underway to finalise the arrangements with the Commissioning, Safeguarding and Performance team to ensure that there is an oversight outside of operational Adult Care and including the safeguarding team.

Senior Managers are updated in relation to any significant incidents through a newly embedded 'Notifiable Incident Form'. This promotes swift escalation to senior managers and colleagues across the Council to promote transparency and shared solutions to collective concerns.

#### 4. Effective Policies and Procedures

The focus and purpose of this workstream is to ensure that the Policy and Procedures, under which the Council's Direct Services operate, are comprehensive, comprehensible and 'user friendly' at a practitioner level.

To ensure that all unnecessary duplication is removed and that the policies assist staff to work in accordance with the regulatory environment in which they operate.

This workstream seeks to address all of the learning points identified within the LGO report through the development of Policies and Procedures which set clear expectations for employees which can be checked against, to ensure care is delivered consistently and to the quality standard set by the Council.

Within this workstream there are five key actions as follows:

- Identify all current policies and procedures that impact upon Direct Care staff
- Identify additional capacity to review and redraft current policies and procedures

- Ensure that all policies and procedures are up to date
- Engagement with key stakeholders to ensure policies are fit for purpose and user friendly
- Complete review of all policies and procedures relating to Direct Care.

This workstream has seen significant progress, achieving three of the five Key Actions.

All Policies and Procedures impacting on Direct Care staff have now been identified, prioritised for review and relevant officers identified as best placed to ensure these are relevant and up to date.

An additional Group Manager post has been introduced to focus on Quality and Compliance and since commencement in December 2019 they have ensured that relevant stakeholders, including colleagues with expertise in legal services, public health, health and safety, human resources and front line services are engaged in developing and introducing the policies.

Policies and procedures continue to be developed and revised where required. Since last reporting a Nutrition and Hydration and Duty of Candour policy have been developed. The current falls policy, judged as being fit for purpose by the independent expert, remains in place. However, work has been completed to update the policy with input from Public Health and other external experts. A focus on falls event had been planned for April, at which we intended to launch the new falls policy. Unfortunately, this was cancelled due to Covid 19 and it was not possible to have the involvement from operational staff and external experts required to ensure the new policy was fully understood and embedded by all those supporting people accessing care. This session will be reorganised for October this year.

## 5. Strengthening Communication

The focus and purpose of this workstream is to ensure that we purposefully create an environment that enables positive communication across the service. We will develop robust internal and external communication links between the care home, external organisations, those using the services and their families. This will ensure that there is an open dialogue and feedback about anything that relates to service quality and that proposed developments or changes are understood and co designed by all stakeholders.

This workstream seeks to address the learning points from the LGO report specific to the quality of communication with families and people who live and work within the care settings. This also addresses wider communication between professionals which supports individual care and the sharing of any key messages between managers and teams.

Within this workstream there are four key actions as follows:

- Establish communication arrangements with residents and their families

- Provide a clear communication route for stakeholder to improve service delivery
- Clear communication of Council and departmental objectives to front line care staff
- Promote environments that support collaboration and communication

This workstream has made progress in all areas and completed two of the key actions.

We have established communication arrangements with residents and their families which are well embedded and we are exploring new ways of communicating with families. Since February 2020 we have issued each unit with a tablet to provide a means for residents to maintain communication with their families. This has been particularly helpful during the visiting restrictions as a result of Covid and we are now exploring other technological opportunities for keeping families up to date on key issues.

In relation to clear communication of council and departmental objectives to front line staff we have significantly advanced the mechanisms for communication across our workforce including the use of technology such as Skype and Microsoft Teams. Through a newly defined two way communication structure, including 'gold', 'silver' and 'bronze' groups there is a dissemination of critical daily messages from the corporate centre and departmental senior managers to operational teams and establishments, including council run care homes. This provides an opportunity for key messages from the staff in operational teams to be escalated to senior managers.

The workshops for Unit Managers within Direct Care remain a crucial part of the communication with the managers of our homes. These have continued throughout the pandemic to ensure managers have up to date information they need to ensure care delivery is in line with the changing government guidance, particularly in relation to infection control, visiting and testing. The opportunities which Covid has highlighted in relation to remote communication has enabled registered managers to effectively attend meetings with others from across the county in a way that does not impact so significantly on their time, making this opportunity more efficient from a time and cost point of view.

## 6. Quality Workforce

The focus and purpose of this workstream is to ensure that we have a suitably trained workforce who are clear on their roles and responsibilities in line with a newly developed workforce plan. This workstream seeks to address all of the learning points identified within the LGO report through ensuring that those working within care settings carry out all their duties to a high standard and fulfil the expectations set which have been put in place to ensure the safety and wellbeing of people who live within or access the care settings.

Within this workstream there are five key actions as follows:

- Clarify roles and responsibilities of operational care home staff and responsible managers.
- Provide consistent message on expectations of roles.
- Understand recruitment and retention challenges and actions.
- To ensure that there is a clear induction and continued professional development arrangements to meet workforce challenges
- Review the current staffing allocation and current Dependency tool

This workstream has made progress. The Covid pandemic over recent months, has focused the workforce activity into resourcing to ensure that the Direct Care Services are staffed to the adequate levels required and that essential services can be maintained. The development of clarity around roles and responsibilities and the refreshing of job and person profiles is an on-going project. Building on this we will be providing further clarity around levels of responsibility so all staff are clear, not only what is expected of them but also of their colleagues around them. The induction arrangements for each role are being reviewed alongside a refresh of the DCC induction for all staff to ensure they meet the business needs and provide staff with the skills and support they require.

The challenges experienced as a result of the Covid pandemic have also presented an opportunity. A 'Growing & Maintaining the Workforce Group' set up as a result of COVID has been developed to deal with the recruitment and resourcing issues across the county. We have developed new fast track recruitment and training arrangements and been given the opportunity to introduce a drive and focus to do things differently. This work will be carried forward into the Quality Workforce Group and provide a foundation to build on.

Since last reporting to this committee, further work has been done to ensure people are accessing continued professional development in key areas relevant to the LGO report. Training profiles have been created for each role within direct care. These have been added to the Council's 'Derbyshire Learning online' software and the technology allows managers to have a clear understanding of compliance with essential training by their direct reports. This information also informs the Quality Improvement dashboard for a county wide view of training compliance across all care homes. This is monitored by the Quality and Compliance Team and Operational Group Managers on a weekly basis.

The Covid pandemic has added additional workforce challenges, increasing absence and compromising the amount of time available for training and development. The 'lock down' restrictions have also prevented delivery of face to face training. Colleagues have needed to respond to additional, but necessary, training requirements resulting from Covid such as infection control and client testing. This has impacted on compliance in other areas. In response to these challenges, work is underway to identify how essential training can, where possible, be delivered virtually to mitigate the risk of not being able to attend face to face training sessions and workbooks have been created for training areas identified as critical for delivering

safe services, including falls prevention. New online learning has also been introduced to ensure that all staff have a clear understanding of infection control procedures and this model will now be used for other topics.

Significant work has been undertaken with corporate colleagues to review the current staffing allocation and dependency tool to ensure that staffing ratios remain sufficient to meet the increasing dependency levels of care home residents but also to meet the quality expectations of the Council and the people who live within the care homes. It is expected that by November we will have a revised staffing allocation tool to evidence to CQC that we have taken steps to ensure we have suitable staffing arrangements and can monitor and respond to any changes in relation to dependency or other situations such as infection outbreaks. Work is also ongoing to establish a central pool of people that can be deployed to the care homes to support staffing shortages. This will be a pool of internal colleagues who we are confident have been well developed, supported and who are committed to the ways of working within the Council and aware of the expectations. It is hoped this will be in place by January 2021 at the latest and will improve the consistency for people who live in and have access to our care homes, reduce financial cost and improve quality.

#### Additional Information

Since last reporting to this Committee, Covid-19 has spread across the country and Derbyshire has been no exception. An important part of the quality work undertaken during this unprecedented period has been focused on the ability of the Council's directly provided services to respond appropriately to the increasing demands placed on them by the virus. Covid-19 has had a significant impact on care homes across the country, both in terms of its impact upon residents and their families, as well as the increasing demands on the staff working within those environments. In response to this, new risk assessments, infection control procedures, training around the safe use of PPE have been developed and adopted at pace.

At our previous report to the Governance, Ethics and Standards Committee, Adult Care confirmed that Alan Jefferson, the independent expert engaged following the incident at the Grange, had completed a review of the progress of the Council's quality improvement work. As part of the recommendations from that review, Mr Jefferson suggested that a further assessment of the new processes would be required before making further comment on their value and that a period of six months would be required for the new processes to be properly embedded. That further review has now been conducted and although the outbreak of Covid-19 has meant that Mr Jefferson was not able to revisit the establishments originally audited he has reviewed a wide range of documentation and spoken to the Quality and Compliance Team in order to provide a further report.

Following his assessment of the relevant documentation and the CQC inspection reports Mr Jefferson concluded as follows;

*Notwithstanding delays occasioned by the need to give priority to managing DCC's response to the COVID 19 pandemic I found evidence of continuing improvements in*

*the Council's implementation of its QIP. The, highly motivated, quality and compliance team was able to demonstrate that it was "on top" of its brief. The work it had undertaken prior to the COVID 19 lockdown was of a high standard and the, more focussed, activities post-lockdown demonstrated a clear grasp of the need for a collaborative and encouraging approach to achieving quality services. The team was well-aware of its boundaries and its off-line role and had given careful thought about how best to influence operational staff. I also found evidence that the work being done by DCC was being recognised by CQC and, in several instances, this was being reflected in improved judgements about individual services. The task now was to ensure that this work became consolidated and sustained.*

## **Summary Action Plan**

### **Quality Improvement Programme**

**The purpose of the programme is to oversee quality and improvement in the Council's residential establishments and to ensure that effective and consistent processes are in place to enable compliance with the statutory framework and to ensure concerns/issues with quality and compliance can be properly escalated.**

**The work of the programme will be developed through the following workstreams:**

- **Safe Services**
- **Quality recording**
- **Quality monitoring and improvement**
- **Effective policies and procedures**
- **Strengthening communication**
- **Quality Workforce**



<b>Priority Workstream: Safe Services</b> <b>Lead: Jill Ryalls</b>			
<b>Focus and Purpose:</b> To ensure that individuals in our care are free from abuse and that any harm or potential harm is understood, investigated and responded to in accordance with legal and regulatory requirement.			
<b>Key Actions</b>	<b>Status</b>	<b>Specific Progress</b>	<b>Due Date</b>
Review of safeguarding arrangements in relation to residential establishments.	<b>Complete</b>	<b>Lead for safeguarding has conducted two workshops for all Unit Managers and Service Managers</b>	<b>December 2019</b>
Establish a system for recording and reporting and investigating all incidents that cause harm or potential harm to clients that may or may not meet the safeguarding thresholds	<b>Complete</b>	<b>Intelligent Incident report form is being developed and will provide for consistent recording of incidents.</b>	<b>January 2020</b>
	<b>Complete</b>	<b>Develop guidance to assist staff to use this form</b>	<b>January 2020</b>
Ensure that themes and trends in relation to incidents are visible to identify immediate areas of concern	<b>Complete</b>	<b>The data from the incident report form will feed into the Council's Dashboard and be monitored by the central Quality and Compliance Team</b>	<b>February 2020</b>
Clarify roles and responsibilities in relation to investigating incidents including the individual and their families.	<b>Complete</b>	<b>Assurance provided by the Council's lead for Safeguarding that the Safeguarding policies and procedures are fit for purpose.</b>	<b>November 2019</b>
	<b>In progress</b>	<b>Work to continue to strengthen joint working between Prevention and Personalisation and Direct Care.</b>	<b>Ongoing</b>

Review our approach to learning reviews and serious incidents to ensure these provide independent oversight and clear recommendations that ensure improvement.	<b>In progress</b>	<b>Policy to be reviewed</b> <b>Recording mechanism developed to log and track current LR and actions for Direct Care</b>	<b>November 2020</b>
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<b>Priority Workstream: Quality Recording</b> <b>Lead: Cheryl Pike</b>			
<b>Focus and Purpose:</b> To ensure that there are systems to enable clear recording of information in relation to the care and support of individuals within Council run care homes.			
<b>Key Actions</b>	<b>Status</b>	<b>Specific Progress</b>	<b>Due Date</b>
Review of current recording tools, paper and electronic (including quality of completion)	<b>Complete</b>	<b>Pilot scheme in process at two homes to increase wifi capacity to enable use of tablets.</b>	<b>February 2020</b>
	<b>Complete</b>	<b>Additional training to staff on the use of Mosaic</b>	<b>September 2019</b>
Develop a suite of streamlined documents which support safe practice, quality recording and which provide essential quality and compliance data	<b>In progress</b>	<b>A number of forms have been revised to ensure when completed inform the Council's Dashboard programme. Continue with progress made</b>	<b>As required (continuing)</b>
Develop clear arrangements for recording across paper and electronic systems which minimise duplication	<b>In progress</b>	<b>Ensure process of uploading of paper documents is embedded practice</b>	<b>Ongoing</b>
Produce practice guidance and visual workflows which clarify recording responsibilities	<b>Complete</b>	<b>Comprehensive guidance for the completion of Personal Service Plan</b> <b>Further guidance being developed</b>	<b>September 2019</b> <b>As required</b>

Last updated 18th August 2020

<b>Priority Workstream: Quality Monitoring and Improvement</b> <b>Lead: Jenny Harper</b>			
<p>Focus and Purpose: To ensure that effective monitoring arrangements are in place to provide assurance to the Council that care homes are operating to the required standard and that these monitoring arrangements enable any problems to be quickly identified and addressed.</p>			
Key Actions	Status	Specific Actions	Due Date
Review current audit governance arrangements	Complete	The current arrangements have been reviewed and changed to ensure that there effective central oversight	November 2019
Develop effective monitoring tools.	Complete	Create central audit forms	February 2020
Promote a one council approach to quality monitoring of care services	Complete	Engagement with corporate governance group Engagement with internal audit Meeting scheduled with Childrens Services regarding Ofsted arrangements.	March 2020
Develop transparent performance data	Complete	A Dashboard has been created and data is gathered against six key metrics to easily view themes and trends	January 2019
	Ongoing	Further development of the dashboard is being worked on by the Council's management Information Team and the Quality and Compliance Team.	
Establish escalation process to respond to concerns	Complete	Review of reporting and responding to incidents. SMT monthly update confirmed	March 2019

		<b>Notifiable Incident Form introduced</b>	
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**Priority Workstream: Quality Policy and Procedures**

**Lead: Jenny Harper**

Focus and Purpose: To ensure that the Policy and Procedures, under which the Council's Direct Services operate are comprehensive, comprehensible and 'user friendly' at a practitioner level. To ensure that all unnecessary duplication is removed and that the policies assist staff to work in accordance with the regulatory environment in which they operate.

<b>Key Actions</b>	<b>Status</b>	<b>Specific Actions</b>	<b>Due Date</b>
Identify all current policies and procedures that impact upon Direct Care staff	<b>Complete</b>	<b>Reviewed by external expert</b>	<b>August 2019</b>
Identify additional capacity to review and redraft current policies and procedures	<b>Complete</b>	<b>Appointment of additional GM with legal experience</b>	<b>December 2019</b>
Ensure that all policies and procedures are up to date	<b>Complete</b>	<b>10/12 Policies reviewed including Falls and Admissions and Discharge Policy. 2 to complete</b>	<b>January 2020</b>
Engagement with key stakeholders to ensure policies are fit for purpose and user friendly	<b>In progress</b>	<b>Engagement with Public Health re falls policy and Nutrition and Hydration policy. Consult with front line teams on new policies Engagement with training to ensure effective roll out to any policy change</b>	<b>September 2020 (Date revised following COVID outbreak)</b>
Complete review of all policies and procedures relating to direct care	<b>In progress</b>	<b>The review and revision of all these policies is cyclical and policies will be revised to reflect developing guidance, practice and professional standards.</b>	<b>Ongoing</b>

**Priority Workstream: Strengthening Communication****Lead: Yvonne Hobday**

Focus and Purpose: To ensure that we purposefully create an environment that enables positive communication across the service we will develop robust internal and external communication links between the care home, organisation and those using the services. This will ensure that there is an open dialogue and feedback about anything that relates to service quality and that that proposed developments or changes are understood and co designed by all stakeholders.

<b>Key Actions</b>	<b>Status</b>	<b>Specific Progress</b>	<b>Due Date</b>
Establish communication arrangements with residents and their families	<b>Complete</b>  <b>Complete</b>	Process for documenting compliment and complaints streamlined to increase recording. Devise and issue a standard list of information to be visible/accessible to residents, staff and visits.	<b>December 2019</b>
Provide a clear communication route for stakeholder to improve service delivery	<b>Completed</b>	Simplified format of quality assurance questionnaires for clients and families. Feedback form developed for P&P staff to raise concerns.	<b>September 2019</b>
Clear communication of Council and departmental objectives to front line care staff	<b>In progress</b>	Review of 'my plan' process in progress Refreshed briefing sessions for Service Manager and Unit Managers for Direct Care	<b>October 2020</b>
Promote environments that support collaboration and communication	<b>In progress</b>	All homes registered as Time Swap members Volunteer passport to be used in care homes Community events being arranged in all homes Quarterly resident/family meetings to be reviewed Newsletters to be reviewed to promote consistent messages.	<b>Ongoing</b>

<b>Priority Workstream: Quality Workforce</b> <b>Lead: Sandra Taylor</b> <b>Focus and Purpose:</b> To ensure that we have a suitably trained workforce who are clear on their roles and responsibilities in line with a newly developed workforce plan. To ensure we have an effective workforce who are appropriately trained and clear of their roles and responsibilities in line with the newly developed work force plan.			
<b>Key Actions</b>	<b>Status</b>	<b>Specific Progress</b>	<b>Due Date</b>
Clarify roles and responsibilities of operational care home staff and responsible managers.	<b>In progress</b>	<b>Consultation with front line colleagues to understand roles and responsibilities.</b>  <b>Engagement with HR to ensure expectations are appropriate and consistent</b>  <b>Consultation with union representatives</b>	<b>March 2020</b>
Provide consistent message on expectations of roles.	<b>In progress</b>	<b>Await above</b>	<b>Await above</b>
Understand recruitment and retention challenges and actions.	<b>In progress</b>	<b>Meeting with corporate HR to confirm support with workforce planning.</b> <b>Above commenced</b>	
To ensure that there is a clear induction and continued professional development arrangements to meet workforce challenges.	<b>In progress</b>	<b>Direct Care workforce group scheduled monthly</b>	<b>Continuing</b>
	<b>In progress</b>	<b>Regular development meetings in place with training team.</b>	<b>Continuing</b>
	<b>In progress</b>	<b>Implementation of a new learning system to enable easy identification of essential training including review dates for each work role</b>	<b>January 2020</b>
	<b>In progress</b>	<b>Review relevant training in line with policy changes</b>	<b>As required</b>
Review the current staffing allocation and current dependency tool	<b>In progress</b>	<b>Meet with corporate HR to formalise arrangement</b>  <b>An in-depth piece of work is currently being undertaken by the Quality and Compliance Team and Management Information</b>	<b>September/ October 2020</b>



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# Better Lives

Reimagining Better Lives  
Amidst Covid-19

People I&S Committee  
2<sup>nd</sup> September 2020

Agenda Item 8



# Better Lives

## The Aim and Vision of Better Lives

At the start of the year, we set out on the Better Lives journey. The aim was to help the people of Derbyshire achieve the most independent outcomes possible and live their best life, regardless of age or disability. To seek better, more innovative ways of supporting our staff, the children and adults we care for and their families.

We believed that by doing these things, we could improve the outcomes for thousands of adults and children, while saving the council £21m.

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## Reimagining Better Lives - Developing Our Joint Response to Covid-19

In March 2020, we decided to reimagine how the Better Lives programme could support the wider Council in navigating Covid-19. This is because we very much see our role as partnering with you through this period, to aid your response to this crisis but also to ensure the programme is able to work past this exceptional period as things return somewhat to normal.

## Not Everything Has Changed

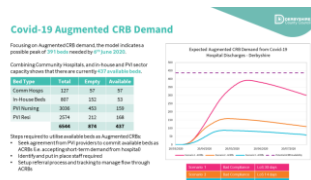
Now, as we look at what Better Lives should be in light of Covid-19, our approach may have evolved but our vision and aims have not changed. We still believe we can provide better outcomes for thousands of individuals, while saving the council £21m.

# Better Lives

## Our Joint Response to Covid-19

Between March and June this year, we needed to change our focus. The aim for Better Lives is to fully support Derbyshire through Covid-19 and aid your response to this crisis. There has been a wide range of activities we were involved in, some examples are below, but all are based on reimagining how the skills and resource in the Better Lives programme could be redeployed to better prepare Derbyshire County Council for this challenge. Some of these fit neatly with existing scopes of work but most were new or refined.

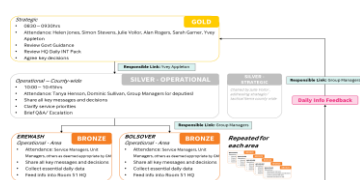
### Capacity & Demand Modelling



#### A Clear Picture of Care Required & Our Ability to Meet This Demand:

1. Allowing for **evidence led decision making**
2. Supporting the **safe delivery of critical care** in the community
3. Allowing a **proactive response** in the event of staff shortages or increases in demand

### Operational Command & Cascade Structure



#### A Management Structure for Social Care Today:

1. Creating the space for **leaders to lead**
2. Supported **decision making**, at the right level
3. Clear and **consistent communication** across localities and services
4. Providing a backbone from which to develop **self-managed teams**

### Evidence Led Decision Making



#### Understanding How We are Performing:

1. Provides the **evidence required to inform decision making**
2. Tracks **key measures** so we know in advance how services are performing we need to respond
3. Tracks performance so we **know** that changes we make are working

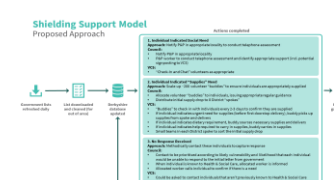
### ASC Emergency Care Provision



#### Maximising the Capacity of Direct Care:

1. Supporting **hospital discharges** to ensure rapid access to community care
2. Allowing the service to cope as much as possible in the event of **staff shortages**
3. Allowing the service to support additional clients in the event of **PVI provider failures**

### CRU Process Mapping

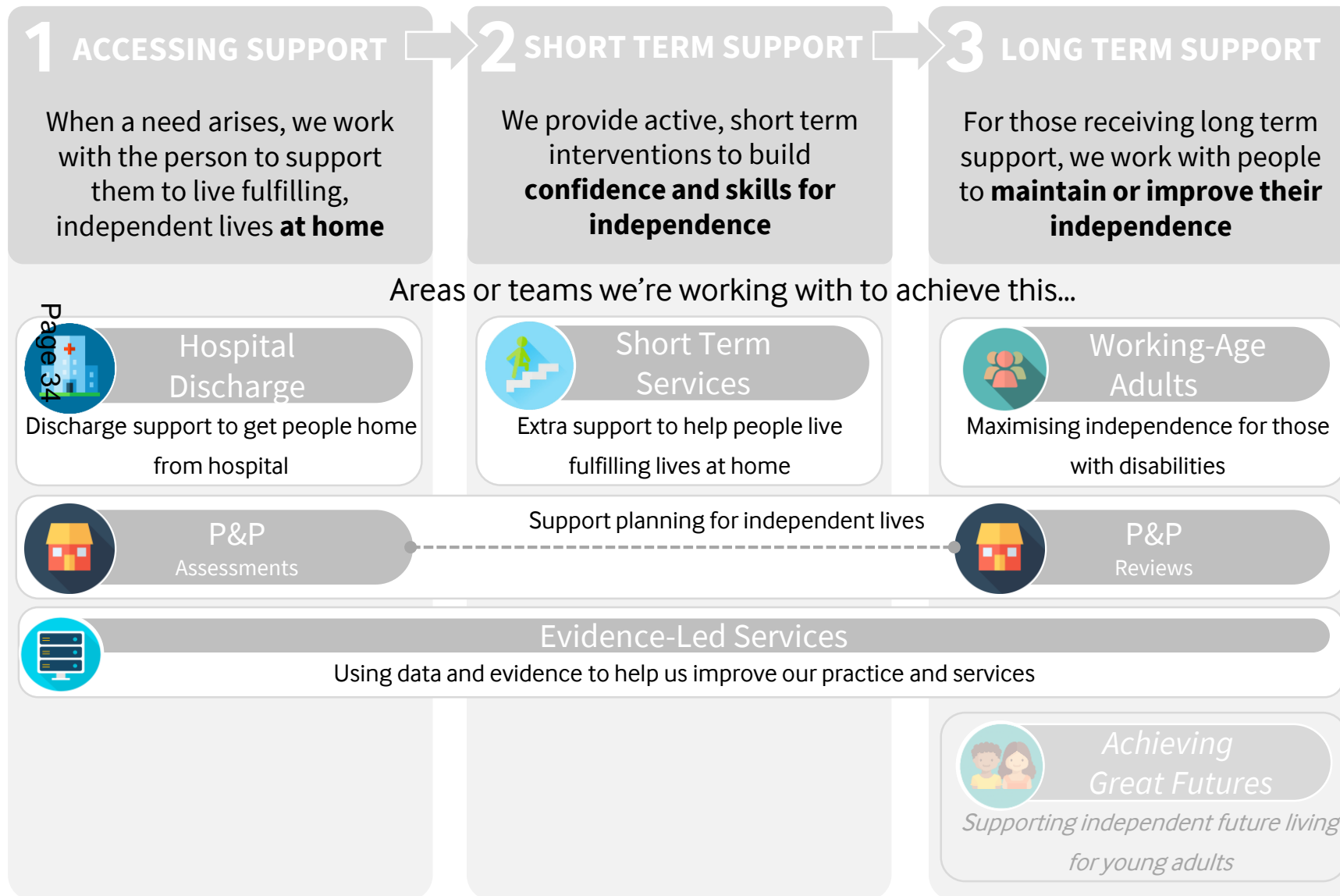


#### Supporting the 1.5m Million Most Vulnerable:

1. Supporting the rapid triage, contact and provision of care for **20,000 individuals**
2. Processes which bridge **Public Health, Social Care, MI, and Volunteer** and community services
3. Strategy coordinated via Newton's **No. 10 Advisors**

# Where do we go from here?

## What is the same and what has changed?



The core workstreams within the programme remain the same, but our approach to how we deliver them has evolved.

In addition, through the Covid-19 crisis many individuals and teams have embraced the value of information in supporting the decisions they make on a daily basis. The availability of critical evidence, in partnership with the right management support meetings, has led to the development of a new element of our vision, to develop Evidence Led Services, a key underpinning of self-led teams.

## What has been achieved so far?

### There is a lot to be proud of

The response by the people of Derbyshire and Derbyshire County Council has been extraordinary. We have all seen countless examples of people going above and beyond to support others.

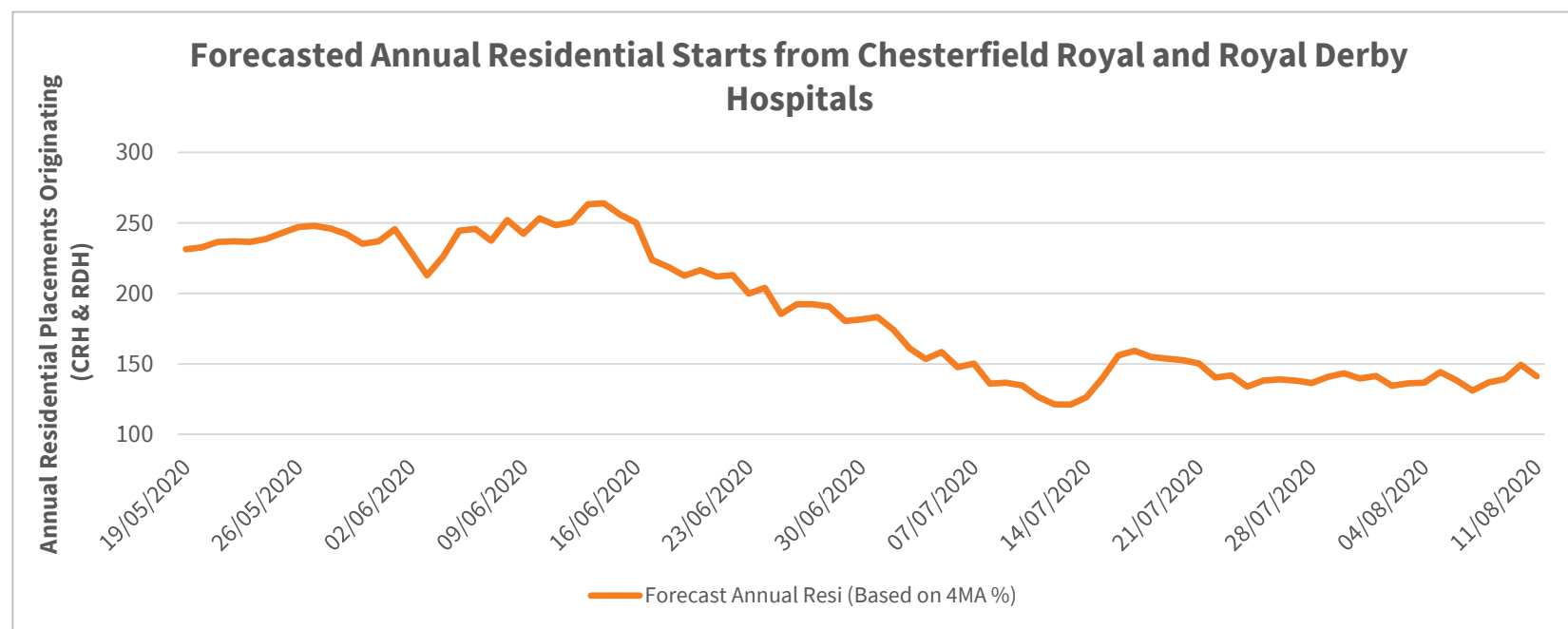
We wanted to highlight some of these examples and show how the core workstreams of the Better Lives programme have been progressing during the past few months.



## Hospital Discharge

Our ambition is to support as many people possible to safely return home after a stay in hospital. To achieve this we need to change the way we work as a team, develop better tools to support staff, and improve processes and pathways to ensure people go to the setting which is best for them.

We know from experience that many people who go into short-term bedded care after hospital never leave and the longer someone stays in these beds, the less likely it is they can return home to the life they enjoy.

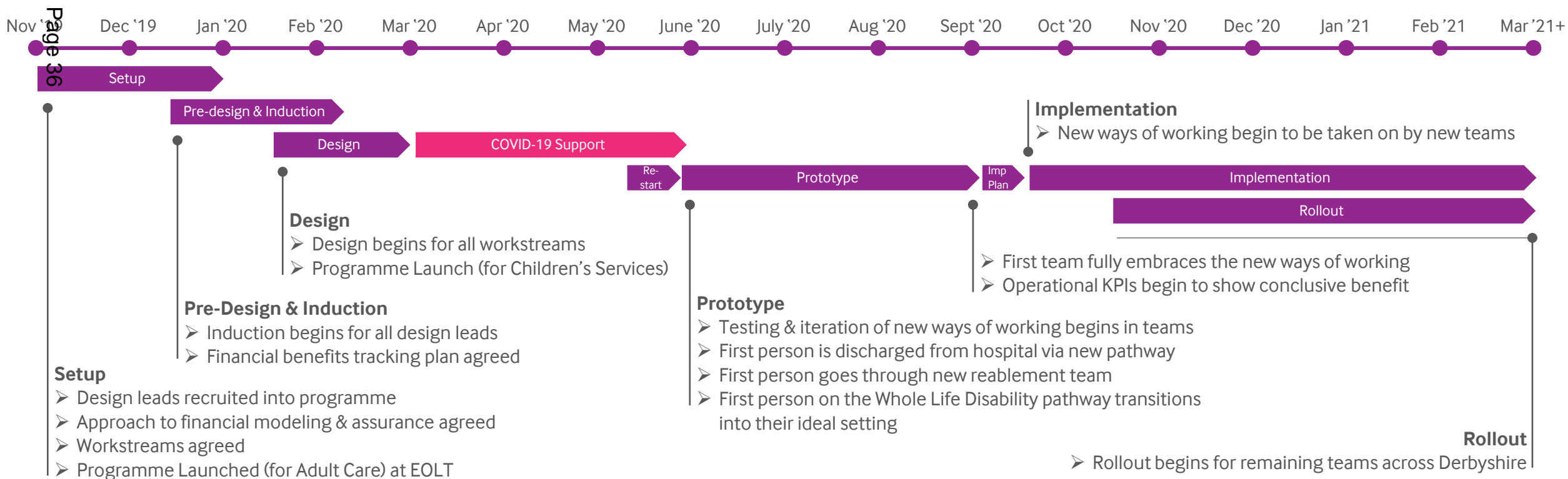


Since implementing the new ways of working in hospitals, we have seen a **50% reduction of people going into short-term bedded care**. This means **over 100 people will avoid an unnecessary long-term residential placement** and allow them to lead the independent life they enjoy.

# Where do we go from here?

Programme delivery plans have evolved. Not just to account for workstreams that have been delayed or changes to the market, but also to build in future flexibility. Over the next months, key area of focus will be:

- Linking everything with a **golden thread** – from our One Council vision, through ASC strategy, through to Better Lives vision and workstream aims
- **Increasing the pace and scale of prototypes** across the programme –we will have more success stories to tell, as well as examples of where we have learned from mistakes, but the result will be frontline led solutions that deliver improved outcomes
- Continue our **journey towards self-led teams** – alongside the development of tools necessary for teams to easily assess their performance, workshops with everyone from team managers to leadership will continue to support the adoption of evidence and information in how we run our services



**Derbyshire County Council**

**Improvement and Scrutiny Committee - People**

**2 September 2020**

**Oversight of Next Steps in Relation to Direct Homes for Older People**

**Scoping Report**

**1. Purpose of the Report**

To inform the Committee about the proposed scope for a topic to be included on the work programme.

**2. Information and Analysis**

On 4<sup>th</sup> June 2020 Cabinet received a report on the outcome of the consultation on the proposed closure of seven, and the refurbishment of three, Direct Care homes for older people. These homes were as follows:

Proposed for closure:

- Ladycross House (Sandiacre)
- Beechcroft (West Hallam)
- East Clune (Clowne)
- Holmlea (Tibshelf)
- The Spinney (Brimington)
- Goyt Valley House (New Mills)
- Gernon Manor (Bakewell)

Proposed for refurbishment:

- Briar Close (Borrowash)
- Rowthorne (Swanwick)
- New Bassett House (Shirebrook)

Cabinet approved the following:

- Further to the consultation none of the homes proposed for closure will close unless a local care home or alternative provision is available to replace it, and further consultation is undertaken as appropriate.
- That a further report setting out a programme of repair and refurbishment for these seven homes, to include any works required immediately to ensure their soundness and safety, will be presented to Cabinet in due course.
- That the plans to undertake a programme of work to refurbish New Bassett House, Briar Close and Rowthorne will continue with a further

report presented to Cabinet seeking a business case and procurement approval in due course.

- That People Scrutiny Committee be invited to consider including within its work programme, oversight of the next steps (with particular reference to the need for and type of local provision required) to ensure transparency of decision making and to make any recommendations to Cabinet or elsewhere that may arise as a result of such scrutiny.
- That a revised strategy and investment plan taking into account reviews of the Market Position Statement and of the strategic needs analysis will be presented to Cabinet by the end of 2020.

At the Places Improvement and Scrutiny on 22 July, Members agreed to include the task of overseeing the next steps (described above) on the Committee's work programme. It was also agreed that all Committee members would join a working group to undertake this work.

### **3. The role of the scrutiny working group**

The scrutiny working group met on 17 August to discuss the scope of the work and consider how Members would like to carry out their role of overseeing the next steps in relation to direct care homes for older people.

It was proposed that evidence would be sought from the Cabinet Member for Adult Care, the Executive Director for Adult Social Care and senior officers from Adult Social Care and Property Services. It was anticipated that the Committees recommendations would be submitted to Cabinet before the end of the year and the following key lines of enquiry were identified.

1. How will the robustness and durability of ongoing mitigation measures be assessed ?
2. How will demand for current and future provision for older people be assessed?
3. How will the market be assessed?
4. What factors will be considered when determining what is local provision?
5. How will factors that determine what is suitable alternative provision be identified and assessed?
6. How will stakeholders be engaged?

### **4. Officer's Recommendations**

The Committee is requested to:

- (1) Agree the key lines of enquiry and scope of the work described above
- (2) Note that the working group will report its conclusions to the Improvement and Scrutiny Committee in due course.

**Cllr Gary Musson**  
**Chairman of the Improvement and Scrutiny Committee - People**