

**MINUTES** of a meeting of the **CABINET MEMBER – ADULT CARE** held on 31 August 2017 at County Hall, Matlock.

**PRESENT**

Councillor J Wharmby (in the Chair)

Also in attendance were Councillors C Dale and W Major

**03/17**      **MINUTES RESOLVED** that the minutes of the meeting held on 27 July 2017 be confirmed as a correct record and signed by the Cabinet Member.

**04/17**      **APPOINTMENT OF NOMINEE TO ADMINISTER ESTATES**

The Cabinet member was informed that Adult Care was encountering an increasing number of cases where there was no willing or suitable individual to act as the Executor or Administrator of Estates in respect of a number of deceased service users. Provision of a Grant of Probate/Letters of Administration, and subsequent administration of the estate would result in payment of outstanding charges due to Adult Care for services to the deceased service user.

Where there was an outstanding debt to Adult Care, the Council was a creditor and as such was entitled to apply to administer the estate. However, an estate could only be administered by a named individual. Therefore, in order to pursue this, the Council must nominate an individual to apply for probate. It was proposed that Julie Vollor, Service Director for Commissioning and Performance be nominated to act for the Council to administer estates where appropriate.

Although acting for the Council, the nominated person would be personally responsible for ensuring proper administration of the estate. However, whilst acting as the nominee, Ms Vollor would be covered by the Council's insurance policy so the Council would indemnify the nominee against any personal loss. In addition, legal advice regarding the administration process would be provided to her.

**RESOLVED** that Julie Vollor be appointed as nominee for the Council for the purposes of administering estates

**05/17**      **REFOCUSING DIRECT CARE DOMICILIARY CARE SERVICES**

The Cabinet Member was informed that the current Direct Care domiciliary care service operated across the whole of the home care market delivering

reablement, short term support, end of life care and long term community based care and support. The service operated within a mixed market place alongside PVI sector services and covered the whole of the County providing over 15,000 hours of staff time to around 1,800 clients living in their own homes in the community. The current service delivered around 10,000 hours, 68%, of its total capacity to long term support services and the remaining 5,000 hours, 32%, were delivered to the prevention, short term assessment, hospital discharge and admission avoidance agenda. The Adult Care Department had a requirement to manage and develop a mixed market place to ensure that people were able to be supported to remain living in their own homes, avoiding the need to enter into long term care, and a commitment to supporting the whole system to deliver on the Council's plan to provide sufficient community capacity to ensure that people can return to their homes and communities with appropriate support and avoid being stuck in a hospital setting, blocking up beds and losing confidence and skills for remaining independent.

The home care market as a whole in Derbyshire was unable to provide sufficient response capacity to meet demand for support and on average there are 60 people waiting for a package of support each week. This was caused by a number of different factors but was predominantly impacted upon by the county's large rural geography and the economies of scale of delivering a service in the more isolated communities and a national crisis in recruitment of front line care staff.

The Direct Care domiciliary service supported the Council to manage and shape the market, ensure continuity of provision, avoid increased levels of delayed discharge from hospital and reduce family carer breakdown. Shifting the Direct Care delivery away from the long term support element of the market and agreeing with PVI providers that they would focus on picking up this work would enable them to have greater stability and develop their business plans to grow their capacity on the back of more long term and sustainable demand projections.

Although the long term work was more stable relinquishing this element of delivery would not cause significant instability for the Direct Care service. There was clear evidence of demographic growth that would increase demand for care and support services moving forward and refocusing the Direct Care service to deliver to the short term assessment and delayed transfer of care elements of the market would enable the Adult Care Department to be best positioned to support and deliver to the prevention and demand management agenda which would ensure that individual clients were supported to be as independent as possible before any transfer to long term services and reduce any over commitment of service thus reducing long term care and support costs. This refocusing of the Direct Care service offer would also ensure that the Adult Care Department was best placed to deliver to the whole system

approach to reducing delayed hospital discharge and avoidable hospital admissions through focused engagement in the Discharge to Assess and Manage (D2AM) and the Delayed Transfer of Care (DTOC) models of service being developed as part of the Sustainability and Transformation Partnership (STP) plans with Health colleagues across Derbyshire.

Moving forward the Authority would seek to focus the Direct Care services on delivering against the following Short Term Assessment Service areas:

- Reablement
- Dementia Reablement
- Discharge to Assess and Manage (D2AM)
- Delayed Transfers of Care (DTOC)
- Admission Avoidance

The following Prevention area

- Extra Care wellbeing service

The Authority would also seek to retain sufficient capacity to deliver a small, long term support service to the more difficult to serve areas based on their geography, these are predominantly:

- High Peak
- Derbyshire Dales
- South Derbyshire (Aston on Trent / Melbourne)

This service element would also be able to support the Council's requirement to manage market failure.

In order to enable the Direct Care service to refocus, the Authority would need to work in partnership with the PVI sector to develop a whole market strategy which would develop agreed proposals for transferring the long term support currently provided by Direct Care into the PVI sector and for them to discontinue bidding against short term support requests through Brokerage.

This work would be planned and delivered in a way that was sensitive to the potential anxieties and concerns of people currently receiving a long term support service from the Direct Care service. The transfer of provision would only be able to take place as the market grows to accommodate these changes and this was likely to be a long term process. Any transfer from the Direct Care service into the independent sector would be managed carefully and sensitively ensuring that individual assessed needs continue to be met.

Having an agreed joint strategy for managing ongoing demand in both long term and short term services would enable the market to be best equipped to deliver to the growing demographic pressure for care and support and the increasing pressure on hospital services.

Agreeing and implementing these proposals would not incur increased cost. The current costs for delivering the Direct Care domiciliary service was £15m with £3.2m funded from the Better Care Fund (BCF). Refocusing of Direct Care services to solely deliver to the short term assessment model would enable the whole service to be eligible to be funded from the BCF as it would be wholly delivering to the D2AM, DTOC and Admission Avoidance agenda. Delivering this short term assessment service model would also ensure that long term care costs within the PVI sector were managed as efficiently and effectively as possible.

**RESOLVED** (1) to note the decision to refine and reconfigure the current Direct Care domiciliary care services model of delivery in order to focus on short term services that support the hospital discharge and admission avoidance agenda;

(2) to note the agreed strategic vision for the Direct Care service to support the Council's commitment to investing in reducing delayed transfers of care and enhance the discharge to assess capacity to support people to return home from and avoid admission to hospital; and

(3) to note the intention to commence active engagement with the Private Voluntary and Independent (PVI) sector services to agree proposals for the market to focus on long term support and to develop to meet demand.