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Date: 2nd September 2015

Dear Sir/Madam,

A meeting of the **Health Social Care and Wellbeing Scrutiny Committee** will be held in the **Sirhowy Room, Penallta House, Tredomen, Ystrad Mynach** on **Tuesday, 8th September, 2015** at **5.30 pm** to consider the matters contained in the following agenda.

Yours faithfully,

Chris Burns

Chris Burns
INTERIM CHIEF EXECUTIVE

A G E N D A

Pages

1 To receive apologies for absence.

2 Declarations of Interest.
Councillors and Officers are reminded of their personal responsibility to declare any personal and/or prejudicial interest (s) in respect of any item of business on this agenda in accordance with the Local Government Act 2000, the Council's Constitution and the Code of Conduct for both Councillors and Officers.

To approve and sign the following minutes: -

3 Health Social Care and Wellbeing Scrutiny Committee held on 23rd June 2015 (Minute Nos. 1 - 12). 1 - 8

4 To receive a verbal report from the Cabinet Member(s)

5 Consideration of any matter referred to this Committee in accordance with the call-in procedure.

To receive and consider the following Scrutiny reports: -

6 Presentation - Social Care Enterprise - Wales Co-operative Centre.

7 Presentation - Aneurin Bevan University Health Board.

8 Budget Monitoring Report (Month 3).

9 - 22

9 'In Search of Accountability' - A Review of the Neglect of Older People living in Care Homes Investigated as Operation Jasmine.

23 - 62

10 Deprivation of Liberty Safeguards (DoLS).

63 - 68

11 To record any requests for an item to be included on the next available agenda.

To receive and note the following information items*: -

12 Summary of Members' Attendance - Quarter 1 - 15th May 2015 to 30th June 2015.

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**If a Member of the Scrutiny Committee wishes for the above information to be brought forward for discussion at the meeting please contact Amy Dredge, Committee Services Officer, Tel. No. 01443 863100, by 10.00am on Monday 7th September 2015.*

Circulation:
Councillors: L. Ackerman (Chair), Mrs E.M. Aldworth, A. Angel, Mrs G. Bevan, L.J. Binding, Mrs A. Blackman, Mrs P. Cook (Vice Chair), M. Evans, Miss E. Forehead, Ms J. Gale, L. Gardiner, C.J. Gordon, G. J. Hughes, A. Lewis, J.A. Pritchard and A. Rees

Users and Carers: Mr C. Luke, Mrs J. Morgan, Miss L. Price and Mrs M. Veater

Aneurin Bevan Health Board: Mrs B. Bolt (Divisional Director Primary Care and Networks)

And Appropriate Officers

HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE

MINUTES OF THE MEETING HELD AT PENALLTA HOUSE, TREDOMEN, YSTRAD MYNACH ON TUESDAY, 23RD JUNE 2015 AT 5.30 P.M.

PRESENT:

Councillor L. Ackerman - Chair
Councillor Mrs P. Cook - Vice Chair

Councillors:

Mrs E.M. Aldworth, Mrs A. Blackman, D.G. Carter, Ms J. Gale, C.J. Gordon, G.J. Hughes, A. Lewis, J.A. Pritchard.

Cabinet Members: Councillors N. George and R. Woodyatt

Together with:

D. Street (Corporate Director Social Services), J. Williams (Assistant Director Adult Services), G. Jenkins (Assistant Director Children's Services), C. Edwards (Environmental Health Manager), J. Morgan (Trading Standards and Licensing Manager), C. Forbes-Thompson (Scrutiny Research Officer), L. Dallimore (Partnership Coordinator), L. Lane (Solicitor), H.C. Morgan (Senior Committee Services Officer)

Users and Carers - Miss L. Price and Mrs M. Veater
Aneurin Bevan University Health Board - Bobby Bolt

Also Present - Allan Davies, Interim Director of Planning and Performance and Tim Holt, Head of Information, Aneurin Bevan University Health Board

1. APOLOGIES FOR ABSENCE

Apologies for absence had been received from Councillors A.P. Angel, Mrs G. Bevan, L. Binding, Miss E. Forehead, L. Gardiner and A. Rees.

2. DECLARATIONS OF INTEREST

Councillor J.A. Pritchard advised that as she is currently in receipt of services from the Reablement Team and should the need arise during the course of the meeting she would declare an interest. Councillor Mrs A. Blackman advised that as she was registered partially sighted and should the need arise during the course of the meeting she would declare an interest. There was no requirement for either to declare an interest during the course of the meeting.

3. MINUTES - 5TH MAY 2015

RESOLVED that the minutes of the meeting of the Health, Social Care and Wellbeing Scrutiny Committee held on 5th May 2015 (minute nos. 1 - 13) be approved and signed as a correct record.

4. CONSIDERATION OF ANY MATTER REFERRED TO THE SCRUTINY COMMITTEE IN ACCORDANCE WITH THE CALL-IN PROCEDURE

There had been no matters referred to the Scrutiny Committee in accordance with the call-in procedure.

5. REPORT OF THE CABINET MEMBERS

The Scrutiny Committee received verbal reports from Councillor R. Woodyatt (Cabinet Member for Social Services) and Councillor N. George (Cabinet Member for Community and Leisure Services).

Councillor Woodyatt advised Members that there would be a presentation from colleagues from the Aneurin Bevan University Health Board on hospital beds in the area. This links very closely with the report Members received at the last Scrutiny Committee around delayed transfers of care. The Committee will also consider the Annual Report of the Director of Social Services on the effectiveness of social care services for 2014/15. Once submitted, the report will be considered by CSSIW and the Regional Inspector will attend a future meeting of scrutiny to provide feedback. Recently, one of the quarterly engagement meetings has taken place with CSSIW. They seem very positive about the direction and progress of the Directorate with no specific areas of concern.

Councillor Woodyatt thanked those who had attended the Members' Seminar on the Social Services and Wellbeing Act on 15th June 2015, which gave a flavour of the challenges facing social care over the next 12 months. As the position around the final regulations becomes clearer further reports and seminars will be provided for Members.

He advised that he would be attending the Families First Celebration on Friday. This is to commend the outstanding work that Families First practitioners and families have made throughout the year and recognise those who have gone "above and beyond" every day duties.

In closing, Councillor Woodyatt advised that he had received a letter of thanks to Social Services, especially the Fostering Team, for the work that they have done with the grandparents to place their two grandchildren into a stable and caring foster home, with regular access for the grandparents.

Councillor N. George (Cabinet Member for Community and Leisure Services) advised of the child car seat safety testing at ASDA Caerphilly on 10th July and Morrison's Bargoed on 31st July 2015 between 9.30am and 4.00pm. The aim of the events is to raise awareness about the lack of protection provided by an unsuitable or badly fitted car seat and how, with just a little extra knowledge, parents/carers can ensure the future safety of their children, while they travel.

With regards to the Public Health (Wales) Bill it was noted that the Authority had responded in detail to the previous public consultation in 2014. Now it is progressing through the Assembly with the Health and Social Care Committee, there is a call for evidence on its general principles, details of which were outlined. Officers within Public Protection are currently considering the questions posed in the consultation document and will submit a response on

behalf of the Authority. The proposals are posted on the Welsh Government website and responses must be submitted by 4th September 2015.

In closing, Councillor George was pleased to announce that Caerphilly Catering have had their Investors in People Review and have been successful in retaining the Bronze accreditation until October 2016.

The Committee thanked both Cabinet members for their informative reports.

REPORTS OF OFFICERS

Consideration was given to the following reports.

6. PRESENTATION: NUMBER OF HOSPITAL BEDS IN ANEURIN BEVAN UNIVERSITY HEALTH BOARD AREA COMPARED WITH OTHER HEALTH AUTHORITIES ACROSS WALES, TOGETHER WITH DETAILS OF USAGE AND REPATRIATION POLICY

The Scrutiny Committee received a presentation from Allan Davies, Interim Director of Planning and Performance, and Tim Holt, Head of Information, Aneurin Bevan University Health Board.

With the aid of slides, Tim Holt gave an overview of his presentation as it relates to bed numbers for the Health Board over the past 5 years, bed numbers per capita compared to other health boards in Wales, bed use within Aneurin Bevan University Health Board and the delivery of repatriation plans.

He referred to the main sources of the data from which the presentation is based (StatsWales and the ABUHB Business Intelligence Service) and advised that whilst there is some variation in data interpretation between health boards it is generally accepted as comparison data. The annual averages used can be affected by in-year 'flexing of beds' but the information is based on daily available beds. The information is publically available and the 2014/15 data will be published by StatsWales in October 2015.

Reference was then made to the total 'all specialities' beds in ABUHB, and, as a comparison, a graph was shown which identified the average daily available bed from 2009 - 2014. Mr Holt referred to the data for 2009/10 and 210/11 and to the rationalisation of the service in the following three years which reflects the way a change in policy had been managed. Statistics on ABUHB v Wales beds (bed-days by type - elective, emergency, mental health, obstetric and paediatrics) and ABUHB by specialities were also presented. With regards to the latter, detail of the twelve largest specialities were noted.

Mr Holt then referred to other health board beds, hospital beds and activity in Caerphilly and the average length of stay (compared to top hospital in Wales - all specialities). With regards to the latter, he made reference to benchmarking data proved by CHKS and the different health systems that reflect health as a demographic.

With regards to the planned repatriation aims, Mr Holt advised that these form the basis of the sustainability plan for Ysbyty Ystrad Fawr, will promote the use of the new hospital, support the delivery of enhanced local care to the county borough community and provide a modern facility. It also supports the shift in patient care for Cardiff and Vale and Cwm Taf Health Boards to local venue and support rehabilitation locally. With regards to the latter, details of the repatriation achievements as they relate to GP referrals, inpatients, day cases and outpatients (as at November 2014), which show overall a positive achievement towards the aims of the Ysbyty Ystrad Fawr sustainability plan, were noted.

A query was raised in relation to the number of beds that are actually available. It was explained that the requirement to upgrade/redecorate/deep clean will lead to a reduction in beds available during certain periods (albeit that such scheduled works are not carried out during the winter period). A request was made for details on the average number of beds that may be available at any one time but it was explained that the data shows used beds and it was thought that in view of the policies in place in the various departments there is no average data available.

Reference was also made to the repatriation proposals, to the finance available to fund the service, to the fact that those from certain parts of the borough are sent to hospitals outside the borough, to the Frailty Programme, the importance of interaction with social service and to the fact that as a central facility, Ysbyty Ystrad Fawr is not able to cater for all specialised services. Mr Holt explained that the data is showing a positive step toward repatriation, although he accepted that there are some specific services that are not provided at Ysbyty Ystrad Fawr and there is a requirement to travel outside the county borough. There is also a need to consider primary and secondary services, the elective/planned care and unscheduled care. He explained that the provision of health care is an important element of the process and as such, the Frailty Programme is integral to its success. With regard to finance, this is an ongoing discussion with Welsh Government.

Mr Hold advised that the Health Board has the responsibility for the health of its population and will be looking at different ways of providing services (both primary and community). Whilst the planned repatriation will promote the use of the new hospital and support the delivery of enhanced local care, there will still be a requirement for specific specialised services to be consolidated in facilities outside the county borough.

It was requested that data be provided on the required length of stay for specific procedures in comparison to those in England. It was agreed that that data on key procedures would be provided but that in view of the different health systems it may not be possible to draw comparisons. A query was also raised in the way information is recorded when a person presents themselves to Ysbyty Ystrad Fawr and are subsequently transferred to another hospital, and a request was made for such data. Mr Holt advised that he would make enquiries as to the availability of such data. It was also requested that when patients are moved from one ward to another the relatives are advised.

Reference was then made to changes to the Deanery training and as to whether this will have an impact on the services that will be able to be provided in the future. Mr Holt advised that the type of cases at Ysbyty Ystrad Fawr did not offer a plethora of training opportunities in certain specialised services but those who had benefited from the training to date have been very positive about the experience. Changes to the training programme are being considered.

Members thanked Messrs Davies and Tim Holt for their informative presentation and for responding to questions and issues raised during the course of the debate.

7. ANNUAL DIRECTOR'S REPORT ON THE EFFECTIVENESS OF SOCIAL CARE SERVICES 2014-15

The report detailed the key messages that had been identified in the preparation of the sixth Annual Director's Report on the Effectiveness of Social Care Services and sought views on its content prior to its presentation to Council on 21st July 2015.

In June 2009, the Welsh Assembly Government issued statutory guidance on the Role and Accountabilities of the Director of Social Services. The Guidance sets out a requirement for Directors of Social Services to report annually to Council on the performance of social services functions and plans for further improvement. The process of compiling the report has been undertaken in accordance with the Annual Council Reporting Framework.

Members were advised that this will be the sixth Annual Director's Report and its aim is to provide a summary outlining the effectiveness of how CCBC delivers Social Services to its citizens. It provides details on the Directorate's performance for 2014-2015 and the priority areas for development in 2015-16. In 2014-15 the Directorate set itself a number of specific divisional priorities. The progress achieved in relation to these priorities is shown throughout the document. The Directorate has also identified a number of priority areas for development in 2015-16. These are also shown throughout the document and have informed the Directorate's Annual Service Plan for 2015-16.

During the course of the debate, reference was made to foster placements and the Assistant Director of Children's Services advised that whilst there is support for foster parents, the main aim is to allow children to stay at home and family support is offered where applicable. Not all children in the care system are suitable to foster. There have been a number of successful recruitment campaigns for foster parents and these will continue.

Members were advised that following presentation to Council on 21st July 2015, the Annual Director's Report will be made available to members of the public, partner agencies and stakeholders by the statutory deadline of 1st September 2015.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the contents of the Annual Director's Report on the Effectiveness of Social Care Services 2014-15 be noted and the report be submitted to Council on 21st July 2015 for adoption.

8. ANNUAL REPORT ON THE CONSUMER ADVICE SERVICE PROVIDED BY TRADING STANDARDS

Consideration was given to the report which provided information on the number and nature of complaints dealt with by the Consumer Advice function of the Trading Standards Service for the financial year 2014/15.

The Trading Standards and Licensing Manager advised that the Consumer Advice function within the Trading Standards Service dealt with 1,793 requests for in-depth consumer advice during 2014/15. Consumer complaints are categorised on the Authority's database by trade sector and by product or service. The report provided information on the top 10 products/services and the monetary value involved that were complained about during 2014/15. The analysis is comparable with national data, with home maintenance and second-hand cars being the highest sources of complaints both nationally and locally. The variance in the number and value of the most complained about goods and services over the last four years was also detailed in the report.

A query was raised as to how anonymous complaints are dealt with. The Trading Standards and Licensing Manager advised that the initial call is made through the Contact Centre and, as it will subsequently be referred to Trading Standards, it is essential that the level of information provided is sufficient to enable the complaint to be followed through.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the contents of the report be noted.

9. TRADING STANDARDS ENFORCEMENT OF AGE RESTRICTED PRODUCTS LEGISLATION 2014-15

Consideration was given to the report which detailed the nature and number of complaints received concerning under-age sales of alcohol, tobacco and aerosol spray paints over the previous financial year.

The Trading Standards and Licensing Manager advised that there is a requirement to annually review the approach to tackling under-age sales of tobacco and spray paints. During the financial year 2014/15, 25 complaints were received relating to underage sales of products. An overview of test purchasing activity was provided, including the results of enforcement action and the penalties that may be applied. 63 test-purchasing attempts were made of which there were sales in 11 cases. During 2014/15 2 prosecutions were concluded and currently 3 cases are still being investigated with a view to criminal proceedings being instituted. 5 Penalty Notices for Disorder were also issued and as a result of sales by one premises, a review of the Premises Licence is being considered.

Reference was made to the preventative activity that is undertaken, including campaigns for age-restricted products and in particular alcohol, aimed at sellers, buyers and the public in general. A summary of future proposed legislation in the area of tobacco control and the requirements of Sections 91-95 of the Children's and Families Act 2014 was also outlined.

A query was raised as to the action that can be taken against a premises that has been prosecuted for underage sale. The Trading Standards and Licensing Manager advised that this would be taken into consideration by the Licensing and Gambling Sub-Committee when the licence was reviewed. Reference was also made to a suggestion to reduce the voting age to 16 and as to whether this will have an impact on existing enforcement activities. It was confirmed that legislative changes would be required to be passed by Parliament if this was to be the case.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that the contents of the report be noted.

10. PUBLIC PROTECTION ENFORCEMENT - 2014/15

The report provided information on formal enforcement activities within the Public Protection Division during 2014/15, in compliance with the Public Protection Enforcement Policy. The Trading Standards and Licensing Manager advised that the Public Protection Division consists of a wide range of protective and regulatory functions, which seek to protect, promote and improve the health, safety and economic well being of the community, as well as regulate trade, commerce and the environment. The report provides an overview of the formal enforcement activity undertaken and includes some examples to illustrate the activity. The prosecution details are published on the Council website and in Newsline.

It was explained that the information in the report provides a broad picture of the range and number of formal enforcement actions initiated during 2014/15 (some prosecutions may still be awaiting hearing). In addition to the formal interventions, hundreds of other informal warnings and cautions (both written and verbal) are issued every year. A summary of some of the cases prosecuted were provided in the report to illustrate the types of offences dealt with.

Following consideration and discussion, it was moved and seconded that the recommendation in the report be approved. By a show of hands this was unanimously agreed.

RESOLVED that content of the report be noted.

11. REQUESTS FOR ITEMS TO BE INCLUDED ON THE NEXT AVAILABLE AGENDA

Councillor Mrs E.M. Aldworth requested a report in relation to palliative care.

12. ITEMS FOR INFORMATION

The following items were received and noted without discussion.

1. Improvement Objective 1 - 2014-15 Final Report.
2. Wales Audit Office Report on Environmental Health Services.
3. Intermediate Care Fund (ICF).
4. Summary of Members' Attendance - Quarter 4 - 1st January 2015 to 14th May 2015.

The meeting closed at 7pm

Approved as a correct record, subject to any amendments agreed and recorded in the minutes of the meeting held on 8th September 2015.

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CHAIR

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HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 8TH SEPTEMBER 2015

SUBJECT: BUDGET MONITORING REPORT (MONTH 3)

REPORT BY: CORPORATE DIRECTOR SOCIAL SERVICES

1. PURPOSE OF REPORT

1.1 To inform Members of projected revenue expenditure for the Social Services Directorate for the 2015/16 financial year.

1.2 To update Members on the progress made against the savings targets built in to the 2015/16 revenue budget for the Directorate.

2. SUMMARY

2.1 The report summarises the projected financial position for the Social Services Directorate for the 2015/16 financial year based on information available as at month 3 (June 2015). Full details are attached at Appendix 1.

2.2 The report also identifies the 2015/16 savings targets that have been achieved by the Directorate and identifies the progress that has been made towards delivering the targeted savings that have not yet been achieved.

3. LINKS TO STRATEGY

3.1 The expenditure of the Directorate is linked directly to its ability to shape and deliver its strategic objectives, which in turn assists the achievement of the Authority's stated aims.

4. THE REPORT

4.1 The 2015/16 month 3 position is a projected Directorate underspend of £356k as summarised in the table below: -

Division	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Children's Services	19,146	18,901	(245)
Adult Services	52,419	52,326	(93)
Service Strategy & Business Support	2,785	2,767	(18)
Totals: -	**74,350**	**73,994**	**(356)**

4.2 This projected underspend amounts to less than 0.5% of the Directorate's budget but along with accumulated service reserves resulting from previous years' underspending it provides a contingency in case of spikes in demand for services during the winter months.

4.3 Full details of the month 3 budgets and projections are provided in Appendix 1 and the following paragraphs summarise the key issues arising.

4.4 **Children's Services**

4.4.1 The Children's Services Division is currently projected to underspend by £245k as summarised in the following table: -

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	8,638	8,446	**(192)**
External Residential Care	1,542	1,335	**(207)**
Fostering & Adoption	6,644	6,904	**260**
Youth Offending	402	402	**0**
Other Costs	1,920	1,814	**(106)**
Totals: -	**19,146**	**18,901**	**(245)**

Management, Fieldwork and Administration

4.4.2 In response to the anticipated reductions in Welsh Government funding over the forthcoming financial years, a prudent approach to vacancy management has been adopted. This has led to a projected underspend of £192k against Management, Fieldwork and Administration posts within the Division.

Child Care Placement Costs

4.4.3 An overall underspend of £53k is projected in respect of residential placements, fostering and adoption. However, Members will be aware that demand for these services can be extremely volatile.

Other Costs

4.4.4 The projected £106k underspend for 'Other Costs' can mainly be attributed to 16 Plus aftercare services and reflects the strong financial management within the 16 Plus Team. However, new legislation in respect of "When I'm Ready" post-foster care support is likely to result in additional commitments in this area.

4.5 **Adult Services**

4.5.1 The Adult Services Division is currently projected to underspend by £93k as summarised in the following table: -

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Management, Fieldwork & Administration	7,621	7,742	121
Own Residential Care	5,884	5,696	(188)
External Residential Care	11,159	11,009	(150)
Own Day Care	4,415	4,243	(172)
External Day Care	879	968	89

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Sheltered Employment	71	70	(1)
Aid and Adaptations	967	896	(71)
Home Assistance and Reablement	12,335	12,134	(201)
Other Domiciliary Care	8,938	8,770	(168)
Resettlement	(1,020)	(1,020)	0
Supporting People	211	888	677
Other Costs	959	930	(29)
Totals: -	**52,419**	**52,326**	**(93)**

Management, Fieldwork and Administration

4.5.2 The £121k overspend in Management, Fieldwork and Administration includes a £67k overspend in respect of structural savings targets for the division that have not yet been delivered within the current financial year. The remainder of this overspend is attributable to the continued pilot of the Start team which has been tasked with finding future savings through efficiencies and changes in working practice. Hence this overspend should be seen in the context of invest to save.

Own Residential Care

4.5.3 The underspend of £188k within our Own Residential Care service is largely due to additional income from residents in our own homes for older people. The level of this income is dependent upon the financial means of the cohort of service users in care at any time and the occupancy rates within our homes. Therefore, further work is required to determine whether this additional income can be expected in the longer term.

Own Day Care

4.5.4 The underspend of £172k within our own day care services is largely due to the early delivery of the reconfiguration of the service including an element of one-off savings through vacancy management in preparation for the reconfiguration.

Aids and Adaptations

4.5.5 The underspend of £71k is due to a repayment from GWICES in respect of unspent funding passed to the service by Adult Services in 2014/15.

Supporting People

4.5.6 An overspend of £677k is currently projected against the Supporting People budget. Of this amount, £474k is due to a cut in Welsh Government specific grant funding. A specific reserve has been earmarked in response to this grant reduction which can be drawn upon in 2015/16 should the Directorate as a whole overspend in 2015/16. The remaining overspend of £203k reflects the current levels of demand for supporting people services. A cross directorate working group has been created to address this issue.

Costs of Care Packages

4.5.7 Financial information in respect of external residential care, external day care, home assistance and reablement and other domiciliary services is captured separately for each of these services. However, demand for each of these services is inter-dependent as it is difficult to predict the exact needs and preferences of future service users. If these services are considered as a whole then we see an overall underspend of £430k is projected for 2015/16 as demonstrated in the table below.

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
External Residential Care	11,159	11,009	(150)
External Day Care	879	968	89
Home Assistance and Reablement	12,335	12,134	(201)
Other Domiciliary Care	8,938	8,770	(168)
Totals: -	**33,311**	**32,881**	**(430)**

4.5.8 Of the £430k underspend identified above, £377k relates to additional income from service users in respect of non-residential care. The level of this income is dependent on the financial means of each service user but it is felt that the current income levels are largely reflective of changes in charging policies rather than a short term fluctuation in service users' financial means. As such, this additional income could help to deliver the longer term savings required as part of the Medium Term Financial Plan.

4.5.9 The remaining underspend of £53k reflects current demand for care packages but Members will be aware that demand for these services can be unpredictable, particularly through the winter months.

Other Costs

4.5.10 An underspend of £29k is predicted against other Adult Services budgets. This includes £17k resulting from the cessation of payments to service users that attend day centres, with the remainder being largely attributable to a review of contracts with voluntary organisations.

4.6 **Service Strategy & Business Support**

4.6.1 This service area is currently projected to underspend by £18k as summarised in the following table: -

	2015/16 Current Budget (£000's)	2015/16 Projection/ Commitment (£000's)	2015/16 Over/(Under) Spend (£000's)
Management and Administration	1,281	1,353	72
Office Accommodation	444	444	0
Office Expenses	239	239	0
Other Costs	821	731	(90)
Totals: -	**2,785**	**2,767**	**(18)**

Management and Administration

4.6.2 The 2015/16 budget settlement for the Directorate included a savings target of £220k in respect of back office staff. Specific full year savings of around £140k have been identified to date but further savings amounting to £80k for a full year will need to be identified during the remainder of the current financial year. The projected overspend of £72k in respect of Management and Administration can be largely attributed to this issue.

Other Costs

4.6.3 The underspend of £90k against Other Costs includes a projected underspend of £101k relating to a provision set aside in the Social Services budget in respect of potential overspending within the Integrated Transport Unit (ITU). This provision had been set aside because prior to 2014/15 a recurring overspend had been experienced by the ITU in respect

of Social Services transport costs. However, changes in criteria and working practices were implemented in 2014/15 which resulted in a small underspend within the ITU in 2014/15. As a result it is anticipated that this budget provision will no longer be required.

4.6.4 The £101k underspend identified in paragraph 4.6.3 is partially overset by a projected one off overspend of £11k in respect of office furniture costs resulting from a number of office relocations linked to the corporate accommodation strategy.

4.7 **Progress Made Against the 2015/16 Revenue Budget Savings Targets**

4.7.1 The 2015/16 revenue budget settlement for Social Services included targeted savings of £2.084m. The projected overspends and underspends discussed in the above paragraphs take account of these savings targets. However, for ease of reference, the progress made against the individual savings targets included in the £2.084m is summarised in the following table and paragraph 4.7.2 below:-

Ref:	Description	Savings Target	Savings Achieved to Date £000s	Further Savings Required £000s	Details
Soc01	Review of shopping services	40	40	0	Shopping services are only approved in exceptional circumstances
Soc02	Review of meals on wheels service (50p per meal increase)	44	44	0	50p increase has been implemented
Soc03	Review of day centre provision	128	128	0	A further in-year saving of £98k has been achieved in advance of 2016/17 as a result of the early implementation of this review
Soc21	Reduction of 3 social workers per division with the intention to achieve by vacancy management	219	145	74	2 posts have been earmarked for deletion but are currently occupied
Soc22	Review of domiciliary care provision	85	85	0	A small underspend is currently predicted against adult care packages which suggests that this target has been achieved. However, demand for these services can be volatile

Ref:	Description	Savings Target	Savings Achieved to Date £000s	Further Savings Required £000s	Details
Soc4-20 and Soc23-27	General savings that have no direct impact on service users	1,568	1,367	201	• 2 posts earmarked for deletion are currently occupied (£53k). • Review of admin support to direct care establishments to be finalised (£18k). • Further back office savings to be identified by Senior Management Team (£80k). • A cross-directorate working group has been created to identify savings in the Supporting People budget (£50k).
		2,084	1,809	275	

4.7.2 Of the £2.084m directorate savings target for 2015/16, £1.809m (87%) has already been achieved. In addition certain posts have been earmarked for deletion pending retirements and redeployment opportunities which are likely to deliver further full year savings amounting to £0.145m. This leaves just £130k of savings that the Senior Management Team will need to identify during the remainder of the current financial year.

4.7.3 Even though the actual savings delivered in 2015/16 fall short of the £2.084m target, there will be no need to draw upon service reserves as other underspends are anticipated across the Directorate in 2015/16.

5. EQUALITIES IMPLICATIONS

5.1 This report is for information purposes, so the Council's Equalities Impact Assessment (EqIA) process does not need to be applied.

6. FINANCIAL IMPLICATIONS

6.1 As identified throughout the report.

7. PERSONNEL IMPLICATIONS

7.1 There are no direct personnel implications arising from this report.

8. CONSULTATIONS

8.1 There are no consultation responses that have not been reflected in this report.

9. RECOMMENDATION

9.1 Members are asked to note the projected underspend of £356k for 2015/16.

9.2 Members are asked to note the progress made against the savings targets included in the 2015/16 budget settlement for the Directorate.

10. REASONS FOR THE RECOMMENDATIONS

10.1 To ensure that the Directorate manages its budget effectively.

11. STATUTORY POWER

11.1 Local Government Acts 1972 and 2000.

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Consultees: Social Services Senior Management Team

Appendices:
Appendix 1 – Social Services 2015/16 Budget Monitoring Report (Month 3)

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APPENDIX 1 – Social Services 2015/16 Budget Monitoring Report (Month 3)

	Revised Budget 2015/16	Actuals	Projection	Variance
	£	£	£	£
SUMMARY				
CHILDREN'S SERVICES	19,146,154	3,458,786	18,901,442	(244,712)
ADULT SERVICES	52,418,624	13,013,976	52,326,223	(92,401)
RESOURCING AND PERFORMANCE	2,785,497	606,266	2,767,095	(18,402)
SOCIAL SERVICES TOTAL	**74,350,275**	**17,079,027**	**73,994,760**	**(355,515)**
CHILDREN'S SERVICES				
Management, Fieldwork and Administration				
Children's Management, Fieldwork and Administration	8,637,786	1,919,613	8,445,810	(191,976)
Sub Total	**8,637,786**	**1,919,613**	**8,445,810**	**(191,976)**
External Residential Care Including Secure Accommodation				
Gross Cost of Placements	1,559,169	370,287	1,622,316	63,147
Contributions from Education	0	0	(270,136)	(270,136)
Contributions from Health	(17,456)	0	(17,151)	305
Sub Total	**1,541,713**	**370,287**	**1,335,030**	**(206,683)**
Fostering and Adoption				
Gross Cost of Placements	5,926,322	1,164,619	6,212,695	286,373
Other Fostering Costs	117,104	10,513	117,104	0
Adoption Allowances	212,343	61,336	186,132	(26,211)
Other Adoption Costs	60,951	(104,085)	60,951	0
Professional Fees Inc. Legal Fees	327,649	48,004	327,649	0
Sub Total	**6,644,369**	**1,180,388**	**6,904,531**	**260,162**
Youth Offending				
Youth Offending Team	401,682	(286,573)	401,682	0
Sub Total	**401,682**	**(286,573)**	**401,682**	**0**
Other Costs				
Equipment and Adaptations	31,623	0	31,623	0
Preventative and Support - (Section 17 & Childminding)	178,741	20,696	178,741	0
Local Safeguarding Children Board	11,209	(22,275)	0	(11,209)
Aftercare	251,259	(104,942)	127,779	(123,480)
Respite Care	119,906	74,928	137,191	17,285
Agreements with Voluntary Organisations	1,097,805	208,644	1,097,805	0
Transport Costs	0	0	0	0
Other	230,061	98,020	241,250	11,189
Sub Total	**1,920,604**	**275,071**	**1,814,389**	**(106,215)**
TOTAL CHILDREN'S SERVICES	**19,146,154**	**3,458,786**	**18,901,442**	**(244,712)**

	Revised Budget 2015/16	Actuals	Projection	Variance
	£	£	£	£
ADULT SERVICES				
Management, Fieldwork and Administration				
Management	114,131	30,229	116,156	2,025
Protection of Vulnerable Adults	479,637	107,869	441,292	(38,345)
OLA and Client Income from Client Finances	(154,265)	(63,279)	(154,265)	0
Commissioning	802,993	183,745	779,223	(23,770)
Section 28a Income Joint Commissioning Post	(17,175)	1,431	(17,175)	0
-Less Contribution from Supporting People	(57,784)	0	(57,915)	(131)
Older People	2,361,789	609,734	2,562,493	200,704
Less Wanless Income	(95,862)	7,988	(95,862)	0
Physical Disabilities	1,504,926	383,519	1,492,965	(11,961)
Provider Services	406,917	105,773	414,889	7,972
Learning Disabilities	695,460	168,135	696,487	1,027
Contribution from Health and Other Partners	(39,928)	0	(40,657)	(729)
Mental Health	1,216,238	365,682	1,348,175	131,937
Section 28a Income Assertive Outreach	(94,769)	7,907	(94,769)	0
Drug & Alcohol Services	325,309	98,451	344,727	19,418
Emergency Duty Team	240,621	173,105	240,621	0
Structural Review	(67,587)	0	0	67,587
Vacancy Savings	0	0	(234,349)	(234,349)
Intermediate Care Fund Income	0	0	0	0
Sub Total	**7,620,651**	**2,180,289**	**7,742,036**	**121,385**
Own Residential Care				
Residential Homes for the Elderly	6,005,058	1,315,531	6,114,608	109,550
Intermediate Care Fund Contribution	0	0	(148,678)	(148,678)
-Less Client Contributions	(1,514,654)	(419,467)	(1,767,848)	(253,194)
-Less Section 28a Income (Ty Iscoed)	(220,964)	(396,609)	(220,964)	0
-Less Inter-Authority Income	(136,012)	0	(61,331)	74,681
Net Cost	4,133,428	499,455	3,915,787	(217,641)
Accommodation for People with Learning Disabilities	2,355,567	483,327	2,366,038	10,471
-Less Client Contributions	(79,903)	(10,847)	(79,903)	0
-Less Contribution from Supporting People	(273,750)	0	(273,750)	(0)
-Less Inter-Authority Income	(251,623)	228,756	(232,430)	19,193
Net Cost	1,750,291	701,236	1,779,954	29,663
Sub Total	**5,883,719**	**1,200,691**	**5,695,742**	**(187,977)**
External Residential Care				
Long Term Placements				
Older People	7,228,097	1,486,587	7,078,565	(149,532)
Less Wanless Income	(303,428)	27,629	(303,428)	0
Less Section 28a Income - Allt yr yn	(151,063)	12,589	(151,063)	0
Physically Disabled	309,181	75,564	356,012	46,831
Learning Disabilities	2,822,564	806,133	2,711,101	(111,463)
Mental Health	901,674	195,411	909,052	7,378
Substance Misuse Placements	53,523	30,518	53,523	0
Net Cost	10,860,548	2,634,431	10,653,762	(206,786)

	Revised Budget 2015/16	Actuals	Projection	Variance
	£	£	£	£
Short Term Placements				
Older People	234,163	15,407	234,163	0
Physical Disabilities	31,620	17,015	50,000	18,380
Learning Disabilities	26,192	13,124	64,256	38,064
Mental Health	6,779	1,489	6,779	0
Net Cost	298,754	47,035	355,198	56,444
Sub Total	**11,159,302**	**2,681,466**	**11,008,960**	**(150,342)**
Own Day Care				
Older People	903,658	178,849	790,381	(113,277)
-Less Attendance Contributions	(16,869)	(4,878)	(16,869)	0
Learning Disabilities	2,947,742	638,294	2,905,497	(42,245)
-Less Contribution from Supporting People	(21,224)	0	(21,282)	(58)
-Less Attendance Contributions	(20,691)	(3,589)	(20,691)	0
-Less Inter-Authority Income	(45,523)	0	(36,494)	9,029
Mental Health	749,510	145,715	724,140	(25,370)
Less Wanless Income	0	0	0	0
-Less Section 28a Income (Pentrebane Street)	(81,366)	6,780	(81,366)	0
Sub Total	**4,415,237**	**961,172**	**4,243,316**	**(171,921)**
External Day Care				
Elderly	3,045	1,735	12,972	9,927
Physically Disabled	154,765	5,686	154,471	(294)
Learning Disabilities	793,634	97,607	860,451	66,817
Section 28a Income	(72,659)	12,124	(72,659)	0
Mental Health	0	(422)	12,451	12,451
Sub Total	**878,785**	**116,729**	**967,687**	**88,902**
Sheltered Employment				
Mental Health	70,543	17,022	69,500	(1,043)
Sub Total	**70,543**	**17,022**	**69,500**	**(1,043)**
Aids and Adaptations				
Disability Living Equipment	621,300	2,167	551,259	(70,041)
Adaptations	335,967	16,280	335,967	0
Section 28a Income	0	0	0	0
Chronically Sick and Disabled Telephones	10,053	2,217	8,883	(1,170)
Sub Total	**967,320**	**20,665**	**896,110**	**(71,210)**
Home Assistance and Reablement				
Home Assistance and Reablement Team				
Home Assistance and Reablement Team (H.A.R.T.)	2,925,251	697,421	3,040,516	115,265
Wanless Funding	(67,959)	5,664	(67,959)	0
Independent Sector Domiciliary Care				
Elderly	5,944,635	693,766	5,573,854	(370,781)
Intermediate Care Fund Contribution	0	0	0	0
Physical Disabilities	818,886	112,496	839,911	21,025
Learning Disabilities (excluding Resettlement)	231,366	35,430	249,946	18,580
Community Living	67,338	9,447	69,183	1,845
Mental Health	228,084	25,564	230,344	2,260
Gwent Frailty Programme	2,187,120	597,873	2,198,618	11,498
Sub Total	**12,334,721**	**2,177,661**	**12,134,412**	**(200,309)**

	Revised Budget 2015/16	Actuals	Projection	Variance
	£	£	£	£
Other Domiciliary Care				
Supported Living				
Adult Placement Scheme	542,632	98,840	535,693	(6,939)
Intermediate Care Fund Contribution	44,891	0	22,182	(22,709)
-Less Contribution from Supporting People	(158,480)	0	(149,417)	9,063
Net Cost	429,043	98,840	408,458	(20,585)
Supported Living				
Older People	47,114	6,168	47,496	382
-Less Contribution from Supporting People	0	0	0	0
Physical Disabilities	340,322	58,544	386,778	46,456
-Less Contribution from Supporting People	(74,361)	0	(68,409)	5,952
Learning Disabilities	6,289,058	1,119,678	6,223,256	(65,802)
Less Section 28a Income Joint Tenancy	(28,987)	2,416	(28,987)	0
-Less Contribution from Supporting People	(970,905)	0	(939,342)	31,563
Mental Health	1,884,324	209,494	2,040,092	155,768
-Less Contribution from Supporting People	(66,158)	0	(44,500)	21,658
Net Cost	7,420,407	1,396,300	7,616,384	195,977
Direct Payment				
Elderly People	235,347	207,225	209,719	(25,628)
Physical Disabilities	345,350	416,443	414,270	68,920
Learning Disabilities	270,732	311,788	324,591	53,859
Section 28a Income Learning Disabilities	(20,808)	0	(20,808)	0
Mental Health	14,919	3,439	3,533	(11,386)
Net Cost	845,540	938,895	931,304	85,764
Other				
Tredegar Court	178,984	34,351	176,378	(2,606)
Sitting Service	526,832	45,088	438,431	(88,401)
Extra Care Sheltered Housing	513,500	1,920	512,129	(1,371)
-Less Contribution from Supporting People	(14,308)	0	(13,876)	432
Net Cost	1,205,008	81,358	1,113,063	(91,945)
Total Home Care Client Contributions (net of commission)	(961,752)	0	(1,299,164)	(337,412)
Sub Total	**8,938,246**	**2,515,393**	**8,770,045**	**(168,201)**
Resettlement				
External Funding				
Section 28a Income	(1,020,410)	83,760	(1,020,410)	0
Sub Total	**(1,020,410)**	**83,760**	**(1,020,410)**	**0**
Supporting People (including transfers to Housing)				
Elderly Supported People	906,714	63,535	1,036,902	130,188
Physically Disabled Supported People	103,000	5,345	93,871	(9,129)
Learning Disabilities Supported People	672,384	91,473	653,754	(18,630)
Mental Health Supported People	1,429,431	198,432	1,477,083	47,652
Families Supported People	2,239,874	247,761	2,339,035	99,161
Contribution to Independent Sector Supported Living	730,202	0	665,371	(64,831)
Contribution to In-House Supported Living	273,750	0	273,750	0
Contribution to Resettlement	381,222	0	386,881	5,659
Contribution to Adult Placement	158,480	0	149,417	(9,063)
Contribution to Leaving Care	0	0	22,221	22,221
Contribution to Garden Project	21,224	0	21,282	58
Contribution to Extra Care	14,308	0	13,876	(432)
Contribution to Supporting People Team	57,784	0	57,915	131
Less supporting people grant	(6,776,997)	0	(6,302,790)	474,207
Sub Total	**211,376**	**606,546**	**888,568**	**677,192**

	Revised Budget 2015/16	Actuals	Projection	Variance
	£	£	£	£
Other Costs				
Meals on Wheels	212,088	45,905	212,088	0
Telecare Gross Cost	579,597	132,990	582,492	2,895
Less Client and Agency Income	(336,757)	(58,906)	(337,350)	(593)
-Less Contribution from Supporting People	(100,704)	0	(100,704)	0
Agreements with Voluntary Organisations				
Elderly	257,286	156,621	250,958	(6,328)
Physically Disabled	22,525	9,736	22,525	0
Learning Difficulties	113,723	31,254	111,286	(2,437)
Section 28a Income	(52,020)	0	(52,020)	0
Mental Health & Substance Misuse	132,177	54,903	127,185	(4,992)
MH Capacity Act / Deprivation of Libert Safeguards	61,831	41,629	61,831	0
Other	69,388	38,452	51,966	(17,422)
Gwent Enhanced Dementia Care Grant	0	0	0	0
Sub Total	**959,134**	**452,584**	**930,257**	**(28,877)**
TOTAL ADULT SERVICES	**52,418,624**	**13,013,976**	**52,326,223**	**(92,401)**
SERVICE STRATEGY AND BUSINESS SUPPORT				
Management and Administration				
Policy Development and Strategy	181,554	46,065	182,966	1,412
Business Support and Learning & Development	1,104,108	312,123	1,094,418	(9,690)
Performance Management Consortium	75,473	(74,909)	75,473	0
Further Back Office Savings to be Identified	(80,386)	0	0	80,386
Sub Total	**1,280,749**	**283,279**	**1,352,857**	**72,108**
Office Accommodation				
All Offices	519,448	201,663	519,448	0
Less Office Accommodation Recharge to HRA	(75,832)	0	(75,832)	0
Sub Total	**443,616**	**201,663**	**443,616**	**0**
Office Expenses				
All Offices	239,513	9,084	239,513	0
Sub Total	**239,513**	**9,084**	**239,513**	**0**
Other Costs				
Training	280,102	101,638	280,102	0
Publicity/Marketing/Complaints	51,332	(371)	51,332	0
Staff Support/Protection	58,362	175	58,362	0
Information Technology	3,339	0	3,339	0
Management Fees for Consortia	(57,188)	0	(57,188)	0
Insurances	320,933	0	320,933	0
Other Costs	164,739	10,799	74,229	(90,510)
Integration Project	0	0	0	0
Sub Total	**821,619**	**112,241**	**731,109**	**(90,510)**
TOTAL RESOURCING AND PERFORMANCE	**2,785,497**	**606,266**	**2,767,095**	**(18,402)**

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HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 8TH SEPTEMBER 2015

SUBJECT: **'IN SEARCH OF ACCOUNTABILITY' – A REVIEW OF THE NEGLECT OF OLDER PEOPLE LIVING IN CARE HOMES INVESTIGATED AS OPERATION JASMINE**

REPORT BY: **CORPORATE DIRECTOR SOCIAL SERVICES**

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1. PURPOSE OF REPORT

1.1 On the 14th July 2015 Dr. Margaret Flynn published 'In Search of Accountability' – A review of the neglect of older people living in care homes investigated as Operation Jasmine. This report summarises the key recommendations of the review, explains how the relevant recommendations will be implemented within Caerphilly CBC and gives an overview of the other initiatives being undertaken to ensure quality of care in care homes.

2. SUMMARY

2.1 On the 13th May 2014 Scrutiny Committee received a report explaining that Welsh Government had commissioned Dr. Margaret Flynn to undertake a thematic review of the issues surrounding Operation Jasmine. The purpose of the review was, through a report to Welsh Ministers, to;

- Set out the experiences of those people and their families in residential care homes in Gwent that came to be known as Operation Jasmine.
- Set out the key events.
- Consider and set out actions that have been undertaken by the various parties involved in the interim.
- Set out key lessons for the future alongside recommendations regarding policy or legislation, regulation and operational practice, for the various parties involved.

2.2 On the 14th July 2015 Dr. Flynn published her review. An executive Summary of the review is attached as Appendix 1 of this report. The full report (326 pages) can be found at http://gov.wales/docs/dhss/publications/150714ojreporten.pdf.

3. LINKS TO STRATEGY

3.1 The lessons learned to date from Operation Jasmine has been a major factor in the ongoing developments in relation to our work for the Protection Of Vulnerable Adults, contract monitoring, care management reviews and focus on improving the quality of care.

4. THE REPORT

4.1 As explained in the May 2014 report Operation Jasmine was a Gwent Police investigation into abuse, neglect and deaths in care homes in Gwent. Operation Jasmine was launched in October 2005.

4.2 As part of her Review Dr. Flynn undertook a series of two day events, one event per agency. The two day event for Caerphilly County Borough Council was held on the 27th & 28th May 2014. This was followed up by further two day events for the other agencies involved e.g. Gwent Police, Aneurin Bevan University Health Board and the Care & Social Services Inspectorate for Wales.

4.3 Dr. Flynn's review sets out in great detail the events surrounding Operation Jasmine and her report places a strong emphasis on the experiences and feelings of the relatives of the residents accommodated at the Care Homes concerned. The report also provides overview chronologies (1995-2015) in respect of all the key agencies. From a Local Authority perspective the work of Caerphilly CBC, Blaenau Gwent CBC and Torfaen CBC was considered. The findings relating to Caerphilly CBC can be found at pages 133 – 142 of the main report (Appendix 2 of this report).

4.4 As part of the two day workshop Dr Flynn was also keen to hear about the authority's journey of improvement in terms of ensuring good quality care and actions taken where issues of concern are raised. These are also referenced at pages 133 – 142 of the main report (appendix 2 of this report).

4.5 As would be expected with a report of this nature, Dr. Flynn's review makes a series of recommendations. In total there are twelve recommendations covering a whole number of different agencies. These can be found on pages 10-12 of the Executive Summary (Appendix 1). Eight of the twelve recommendations relate to non-devolved matters and responsibility for delivery of these issues lies with Welsh Government. One specific recommendation relates to local authorities and that is,

> **3. Safeguarding Adults Boards** should ensure that the **Protection of Vulnerable Adults** (POVA) process:[10]
>
> **(i)** defines more narrowly and more specifically its functions
>
> **(ii)** strengthens protective outcomes for individuals where there is an allegation or evidence that harm has occurred, by ensuring that either a care assessment or a review of that individual's care plan is undertaken. The outcome of the process should be specific action rather than simply a determination of, for example, *institutional abuse*
>
> **(iii)** ensures that the NHS is accountable for fulfilling its lead responsibility for investigating such major and potentially lethal conditions as deep pressure ulcers in the residential and nursing care sector

4.6 The delivery of this recommendation will be overseen by the Gwent Wide Adult Safeguarding Board, currently chaired by the Corporate Director Social Services, Caerphilly CBC. Welsh Government have indicated that they will be writing to key partners in the Autumn of 2015 to ensure adequate progress has been made.

4.7 Whilst 'In Search of Accountability' is a very important step in improving the quality of care home in Wales, members may also be interested in a number of other initiatives in place to ensure a sustainable, good quality care home sector in Wales:

- Welsh Government have a care home steering group overseeing a strategic analysis of care homes in Wales, including a vision for the future, workforce issues, good practice and the cost of care / fees. Caerphilly CBC is represented on all these groups.

- The National Commissioning Board for Wales is looking at a market analysis for wales. This includes the number and location of beds, vacancy rates and future models of demand. This group is currently chaired by the Corporate Director Social Services.
- The Gwent Wide Adult Safeguarding Board has made Residential Care one of its three strategic priorities.
- The Older People's Commissioner For Wales has published her own review of care Homes called ' A Place to Call Home ?'. Appendix 3 of this report is the Commissioners letter to Caerphilly CBC with regard to our response to her review.

5. EQUALITIES IMPLICATIONS

5.1 An equalities impact assessment hasn't been completed at this time as this report is for information only.

6. FINANCIAL IMPLICATIONS

6.1 There are no direct financial implications arising from this report.

7. PERSONNEL IMPLICATIONS

7.1 There are no direct personnel implications arising from this report.

8. CONSULTATIONS

8.1 All comments from consultations are reflected in the main body of the report.

9. RECOMMENDATIONS

9.1 Members are asked to note the content of this report.

10. REASONS FOR THE RECOMMENDATIONS

10.1 This is a major review and its outcome will potentially impact across Wales. This report is intended to give Members an initial awareness that the review is taking place.

11. STATUTORY POWE

11.1 Local Government Act 2000.

Author: Dave Street, Corporate Director Social Services
Consultees: Councillor Robin Woodyatt, Cabinet Member, Social Services
Social Services Senior Management Team
Bethan Manners, Principal Solicitor, Legal Services

Appendices:
Appendix 1 - 'In Search of Accountability' – Executive Summary
Appendix 2 – Local authorities and adult protection (pages 133- 142 of the full 'In Search of Accountability' report.
Appendix 3 - Older People's Commissioner for Wales – Analysis of Caerphilly CBC Response to ' A Place to Call Home'.

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In Search of Accountability

A review of the neglect of older people living in care homes investigated as Operation Jasmine

Executive Summary

A Review by Margaret Flynn

 WG25658 ISBN 978 1 4734 402

In Search of Accountability: A review of the neglect of older people living in care homes investigated as Operation Jasmine

In this executive summary...

> *...are the background and terms of reference of the Review, an insight into the people and organisations involved, an overview of the findings and analysis plus the recommendations. It concludes with six 'lessons for the future' of older people's residential care as requested by the First Minister.*

The Background

Operation Jasmine was a major Gwent Police investigation which started in November 2005 and has been estimated to have cost around £15m. It concerned 63 deaths which were a cause for concern in care homes and nursing homes for older people in south east Wales.[1]

There were many victims, some of whom were resident in homes owned by Puretruce Health Care Ltd. The sole directors and shareholders of this company were two General Practitioners, Dr Prana Das and Dr Nishebita Das.[2]

In January 2010, the Crown Prosecution Service (CPS) formally advised Gwent Police that there was insufficient evidence to support a reasonable prospect of prosecution for either gross negligence manslaughter or wilful neglect.

During 2011, responsibility for leading the investigation was transferred to the Health and Safety Executive (HSE). Charges were then laid against Puretruce Health Care Ltd, Dr Prana Das, and the Chief Executive, Paul Black under the Health and Safety at Work 1974. Dr P Das was also charged under the Theft Act 1968.

The trial was halted in March 2013 because an assault took place in September 2012, during which Dr P Das sustained head injuries. Had the trial proceeded, it might have led to a conviction for crimes of fraud and breaches of health and safety in a single nursing home, Brithdir.

The charges were placed 'on file' on the basis that the case might be revived should Dr P Das recover sufficiently to stand trial at a future date.

The trial, had it taken place, would not have been able to take into account the sum of harms endured by older people in the care homes investigated since it would have hinged on six specimen cases. It would not have resulted in justice for all the families involved but it might

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[1] Two homes – **Brithdir** and **The Beeches** were owned by Dr P Das and Dr N Das; **Mountleigh Bryngwyn** was owned by APTA Healthcare UK; **Grosvenor House** was owned by Dr and Mrs SM Uzair Subzwari and Dr and Mrs SK Narang of Lightend Ltd; **Belmont** was owned by Mr and Mrs Bentley; and **Bank House** owned by Mrs Syal and Mrs Lal

[2] Dr P Das and Dr N Das owned two of the six particular homes considered by the Review and feature substantially because of the much larger number of homes they owned at various times across south Wales

have accomplished something less damaging than the current impasse. The absence of a judgement or legal resolution compounds the families' grief and sense of grievance.

The Operation Jasmine Review

In December 2013 the Rt Hon Carwyn Jones AM, First Minister of Wales, announced that he was setting up a Review of Operation Jasmine and the events associated with it *in order that we may learn for the future.*

The purpose of the Review was to:

1. Set out the experiences of those people and their families in residential care homes in Gwent that came to be known as Operation Jasmine.
2. Set out the key events
3. Consider and set out actions that have been taken by the various parties involved in the interim, and
4. Set out key lessons for the future alongside recommendations regarding policy or legislation, regulation and operational practice, for the various parties involved.

In particular, the Review examined:

- The experiences of the people receiving services and the wider impact on their families.
- The policies, procedures, governance and practices of the owners of the care homes involved.
- The policies and procedures of the relevant parties involved including (but not necessarily exclusively) the local authority and NHS, various professionals and the workforce, police, regulators and Welsh Government.
- The regulatory regime including the powers available to relevant parties.
- The voice of those living in care homes, as well as that of their families and friends

The Challenges

Necessarily, the Review required the assistance of such agencies as the Crown Prosecution Service (CPS), Gwent Police, the Care and Social Services Inspectorate Wales (CSSIW), local authorities, NHS staff and the Health and Safety Executive (HSE).

The principal agencies associated with Operation Jasmine were invited to contribute to the Review by:

- Identifying the pivotal events and explaining their context
- Drafting an account of their activities with reference to policy and legislation
- Reflecting on what might have made a distinctive and positive difference.

In looking back, as well as looking forward, it was envisaged that professionals would share their own agency's self-scrutiny, as well as bring matters of general concern about the

provision of support to older people to the attention of the Review – having heard from the families of older people about their experiences.

Concern was expressed by most agencies over the governance of the Review: its legal appropriateness; its procedural safeguards; its power to require that evidence be submitted; and whether or not contributors, including family members, would sign confidentiality agreements, for example.

A document dated *2002-current day,* entitled *Protection of Vulnerable Adults Practice Improvement* (also referred to as *106 lessons),* was described to the Review as *evidence of learning.* In fact, it is not clear from its content how this document provides assurance of improved conditions favourable to handling future crises.

There is an uncomfortable comparison with historical child abuse investigations where, for example, the retirement of key individuals has not been regarded as a barrier to pursuing inquiries. However, it has been put forward as a rationale for limiting information shared with this Review.

Although most agencies asserted their commitment to the Review, the hope that individuals and agencies would engage and problem-solve with courage and creativity was compromised. For example, critical information was forwarded by two agencies only within weeks of the due date of the end of December 2014. It was agreed with the First Minister that the publication of the Review could extend into 2015 to take account of this information.

Key Events for the People and Organisations Associated with Operation Jasmine

The families of older people described the wrong and indifferent care home practices which harmed their relatives. The organisational practices they witnessed were inadequate in terms of attending to older people's frailty, chronic illnesses, deteriorating health, mental distress and pain. The *nursing* which some older people were promised proved to be false.

If in an era of *patient choice* a family's experience of identifying a care home is reduced to that of *take it or leave it* - that is not a choice; health and social care commissioners should therefore desist from using the vocabulary of consumerism. Care home residents associated with Operation Jasmine were not *happy shoppers* who could move to alternative providers. Their dementia was too advanced, and/or they were physically very frail with chronic health needs and for the families, proximity to their relatives was a paramount consideration.

Their families were not aware of the poor reputations of some of the owners and managers or of the homes where the relevant regulations were repeatedly tested and breached.

The families perceive the inattention to such *basics* as hydration, nutrition, physical comfort, personal hygiene, unexplained injuries and deep pressure ulcers which their relatives suffered as the abandonment of common humanity and a reflection of the unchecked greed of those businesses which own the homes concerned.

The funding of care is a critical consideration, since a growing number of people are paying in full or in part for their residential or nursing care. However, they do not benefit from consumer legislation should they be harmed or even die as a result of their treatment. Refunds are unheard of in the care sector and yet as self-funders' resources are exhausted, they fall back on diminishing state funding. Nor does the state utilise company or consumer law to either promote safety and quality or to halt the imprudently excessive rewards of company owners and the betrayal of the public interest. This is most particularly the case in situations of quasi-monopoly where the incentives for cost-effectiveness and public benefit are blunted.

Those responsible for the homes in question appeared impervious to the needs of older people and the growing concerns of their families. The homes' staff had neither the skills nor the knowledge to care competently for frail older people. Although care-giving tasks are demanding, staff were neither supervised nor trained nor properly equipped with medical supplies or safe equipment.

The business interests and practices of two **General Practitioners**, Dr Prana Das and Dr Nishebita Das, have a long history. Concern about their ownership of homes for older people featured in a television programme in 1995 in which older people's relatives and former employees described harmful practices and the rationing of such necessities as food and incontinence pads.

Concern was also expressed that nursing home patients were sourced from the Das' general practice lists. Fifteen of their homes went into receivership, the registration of five of their homes was cancelled and one of their homes (Holly House) was the subject of two Care Standards Tribunal hearings.

There were two further adverse television programmes about the Das' homes which were broadcast during 2005 and 2013.

The prosecution of Dr P Das was halted in March 2013 due to his medical condition which resulted from the assault during 2012. The CPS decided not to proceed with a prosecution against Puretruce Health Care Ltd or its Chief Executive.

The **Crown Prosecution Service's** correspondence with the Review stated that *It may have been possible to say…that bed sores were attributable to a failure to turn the patient often enough. However, the task of turning patients was shared by many people and we could not say with any certainty which individual had failed in their duty of care…the charges of gross negligence manslaughter could never be proved on the evidence available…The CPS accepts that there were insufficient resources deployed from the start of the investigation.*

Aspects of **Gwent Police's** investigation were described by a North Wales Police review team in 2009. Since *the number of deaths within Operation Jasmine grew rapidly in the early weeks of the investigation,* the parameters and priorities of the investigation were subject to adjustment.

Operation Jasmine secured Special Grant Funding from the Home Office. Since it was decided that the Gwent Police would: *investigate the circumstances of all the deaths where there are or have been concerns* and *all allegations or suspicions of abuse*, the actions of partner agencies were compromised.

The setbacks for Gwent Police included the outcome of the early trials of staff of Bryngwyn Mountleigh in 2008; the removal of the Senior Crown Prosecutor; and advice from the CPS that there was *insufficient evidence* to secure a successful prosecution, that is, to identify named perpetrators and accrue sufficient evidence against those individuals.

The lead responsibility for the Operation Jasmine investigation was transferred to the **Health and Safety Executive** in August 2011, after it was *presented with evidence of the grossness and scale of the injuries and on the understanding that there was not any other regulator able to secure justice in respect of the organisational failings by Puretruce.*

The HSE had regulated the Puretruce homes in terms of their generic health and safety arrangements such as manual handling, inadequate equipment provision, the maintenance of work equipment and accident records. Between 1994 and 2006 the HSE had issued 12 improvement notices to the Puretruce homes.

The six Operation Jasmine homes were located in Blaenau Gwent County Borough Council, Torfaen CBC and Caerphilly CBC. **The local authorities** had contracts with the Puretruce homes and until 2002 they were responsible for registering and inspecting all care homes.

The Welsh Government's guidance *In Safe Hands* raised the profile of adult protection in 2000 and placed new responsibilities on local authority social services departments to investigate Protection of Vulnerable Adult (POVA) referrals.

Multi-agency adult protection arrangements were expected to dovetail with regulatory inspections, disciplinary processes, professional regulation, complaints and clinical governance.

POVA referrals about concerning practices at Holly House (which was owned by the Das') and Brithdir included the failure to prevent deep pressure ulcers.

In 2004, Caerphilly CBC and Puretruce Health Care Ltd commissioned a report from *a policy adviser and representative for Care Forum Wales and an independent consultant* to *identify whether the contractual standard of care* at Holly House was being met. This consultant's assessment of standards of care did not tally with those of the regulator.

The decision of the Care Standards Tribunal in 2005 enabled Holly House to remain operating. Caerphilly CBC's Director of Social Services at the time confirmed that he would not place a loved one there because the home did not meet minimum standards *in all respects...the first and best option is to make* a failing home *better.* Holly House was de-registered in 2005 and Brithdir in 2006.

Before 2002, the inspection of nursing homes had been the responsibility of the **National Health Service**, that is, Caerphilly Local Health Board (LHB) which had contracts with the Puretruce homes and in which three of the Operation Jasmine homes were located.

Caerphilly LHB was aware of frequent POVA referrals to Caerphilly CBC concerning Holly House, one of the Puretruce homes, which included concern about residents' deep pressure ulcers for example.

An embargo on placing older people in Holly House at the end of 2003 was lifted in early 2004. Caerphilly LHB provided training in older adult mental health to Puretruce homes and provided qualified nurses to improve care planning and the standards of care over a four week period at Holly House.

District nurses assessed all Brithdir residents on three occasions, noting *the limited input of registered nurses on upper floors and defensive staff*. However, in March 2005 a senior LHB nurse reported on the home's *considerable improvements,* albeit with merited concern about their sustainability.

The **Care Standards Inspectorate for Wales** (CSIW) was set up in 2002 as the single inspection and regulatory body. The CSIW and, after 2007, the **Care and Social Services Inspectorate Wales** (CSSIW), had power when issuing a certificate of registration to impose conditions.

Of particular relevance is the fact that the inspectorate was required to demonstrate that reasons for deciding to close a home remained compelling at the point of closure – particularly pertinent where health and social care agencies had already 'stepped in' to shore up failing practice since this masked the failures of the registered provider.

The legal advice to the CSIW was that the efforts of the social services and LHB to raise standards could be a barrier to issuing an order to cancel the home's registration.

The regulations made under the Care Standards Act 2000 imposed requirements on care homes. An individual or organisation running more than one care home must have separate registration for each home. The legal advice to the CSIW was that if there was concern about two homes in a group of homes, Inspectors were to take action on a home by home basis.

This meant that Inspectors had to prioritise action against those Puretruce homes which showed the greatest number of breaches of standards and regulation, that is, the regulator was compromised since it could not adopt a corporate, contextual approach to enforcement.

Actions Taken in the Interim

Not all agencies provided an account of their actions. It is significant that the CSSIW is more responsive to concerns about the circumstances of residents and no longer engaged with providers' promises of compliance. Its reports are clearer and more concise than those which were prepared by its predecessor. Also, the CSSIW is proactive in ensuring that actions with commissioners and other regulators are coordinated. Caerphilly CBC deploys *all qualified social work teams* and has developed a *Provider Performance Monitoring Protocol* to address

potential and actual contract breaches. The Aneurin Bevan University Health Board (which replaced the Caerphilly LHB) similarly recognised that there was no case for persisting with an approach that did not work. Contracts have been developed which pay greater attention to the circumstances of older people, albeit within *a market* offering limited choice.

Findings and Analysis

Mistakes and errors of judgement characterise the organisations associated with Operation Jasmine.

The Crown Prosecution Service's assertion that the Operation Jasmine case would have fallen on the basis of lack of evidence of causation should have been tested before a jury.

Some of the early cases known to the Operation Jasmine investigation should have been brought to the attention of the Coroner.

It cannot be right that individual criminal liability and corporate criminal liability are regarded as mutually exclusive. *Only prosecuting business representatives as individuals provides corporations with incentives to scapegoat their employees, whereas a unique focus on the corporation allows individuals to avoid their own moral responsibilities by pointing to the surrounding corporate structure* (J.G. Stewart).[3]

The legal context of residential care and corporate governance[4] shows that the provision of care homes by non-listed private companies is not subject to the UK Corporate Governance Code and legislative provisions that apply to listed public companies.

Better corporate safeguards are required to ensure *good governance*. For example, in spite of the public interest associated with the care of frail older people, providers with large numbers of care homes have operated and continue to operate with one or two directors.

In law, directors have separate and collective responsibility for the management of their companies. The corporate history of the Puretruce portfolio confirms that Dr N Das' involvement was not minimal, contrary to the judgement of the CPS and the police.

The reported poor standards of care provided by the Das' companies may have rendered them liable in contract to public and individual commissioners of services; their companies could have been held vicariously liable for the civil wrongdoings of their employees; and proceedings could have been taken under the Company Directors Disqualification Act 1986.

There is a compelling case for: locating breaches of care standards regulations in the context of the disqualification of directors; considering whether or not the corporate social responsibility provisions of the Companies Act 2006[5] require additional teeth given the clear public interest in the provision of health and social care; the presumption of director disqualification where there is a history of insolvency; considering whether or not the

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[3] Wells, C. *Corporate criminal liability: a ten year review* [2014] Crim L.R. 849-878, citing J.G. Stewart

[4] The Review report contains a section on: *The legal context of residential care and corporate governance* written by AW Griffiths, C Hodgetts and R Ni Thuama

[5] Section 172

definition of an *unnatural death* should include individuals who have died with deep pressure ulcers and evidence of possible neglect; and basing corporate criminal responsibility on corporate conduct across an organisation.

The care of frail older people was being severely compromised ten years before Gwent Police's Operation Jasmine began. The NHS took no credible action and the indisputable build-up of problems from the time of the first television programme was still awaiting resolution in 2005.

Extensive media coverage and *frequent POVAs* proved insufficient in securing a fair and legally sanctioned resolution. Insofar as the adult protection outcomes for residents at the six homes are known, they had no discernible impact on people's untreated, deep pressure ulcers. There were too many occasions when the homes did not secure medical treatment and report deep and multiple pressure ulcers to the regulator and the local authority. Reporting such wounds to local authority POVA personnel is an anomaly, since local authorities cannot advance or provide the urgent clinical interventions required.

No single profession or agency assumed a lead role in addressing breaches of trust, neglected contractual duties or the harms endured by older people. Discussion concerning which agency should investigate and prosecute – involving considerations of duties, powers, capacity, capability and urgency to protect, for example – was not held.

It appeared that the roles of the regulator, the Local Health Board (now the Aneurin Bevan University Health Board) and the commissioning local authorities were reduced to that of feeding of information into the police investigation.

The parameters of the Gwent Police investigation were too broadly drawn: for example, *to investigate the circumstances of all the deaths where there are or have been concerns* and *to investigate all allegations or suspicions of abuse*. This played a part in the duration of the investigation. A peer review by North Wales Police in 2009 questioned elements of the Gwent Police investigation.

Agencies lost some autonomy of action as activities which were normally within their powers became restricted because Gwent Police had primacy over how the investigation should be conducted. The exclusion of the CSIW from the investigation was remarkable. It was remarkable also that such a high profile police investigation was advised by a retired inspection manager. From the perspective of the professionals who had sought to effect improvements in failing homes, they ceased to be witnesses and some became suspects.

Inter-organisational cooperation was overshadowed by ambiguity and suspicion as the police investigation extended and the potential trial of Dr P Das, Paul Black and Puretruce Health Care Ltd had an ever receding start date.

An expert panel comprising clinicians and a social care expert was commissioned by Gwent Police in 2006. Initially it was invited to produce combined reports and, subsequently, individual reports. The prosecution of a number of Bryngwyn Mountleigh nursing staff

became a distracting diversion but was seen by certain panel members as an assertion of their duty to report individuals to their professional bodies.

The inspection reports of the CSIW in relation to the Operation Jasmine homes contained excessive numbers of *requirements.* It is not clear how an *urgent requirement* differs from a *good practice recommendation* for example. Crucially, there did not appear to be any consequences for failing to act on *requirements.*

The CSIW Inspectors had to deal with such challenges as the Das' homes being threatened with the disconnection of gas and/or electricity due to unpaid bills; seeing and smelling older people's necrotic, deep pressure ulcers for which they had received neither treatment nor pain relief, in homes owned by local GPs; bailiffs visiting the Das' homes; the angry resistance of families, whose relatives may not have been harmed, to the prospect of a home being closed; the transfer of frail older people from one failing home to another; and the setback arising from the Care Standards Tribunal decision in 2005.

The inward migration of labour to the south east valleys of Wales presented communication challenges. The fact that the first language of some care home employees was neither English nor Welsh was a major concern for residents' relatives.

The ownership of residential and nursing homes by GPs operating as business men and women is no guarantee of timely and attentive healthcare for residents and patients. Similarly, a GP partner of an owner does not guarantee that residents will receive the healthcare that they require.

Having GPs associated with the ownership of residential and nursing homes can lead to a conflict of interest, particularly where they are sourcing residents from patient lists and/or are responsible for the primary healthcare of residents at such homes.

Aspects of palliative care such as the management of pain and the provision of emotional comfort were remote from the experience of the older people known to Operation Jasmine. The use of opiates and access to palliative care teams, for example, did not feature at the end of their lives.

The Review confirmed that people with dementia were less likely to receive pain control than their cognitively intact peers. Recent research suggests that this situation has not improved.[6]

The compatibility between *person-centred care*, *relationship centred care* and palliative care suggests that a new direction needs to be sought when care planning for frail older people in Wales.

[6] http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3817007/ (accessed 25 May 2015)

Recommendations

The Review provided input to the *Regulation and Inspection of Care and Support (Wales) Bill,* through (i) meetings with civil servants responsible for its development. These considered how emergent findings might be reflected: by ensuring that those who own and gain from the provision of services, that is, Board members, are held accountable; by allowing regulators to take action against a corporate body rather than a single service; and by ensuring that information about services providing care and support is accessible to individuals receiving care and to their families; and (ii) a letter to the First Minister and the Deputy Minister for Social Services in December 2014. This was acknowledged to be an ambitious list of ideas such as: *the best interests of people receiving care should be the supreme principle and reflected in statute; there should be a presumption that the burden of proof is on the corporate body, holding company and directors that they are fit to provide or own; improvements which are attributable to the documented efforts of Inspectors, NHS and local authority employees do not constitute grounds for satisfying Welsh Ministers that (registration) cancellation is no longer necessary;* and *no one individual* (Director) *should have unfettered powers of decision.*

In addition, it is recommended that:

1. the residential and nursing care home sector:
   - (i) becomes a sector of primary national strategic importance for Wales, recognising that low investment in the social care system means higher costs for the **National Health Service** and affects economic potential by failing to support a modern and trained labour force;
   - (ii) is shaped by explicit policies to regulate and allow intervention in the social care market to improve the quality of care by directly addressing issues such as pay and working conditions, staffing levels and the knowledge and expertise of commissioners of publicly funded services;
   - (iii) care home managers are registered and are members of a professional body which sets professional standards, has disciplinary powers and provides them with a voice on national policy; and
   - (iv) develops credible quality indicators[7] to inform strategic planning for health and social care [see J. Kennedy (2014) John Kennedy's Care Home Inquiry York: Joseph Rowntree Foundation and Joseph Rowntree Housing Trust]

2. the Welsh Government, in association with **Public Health Wales**, ensures that:
   - (i) the significance of deep pressure ulcers[8] is elevated to that of a *notifiable condition*

[7] For example, from the demeaning experiences of frail older people illuminated in this and other reviews, it is possible to build on frameworks of valued care and support such as, for example, the 'Senses Framework' [M. Nolan, U. Lundh, G. Grant and J. Keady (2003) *Partnerships in Family Care: understanding the caregiving career* Maidenhead: Open University Press McGraw-Hill Education]

[8] That is, a focus on the severe, deep tissue injury and *unstageable* pressure ulcers

(ii) senior clinicians, including Registrars, General Practitioners and Tissue Viability Nurses, assume a lead role in preventing avoidable pressure ulcers[9] and in developing a National Wound Registry, assisted by the **Welsh Wound Innovation Centre**

(iii) senior clinicians are made responsible for notifying **Public Health Wales** of deep pressure ulcers and

(iv) where **Public Health Wales** has been informed of the existence of deep pressure ulcers, a process is identified whereby that information is communicated to the **Care and Social Services Inspectorate Wales** or the **Healthcare Inspectorate Wales** and appropriate commissioning authorities as well as to people's families

3. **Safeguarding Adults Boards** should ensure that the **Protection of Vulnerable Adults** (POVA) process:[10]

   (i) defines more narrowly and more specifically its functions

   (ii) strengthens protective outcomes for individuals where there is an allegation or evidence that harm has occurred, by ensuring that either a care assessment or a review of that individual's care plan is undertaken. The outcome of the process should be specific action rather than simply a determination of, for example, *institutional abuse*

   (iii) ensures that the NHS is accountable for fulfilling its lead responsibility for investigating such major and potentially lethal conditions as deep pressure ulcers in the residential and nursing care sector

4. Inquests should be held, notwithstanding the fact that the deaths of **Stanley Bradford**, **Megan Downs**, **Edith Evans**, **Ronald Jones** and others known to the Coroner have already been registered

5. **Gwent Police** provides the families of older people in the six homes included in Operation Jasmine with the information prepared by members of the expert panel and ensures that they are supported during and after this process

6. **NHS Wales** considers how the responsibility for reporting hospital deaths to the Coroner is undertaken by senior clinicians and considers the need for a legal presumption in favour of reporting the deaths of residential and nursing home residents to the Coroner

7. the **General Medical Council (GMC):**

   (i) collaborates with **NHS Wales** to identify ways in which conflicts of interest can be managed that arise from the admission of patients of **General Practitioners** and

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[9] Although clinicians estimate that 90% of pressure ulcers are preventable there is a well-documented disparity between clinical practice and research evidence

[10] Although there are many ways in which individuals may be harmed, the process of responding has three elements, (i) prevention – setting up a well ordered service and paying attention to recruitment and training (ii) secondary prevention – being alert to signs and symptoms so that concerns are picked up quickly and inquiries made and (iii) taking action to support and protect those who are known or believed to have been harmed

other **GMC registrants** (hospital consultants for example)[11] into residential and nursing homes in which such doctors are company directors, or are related to the directors of these homes

(ii) ensures that all **General Practitioners** and **other GMC registrants** are informed about what constitutes a conflict of interest[12] and how to manage this in practice. Given that declaring a conflict by itself would have been an inadequate safeguard given the findings of this Review, the GMC may wish to consider the specific example of clinicians owning nursing and care homes

(iii) considers in its review of the Medical Register the potential for recording information on declared conflicts of interest

8. the **General Medical Council (GMC)** and the **Nursing and Midwifery Council (NMC)** consider the need for continuing reform[13] to ensure that fitness to practise proceedings are conducted as quickly as practicable, while maintaining their primary purpose of protecting the public

9. the **Director of Public Prosecutions** refers the Operation Jasmine investigation to the Special Crime and Counter Terrorism Division (formerly known as the Special Crime Division) of the **Crown Prosecution Service**

10. the **National Police Chiefs' Council (NPCC)** ensures that the primacy of a police investigation delivers the ability of (a) the **Care and Social Services Inspectorate Wales** (CSSIW) and the **Healthcare Inspectorate Wales** (b) professional regulators, such as the **GMC**, the **NMC** and the **Care Council for Wales** (CCW) to take forward civil and criminal action; and address concern about alleged fitness to practise within a defined time frame

11. the **National Police Chiefs' Council**, the **Health and Safety Executive**, the **Care and Social Services Inspectorate Wales** and the professional regulators share what has been learned as a result of this Review, collaborating further to specify and confirm the components of a framework for undertaking timely team and parallel action in future

12. the **Law Commission** reviews the current legal position in relation to private companies with particular relevance to the corporate governance of the residential and nursing care sector[14]

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[11] And by extension, registrants of the Care Council for Wales – the social care workforce regulator. The CCW has a Memorandum of Understanding with the Health and Care Professions Council which registers social workers in England

[12] GMC (2011) *Conflicts of interest: what our guidance says* London: GMC; and GMC (2013) Financial and Commercial arrangements and conflicts of interest (http://www.gmc-uk.org/guidance/ethical_guidance/21161.asp (accessed 7 April 2015)

[13] In the light of the Law Commission's (2014) *Regulation of Health and Social Care Professions Etc Bill*

[14] Given the clear public interest in ensuring the well-being and safety of residents, the Law Commission may wish to consider whether or not corporate criminal responsibility should be based on corporate conduct across an organisation, rather than the current practice of pinpointing responsibility on individuals

The Lessons

- scandals fix nothing permanently

  The answer cannot reside in an exhortation to read *106 lessons,* in rare and piecemeal interventions or a plan to avoid mistakes. It lies in understanding the complexities of the care home infrastructure and the associated business models - as well as in employing talented and competent managers to recruit, supervise and train staff to support frail older people in homes that are their workplaces[15]
- citizens cannot rely on the conscience of care home owners to deliver valued care and support to frail older people

  Good governance is critical to quality and safety in homes for frail older people as well as residents being and feeling embedded in relationships - with their relatives, friends and advocates and with health and social care practitioners and the wider agencies - of which they are a part. All should insist on participating to ensure that there is *a window* so that residents can look out, the community can look in[16] and there is scope for residents to be and to feel part of their neighbourhood
- it is assumed, without evidence, as acceptable practice, to group older people with dementia together in particular homes, without sufficient staff who are inadequately managed, trained and supervised, on the grounds that they all have similar needs

  Since the growth of the sector has preceded reflective research to guide its structure, function and direction, the investigatory attention of the media has been instrumental in highlighting the consequences of the deficient practices (including planning processes which advantage developers), it is up to (i) commissioners to engage with the reality of the impoverished lives of too many residents with diminishing capacity and (ii) the sector to demonstrate the effectiveness of their interventions and support arrangements, including how a culture of valued relationships may be nurtured, for example.
- older people's injuries, pain and life-threatening deep pressure wounds were unobserved, unreported, reported inaccurately and/or reported belatedly – and yet, in this case, no crimes were identified by the Crown Prosecution Service

  The rhetoric of concern has to be matched with credible action. It is essential that all necessary clinical care is provided alongside timely processes to identify ways of preventing further harm – which must include prosecution
- the public sector should not under-write companies which have produced considerable rewards for the few at the expense of the many

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[15] Roger Clough writing for the Wagner Committee in 1988 and talking then of reports of abuse and neglect that go back more than 30 years stated: *it is not only in exhortation, not only in planning to avoid mistakes, it lies in in understanding the complexities of residential work and of the systems in which people work and live – and then working out the best system to promote the well-being of the residents.*

[16] See R. Elkan and D. Kelly (1991) *A Window in Homes: links between residential care homes and the community*, Surbiton: Social Care Association

This means that local authorities and the NHS have to demonstrate long-term prudence, pool their learning from older people, families and research, build on their knowledge of the strengths and weaknesses of the whole sector and combine their purchasing power. Being explicit about what they will commission and why - should herald a new relationship with older people, their families and providers

- private interest pursued at the expense of others has a long history, however the public interest cannot be subordinate to the short term personal gains or even the criminality of a minority of directors of care homes

The external scrutiny of the care and support of older people by commissioners, care managers and regulators should be matched by ensuring that companies in this sector open their boards to independent scrutiny. A lasting achievement of Operation Jasmine has to be a readiness to adopt a long term view. Companies which have demonstrably failed older people should be allowed to fail and their directors should be disqualified. They have depleted public trust. The needs of frail older people cannot be subordinate to those financially sophisticated businesses and/or powerful directors; if that situation should prevail we will remain ***in search of accountability*** indefinitely.

Section nine: the local authorities and adult protection

In this section...

> *...you will learn about a particularly critical context, that is, the challenges arising from the creation of new authorities in 1996 and the implications for the delivery and oversight of social services. The section places a spotlight on Caerphilly CBC since this is where three of the six Operation Jasmine homes were located. A further context is also described, that is, a disproportionate focus on child protection during the late 90s and early 2000s. In relation to older people, referrals were made to Caerphilly CBC under Protection of Vulnerable Adult (POVA) processes which included inattention to pressure ulcer prevention and treatment. These resulted from the publication of the Welsh Assembly Government's framework for adult protection: In Safe Hands. An embargo on placing older people at one home, Brithdir was imposed and lifted during 2004, not least because of the contribution of District Nurses to improving practice at this home. In 2005 Caerphilly gave notice that its contract with Brithdir was to be cancelled. The section concludes by referring to certain deep-rooted issues which are of particular concern to local authorities, including the situation where developers build new homes without reference to the service requirements of the area.*

The homes within the purview of Operation Jasmine spanned three local authorities – Caerphilly CBC, Blaenau Gwent CBC and Torfaen CBC. This section focuses on Caerphilly CBC since it is where three homes were located, **Brithdir**, **Bryngwyn Mountleigh** and **Belmont**. Events at Brithdir would have been centre stage had the efforts to prosecute Dr P Das, **Puretruce Health Care Ltd** and Paul Black proceeded.

In **1996,** the eight county and 37 district councils which at the time constituted local government in Wales were replaced by 22 unitary authorities, containing a range of population numbers. These newly constituted bodies were given diverse responsibilities for a wide range of services. There was no institutional integration, however, between these authorities and the services provided by the hospital and preventive health services. These remained the responsibility of the NHS.

The process of setting up these new authorities is pertinent to this Review. It was experienced as disruptive – and, at times, even chaotic - with considerable uncertainty over job security and future roles for staff at every tier. Added to this was the loss of organisational memory and management expertise as many senior managers retired and/or sought employment elsewhere. Crucially, too, there was a temptation to place decision-making concerning, for example, the greater use of shared services and enhanced communications *on hold* until the new organisations were *bedded-in.* This period of significant change and ambiguity preceded

the widespread availability and use of the internet, electronic mailing lists and rapid communication. Thus at a time when communication within and across organisations and with the public was essential and *business as usual* was expected, information moved relatively slowly through and across the new hierarchies, including within Caerphilly.

Several of those who contributed to this Review recalled the challenges which faced the new authorities and their members as they sought to present a coherent corporate image to employees and the local population, as well as struggling to come to terms with the varying approaches and practices of the amalgamated bodies. The previous committee system, which had dealt with functions such as the provision of social services and housing, had made it possible for councillors to acquire specialist knowledge. The **Local Government Act 2000** established overview and scrutiny committees in local authorities (the legislative provisions may be found in the **Local Government (Wales) Act 2011**). These committees were intended as a counterweight to the executive structures. Their role was to develop and review policy and make recommendations to the council. The **2000** Act had obliged local authorities to adopt political management systems with a separate executive, and every council in Wales was obliged to have a mayor, or a council leader, plus a cabinet system.

Caerphilly emerged as one of the largest of the new authorities, consisting as it did of a merger of two former District Councils (Islwyn and Rhymney) and parts of two former County Councils, that is, Gwent and Mid Glamorgan. In contrast, Torfaen[211], Blaenau Gwent[212] and Merthyr Tydfil were amongst the smallest, prompting questions concerning their capacity to deliver services which were responsive to local priorities and circumstances. The effectiveness of these smaller authorities was assumed rather than demonstrated. The duplication of scarce resources within the south east Wales area, and the challenge of attracting experienced managers and staff to multi-service, multi-functional organisations, had particularly long-lasting consequences and the implications for the delivery and oversight of social services, for example, were under-estimated.

During the early days of transition, a case of child abuse in Caerphilly had a considerable effect on social services functioning. In **1998**, the then Welsh Secretary called for further measures to review and improve child protection arrangements at Caerphilly CBC on the grounds that managerial supervision was poor and that communication between the various child protection agencies was ineffective. While staff concentrated on re-examining historical child abuse cases, it was suggested to this Review that *eyes were off the ball* in terms of **adult protection**. Even the publication of *In Safe Hands*[213] in **2000** which set out the Welsh Assembly

[211] Where The Beeches was located

[212] Where Bank House and Grosvenor House were located

[213] Guidance issued under S7 of the Local Authority Social Services Act 1970

Government's framework for adult protection procedures[214], did not effectively displace the authority's disproportionate focus on child protection issues.

The **National Minimum Standards** (NMS) under the Care Standards Act 2000 contain standards which relate to the prevention of abuse, for example, Standard 18 of the NMS for care homes for older people states:

The Registered Person ensures that service users are safeguarded from physical, financial or material, psychological or sexual abuse, neglect, discriminatory abuse or self-harm, inhuman or degrading treatment, through deliberate intent, negligence or ignorance, in accordance with written policies.

In **2001**, a South East Wales Executive Group for the Protection of Vulnerable Adults was established to coordinate the development and implementation of a south east Wales joint agency framework. Signatories to the framework included Blaenau Gwent CBC, Caerphilly CBC, Torfaen CBC, Gwent Healthcare NHS Trust, CSIW, Blaenau Gwent LHB, Caerphilly LHB, Torfaen LHB and Gwent Police.

In **2002**, *A Report of the Joint Review of Social Services in Caerphilly CBC*[215] stated

Caerphilly social services is not yet serving people well and, despite some encouraging signs, prospects for the future are uncertain...social services in Caerphilly are improving, albeit from a very low base...social services expenditure across different service user groups shows spend is significantly higher in terms of children's services when benchmarked against other authorities...below average spending in adults' services, in particular in services to older people...

Delayed hospital discharges are an area of concern. The pace of development of home and community based services needs to quicken with the Council working in conjunction with partner agencies...Demographic trends analysis shows a 2% annual increase in the number of people over 75, which can only exacerbate current problems...Caerphilly CBC...is like a merry go round with high staff turnover that leads to problems of continuity and hinders the pace of progress at all levels...Social services has a poor record of undertaking timely reviews in...adults' services...a key area for improvement.

In **March 2002**, the Leader of Caerphilly CBC was quoted[216] as *demanding an inquiry into how a disgraced GP* (that is, a former colleague of Dr P Das) *landed a job with one of Wales' biggest private nursing home firms* i.e. Puretruce Care Ltd with *22 care homes...with nearly 1,000*

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[214] This guidance was described by Luke Clements and Pauline Thompson as *process orientated* and *without powers to enable local authorities to protect victims of abuse. Clements L and Thompson P.* (2007) *Community Care and the Law* 4th Edition London: Jessica Kingsley Publishers)

[215] Audit Commission

[216] http://www.thefreelibrary.com/SEX-FOR-CASH+DOCTOR+IN+HOMES+JOB+STORM%3B+Inquiry+call+over+shamed...-a085917693 (accessed on 8 November 2014)

places for older people...Dr [P] *Das confirmed that no checks had been made with police before Bhagat was taken on.*

In **September 2003**, the South East Wales Executive Group for the Protection of Vulnerable Adults published, *Protecting Vulnerable Adults: Interagency policy, procedures and practice guidance for responding to alleged abuse and inappropriate care of vulnerable adults in the South East Wales area.* This stated that:

*Large scale investigations, e.g. those involving a group of vulnerable adults...or a number of establishments are complex...Joint planning and management need scrupulous attention...**The responsibility for coordinating a large scale investigation is with the social services nearest to where the vulnerable adult lives at the time of the alleged abuse...Whenever complaints about abuse suggest a criminal offence may have been committed, the police must be contacted urgently. This takes priority over other enquiries. The safety of the vulnerable adult must be given the highest priority.***

*While social services are responsible for coordinating an adult protection case and the police for leading an investigation into an alleged criminal offence, **the identification, assessment, protection and care of vulnerable adults is an interagency and multi-disciplinary responsibility.***

***...if the vulnerable adult needs urgent medical attention this should be arranged without delay...**early police involvement makes sure forensic evidence is not lost or contaminated.*

***If during the investigation/assessment there is evidence that the vulnerable adult(s) is exposed to considerable risk, immediate action must be considered to protect them.** This may include moving the vulnerable adult to a place of safety...*

*If following a police investigation into an alleged crime, the CPS finds there is insufficient evidence to prosecute, an Adult Protection Case Conference may be held to review the case and plan appropriate action. The police **must** inform other agencies and the vulnerable adult if there is insufficient evidence to prosecute. **It is essential to assess any remaining issues not addressed by the police e.g. overall practice and management issues to do with the care of the vulnerable adult and others who might be at risk...***

Alan Sayers' death at **Bryngwyn Mountleigh** in **2004** did not result in a Protection of Vulnerable Adult (POVA) referral. However, there were subsequent POVA referrals from this home.

In **April 2004**, the Western Mail[217] published an article entitled *Elderly will suffer as care home crisis deepens.* This stated that five care homes in Caerphilly *fear they could be forced to close within 12 months in the face of paltry funding increases.* Anna Bentley, of **Belmont Residential Home** anticipated being *forced to close within 12 months,* not least since *'pointless' new regulations...*disallow *double rooms...April 2005 is crunch time – if the fees are increased to*

[217] http://www.thefreelibrary.com/%27Elderly+will+suffer%27+as+care-home+crisis+deepens.-a0114912458 (accessed 8 November 2014)

offset the reduction in the number of rooms we may be able to keep on going. We will carry on but it will come to the point when we have to ignore the inspectors and the regulations.[218] Mrs Bentley questioned the want of parity across fees for private care home residents and residents in local authority homes.

In **September 2004**, **Caerphilly CBC** and **Puretruce Health Care Ltd** commissioned a report from Gordon Cole[219] to *identify whether the contractual standard of care...was being met*[220] at **Holly House**.[221] He visited the home on four occasions and noted in his report that *there is no doubt that the quality and standards of care more than comply with regulatory requirements.*

During **October 2004**, a period of intensive assessments by District Nurses began at **Brithdir** arising from failures noted by the **CSIW** and **POVA** procedures in relation to pressure ulcer prevention and treatment.

In **December 2004**, **Caerphilly CBC** confirmed that it was *prepared to lift the current embargo* (on placements at **Holly House**) *up to a maximum of 29 beds pending the Tribunal decision.*

Also in December 2004, **Caerphilly LHB** and **Caerphilly CBC** confirmed that the embargo in place on **Brithdir** would be lifted, subject to conditions.

During **February** and **April 2005**, Gordon Cole made two further visits to **Holly House**. His findings did not tally with those of the **CSIW** inspectors.

The decision of the **Care Standards Tribunal** in relation to **Holly House** was produced in **May 2005**. Mr Roger McCarthy QC for **Puretruce Health Care Ltd** proposed the continuing involvement of Gordon Cole.

In **June 2005**, **Caerphilly CBC's Director of Social Services** featured in the BBC Wales broadcast, *Week In Week Out: Taking Care?* This programme expressed a deeply felt discontent with the track record of care at **Holly House** and the **Merthyr Tydfil Nursing Home**.[222] It was noted that an independent consultant had been employed by **Caerphilly CBC** to write a report about the care provided at **Holly House**. The Director of Social Services himself confirmed that he would not place a loved one there since the home did not meet minimum standards *in all respects.* He went on to note that the *first and best option is to make* a failing home *better.* NHS nurses began working at **Holly House**, at public expense, to

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[218] In 2009 Mrs Bentley pleaded guilty to 37 offences, many of which related to the inadequate care of residents at Belmont (see Section 8)

[219] *A policy adviser and representative for Care Forum Wales and an independent consultant providing advice to local authority and independent sector care providers,* (p2 of *Puretruce Health Care Ltd v National Assembly for Wales* [2005] EWCST 544 (EA-W) 5 September 2006)

[220] *Puretruce Health Care Ltd v National Assembly for Wales* [2004] 0371 (EA-W) 15 May 2005

[221] A home in Caerphilly owned Dr P Das and Dr N Das

[222] A home owned by Dr P Das and Dr N Das See Appendix 1

ensure the safety of residents. In other words, improvement of standards was proposed as the initial solution.

Also in June 2005, POVA referrals were made to **Caerphilly CBC** concerning **Brithdir**. During **November 2006**, Caerphilly CBC gave notice that the contract with **Brithdir** was to be cancelled on the grounds that there had been no improvements.

The decision of the **Care Standards Tribunal** (**September 2006**) noted that *one of the more bizarre financial decisions taken by Dr* [P] *Das was his attempt to extract "cheap money" from Caerphilly CBC in* ***June 2005***, that is, *within a very short time of the Tribunal's decision giving him a last chance to save Holly House, Dr Das wrote to the Director of Finance of his company's main customer and revealed that it had pressing debts totalling £49,360 that it could not pay. Dr* [P] *Das in effect threatened Caerphilly that if they did not help him financially he would be forced to leave them without a home in which to place the vulnerable adults for whom they had responsibility.*

During **2006**, **Caerphilly CBC** had *'all qualified' social work teams.*

In a report prepared for this Review[223] **Caerphilly CBC** stated that from the outset, *agencies worked together through the multi-agency POVA process. It appears Police were made aware of all the POVA referrals in Mountleigh Bryngwyn and Brithdir nursing homes.* However, Caerphilly believed that *all referrals at these homes were being considered by the police as either key cases to take forward to a prosecution or as supporting evidence. The usual POVA process of individual strategy meetings appears to have been replaced by overarching meetings where both multiple referrals and systems failures in Mountleigh Bryngwyn and Brithdir nursing homes were discussed. This appears to have assisted staff and particularly the police to gain a broader picture of the concerns however,* it *led to a situation where the individual POVA referral investigation outcomes could not be provided as the case lay with the police as part of...Operation Jasmine. This situation continued for a considerable length of time.*

During **August 2007**, an Occupational Therapist employed by **Caerphilly CBC** *raised POVA and other care concerns*[224] about **Belmont**. Caerphilly CBC *developed a Provider Performance Monitoring Protocol* because *the systems failures...required urgent and specific attention.*

In **January 2008**, **Caerphilly Area Adult Protection Committee** ratified a document, headed ***2002-current day***, which was known as the *Jasmine 'lessons learned'* or *'106 lessons.'*[225] It was widely shared by Caerphilly CBC and Gwent Police at conferences in Wales and England concerning adult protection, for example.

From **2008** onwards, the authority's *Provider Performance Monitoring Protocol* was used.

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[223] 3 October 2014

[224] Caerphilly CBC Improvement Journey: Report for Jasmine Review

[225] See Appendix 5

Between **2008** and **2010**, **Gwent Police** referred 10 social workers to the **Care Council for Wales** (CCW), none of whom had been charged with an offence. Most of them had responsibility for reviewing older people placed in the Das' homes. *Each case was reviewed with account taken of the context within which these individuals were working and the fact that the employer had assessed each individual and, in some cases, put additional training in place. As a result it was concluded that it would be unlikely that findings would be made against these individuals in a professional conduct hearing. All cases were therefore closed in August 2010.* [226]

In **May 2009**, the service managers responsible for POVA and for Commissioning Adult Services at **Caerphilly CBC** had an article published [227] about the *interagency challenges to improving provider performance.* This highlighted concern about poor standards in some registered homes as evidenced by increasing numbers of referrals to the authority and by the suspension of placements; the significant variations in the performance of providers; the failure to develop a strategic approach to managing contracts and collating POVA issues from sources such as the local health board, NHS Trust and contract monitoring; and the use of *'overarching' meetings*,[228] for example. The article noted that engaging with service providers was enhanced *when it was realised that the regulator and contractor were working together and asking for one consistent set of improvements to be made...discussions with providers with regard to monitoring/inspection unsurprisingly revealed frustrations at the number of different monitoring agencies and episodes of monitoring.* Finally, the article questioned the merits of adopting a reactive stance and using embargoes since these did not have any track record of achieving sustained improvements.

Caerphilly CBC's contract monitoring reports were posted on the Council's website. These include the outcomes of *out of hour's contract monitoring visits.*

Also in May 2009, the Welsh Government published statutory guidance, *Escalating Concerns With, and Closures of, Care Homes Providing Services for Adults.* Issued under S7 of the Local Authority Social Services Act 1970 and sections 12 and 19 of the National Health Service (Wales) Act 2006, it sets out responsibilities and the ways in which these may be discharged. The guidance states that:

Escalating concerns will warrant proactive or reactive intervention from those commissioning services, possibly from one or more commissioning agencies, designed to improve the quality of services and, where possible, prevent what might be avoidable home closures.

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[226] Operation Jasmine Review: Evidence from the Care Council for Wales

[227] Giordano A. and Street, D. (2009) Challenging provider performance: developing policy to improve the quality of care to protect vulnerable adults, in *The Journal of Adult Protection,* 11 (2), 5-12

[228] These were used to manage more than one referral or concern related to the same service or provider.

In **January 2010**, the **Care and Social Services Inspectorate Wales** (CSSIW) undertook an *Inspection of Adult Protection in Caerphilly County Borough Council.* Its report on the results stated that:

Caerphilly CBC has worked hard to make the protection of vulnerable adults a strong and high quality service...and has worked diligently to continue to improve the work of its specialist Adult Protection team. There has been a strong emphasis on getting the processes right so as to provide a clear indication of what action has been taken, what was decided and what the benefits were to vulnerable people. The local authority has been concerned about the inconsistent quality of registered social care services which it either provides or commissions...There have been particular issues associated with a continuing Police investigation into standards of care in residential care homes offering personal care and nursing, which has had a significant impact in Caerphilly. It has focused resources on solving these and other, difficult adult protection considerations...

During **August 2010**, *Fulfilled Lives, Supportive Communities: Commissioning Framework Guidance and Good Practice* was published by the Welsh Assembly Government and NHS Wales. This built on *Promoting Partnership in Care – Commissioning Across Health and Social* Services.[229] Both publications contained a change of terminology from *planning and procurement practice* to *commissioning* and the core features of commissioning were to be activities which ensured that services were planned and organised to meet the *outcomes required.* This involved a *whole system perspective,* familiarity with population needs, best practice and local resources in order to plan, implement and review changes to service provision.

Brithdir was sold in **2006.** It was taken over by Mr Bamrah of **Broadway Care Centre Ltd** and renamed **Hillside**. Subsequent concern about the quality of care at **Hillside**, using Caerphilly's *Provider Performance Monitoring Protocol,* led the Council to terminate its contract in **December 2011**. Mr Bamrah unsuccessfully challenged the process which led to this decision.[230]

In **May 2013, Caerphilly CBC** revised its *Provider Performance Monitoring Protocol* again[231], which enabled information about a commissioned service to be shared in forums other than POVA meetings – and operationalised the requirements of the *Escalating Concerns* guidance. The rationale for the Protocol included a wish to engage proactively with partner agencies in order to *reinforce their expectations of quality services being provided.* This resulted in an expanded role for the contract monitoring team in order to gain *a more comprehensive view of the quality of care services provided.* The approach involved (i) monthly Quality Assurance meetings *to consider and discuss issues relating to any service/ provider* and (ii) *Provider Performance Monitoring Meetings* which were to be triggered by evidence of *poor*

[229] Welsh Assembly Government 2003

[230] [2012] EWHC 37 (Admin) Case No: CO/12238/2011

[231] This was revised regularly following its creation in 2007/08

performance. There was an expectation that all commissioners would have *an informed and independent view* concerning the quality of service provision *rather than be reliant upon inspection reports from the regulatory body or other agencies.*

The tasks **Caerphilly CBC** faced in being the authority in which three of the six Operation Jasmine homes were based are all too familiar to authorities who work with those who provide care services for frail older people with extensive support needs. Caerphilly CBC has currently a *Contract Default Process* with which to address potential and actual contract breaches. The process begins with a meeting with the provider to *agree a way forward...to improve the situation and performance...Where the contract is terminated with a care home, the Caerphilly CBC Care Home Closure Policy will be used to ensure a smooth transition for service users to a new service provider.*

Although the authority acknowledges that the task is incomplete, the reforms and initiatives adopted – described as *The improvement journey* – focus on accountability for the safety and wellbeing of older people, by for example: linking POVA coordinators with care home provider forums and the out of hours team; providing feedback forms for staff visiting care homes; hosting the *Wales Commissioning Network* for information sharing about provider status and performance; evening seminars for elected members; providing workshops for commissioners, CSSIW and health staff; and adopting 'My Home Life'[232] and Dementia Care Matters.[233] Consent has been obtained from providers for commissioners to access copies of reports concerning food hygiene, fire and environmental health. Reviews are offered to self-funding residents.

These reforms are taking place against such deep-rooted and ongoing issues (for all local authorities) as:

- An embargo on placements becoming the pretext for not making improvements
- Less than credible threats of home closure given the shortage of EMI provision and prospective residents subject to *delayed discharges* in general hospital provision
- The dilemma inherent in *waiting* for providers to improve as they commit to adhering to action plans or promise to appoint staff to key roles for example
- Legal challenges by owners disputing the accuracy of critical CSSIW reports
- The expectation of some providers and partner agencies that local authorities and health services will willingly provide staff to failing homes at no cost to the providers
- A widespread belief among private care home providers that local authority provision is given an unfair advantage

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[232] *A UK wide initiative that promotes quality of life and delivers positive change in care homes for older people* http://myhomelife.org.uk/ (accessed 18 February 2015)

[233] An organisation which seeks to transform care for people with dementia http://www.dementiacarematters.com/person.html (accessed 18 February 2015)

- Uncertainty about actions which may be legitimately taken when the police have investigatory primacy, irrespective of the duration of the police investigation
- The development of new homes without reference to the population profile or knowledge of service assessment and requirements
- The resistance of people's relatives to the prospective closure of a home. Typically, but not always, these will be the relatives of people who have not been harmed in the home in question
- The role of home owners and staff in (i) encouraging relatives to challenge the decisions of health and social care managers and regulators, (ii) the citing of research about the implications of moving a person to another home for their mortality and (iii) supposed deference to older people's human rights.

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10 August 2015

Dear Mr Burns

Care Home Review: Analysis of your final response

I am writing to thank you for providing a final response to my Requirements for Action, which I have now had an opportunity to analyse.

In analysing the response received, I was looking for assurance through the information provided and action in hand or planned that my Requirements for Action will be implemented and the intended outcomes will be delivered for older people.

Your response clearly demonstrates a commitment to delivering the change required that I outlined in my Care Home Review and clearly details action you have in place or will take to deliver the intended outcomes.

I am particularly pleased that your organisation has used the constructive feedback that I provided earlier in the year to improve your response, and all of your responses to my Requirements for Action have now been analysed as 'acceptable'. It is good to see that the Local Authority is working with the Health Board within some Requirements for Action. Your organisation has proposed the proactive development of new services or processes which have the potential to progress as best practice. For example, I particularly welcome the understanding of the impact and benefits of befriending and intergenerational work that the

Local Authority has demonstrated in its response (Requirement for Action 3.3).

I am therefore satisfied that your organisation is already complying with my Requirements of Action or is committed to taking the action necessary to deliver the required change. However, I would also expect to see the development of clear review and evaluation procedures to provide assurance at a senior level in your organisation that the required outcomes will be delivered.

Please find attached a detailed analysis of the additional information you have provided in response to my request.

As you are aware, I am obliged by the Commissioner for Older People (Wales) Act 2006 to keep a register of responses to my Requirements for Action and therefore all of the responses from the bodies subject to my Review will be published on my website together with the analysis of each response.

As I have already advised, I will be publishing an overall commentary on whether I consider that the change I expect to see on behalf of older people will be delivered across Wales and I intend to make a formal public statement in respect of this and action intended by individual bodies subject to the review. These statements will be made on 11 August.

It is not my intention to seek detailed updates on all of the action you have in hand, because of the level of assurance and commitment you have shown in securing these outcomes. It is therefore my intention to undertake a follow up review in 18 months' time at which stage I will be looking for tangible evidence that these outcomes have been consistently delivered across the care homes in your area (your action has been completed). I will, at a later stage, provide you with information on the scope and approach that I will adopt.
However, there are a number areas for which I will require interim updates and assurance and I will write separately to you in respect of what these are and how I will require this to be provided.

I look forward to continuing to work with you to ensure that older people living in care homes in Wales have the best possible quality of life and receive the highest standards of care.

Yours sincerely

Sarah Rochira

Sarah Rochira
Older People's Commissioner for Wales

Caerphilly County Borough Council

Requirement for Action 1.6

Final Conclusion - Acceptable

1.6 Older people are offered independent advocacy in the following circumstances:

- when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse.
- when a care home is closing or an older person is moving because their care needs have changed.
- when an older person needs support to help them leave hospital.

For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy.

When a care home is in escalating concerns, residents must have access to non-instructed advocacy.

The Local Authority's response to this Requirement for Action was previously determined to be acceptable. Therefore, no further analysis has been undertaken.

Requirement for Action 2.2

Final Conclusion - Acceptable

2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.

I welcome that the Local Authority response to this Requirement for Action provides an overview of the range of multi-disciplinary care and specialist services that are provided in the area. For example, information is provided on the assessment and reablement beds that are available in the area.

I raised a concern in relation to the Local Authority's initial response that it could have been more explicit about its links to, and work with the Health Board to achieve the desired outcomes for older people. Therefore, I am pleased to note that the response demonstrates a clear commitment to taking a proactive approach to the development of multi-disciplinary care and specialist services in close partnership with the Health Board. For example, the Local Authority recognises that work is needed to ensure that services such as SALT and dentistry are accessible to older people.

I welcome that the Local Authority is committed to scope specialist support that is available to care home to identify concerns, and to contribute to a new service specification if necessary to improve access to specialist provision for older people living in care homes. These actions have the potential to enable the Local Authority to better understand the need for such services, and in turn, to provide older people with full support, following a period of significant ill health so that they can maximise their independence and quality of life.

The response includes clear timelines for the completion of the actions noted, and also identifies an accountable individual. The clarity of this approach should enable the quality and impact of these services, and any changes made to them to be closely monitored by the Local Authority.

Requirement for Action 3.2

Final Conclusion - Acceptable

3.2 All care home employees undertake basic dementia training as part of their induction and all care staff and care home managers undertake further dementia training on an on-going basis as part of their skills and competency development, with this a specific element of supervision and performance assessment.

The Local Authority's response to this Requirement for Action was previously determined to be acceptable. Therefore, no further analysis has been undertaken.

Requirement for Action 3.3

Final Conclusion – Acceptable

3.3 Active steps should be taken to encourage the use of befriending schemes within care homes, including intergenerational projects, and support residents to retain existing friendships. This must include ensuring continued access to faith based support and to specific cultural communities.

The response from the Local Authority to the Requirement for Action provides a much clearer picture of the current provision of befriending services for older people in care homes and demonstrates a commitment to improving these over the next year. For example, there is detailed information provided on a befriending scheme that is run by the Royal Voluntary Service. This scheme has the potential to enable older people to have meaningful social contact and reduce the risks of them becoming lonely and isolated.

I raised a concern in relation to the Local Authority's initial response that there was no demonstrated understanding of, or plan to evaluate the impact and outcomes of befriending. Therefore, I particularly welcome the understanding of the impact and benefits of befriending and intergenerational work that the Local Authority has demonstrated in its response. One example was given where a gentleman was supported to visit war graves in France with pupils of a local school and a traditional tea party run by RVS. Not only has the response identified the positive outcomes for individuals, but it has recognised how improved relationships can result in older people feeling more confident and supported to raise concerns and changes being made to care homes as a result. Furthermore, it is good to see that the RVS is planning to receive feedback on its work and that this will be shared with the Local Authority.

The response provides a date for when the actions will be completed, and also states that it plans to measure the outcomes of these initiatives. While I recognise that many of the initiatives are relatively new, the response could have been strengthened by the inclusion of befriending schemes that include access to faith based support and to specific

cultural communities, and would expect work in these areas to be developed in the near future.

Requirement for Action 5.6

Final Conclusion – Acceptable

5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights.

The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks.

This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.

The response to this Requirement for Action explicitly states its support for the principles of a national approach to service improvement. Such an approach would mean that care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources and support that leads to improved care and reduced risk.

I welcome this commitment and note the concerns that the Local Authority has raised, such as the need to retain the responsibility of providers and commissioners and to ensure the appropriate governance arrangements are in place. It is my expectation that Welsh Government leads on the development of the National Improvement Service, in partnership with Local Authorities, Health Boards and care home providers. I have not stipulated the required structure for the National Improvement Service, and look forward to continuing my work with bodies in the development of such a service.

Requirement for Action 6.2

Final Conclusion – Acceptable

6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon.

Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).

There were a number of positive actions that the Local Authority had committed to taking in its initial response to this Requirement for Action that demonstrated an understanding of the importance of listening to the voices of older people and ensuring that the issues raised are acted upon. For example, the Local Authority is in the process of reviewing and developing a new monitoring tool with a focus on quality of care, emotional wellbeing with a greater focus on engaging with residents and asking for feedback differently.

These actions have the potential to ensure that commissioners and providers have a thorough understanding of day to day life, and that older people's views are used to drive continuous improvement. However, I did raise a concern that the information provided did not form a sufficiently detailed plan, and I note that these actions mainly relate to formal methods of listening to the views of older people.

The response from the Local Authority states that this piece of work needs to be developed on a regional basis, and that discussions have begun to identify a course of action. I welcome the commitment to collaborative working and the desire to ensure consistency of approach across the whole region. This commitment has the potential to deliver beyond the remit of the Requirement for Action. However, I would expect to be kept informed of the regional approach as it develops to be assured that this Requirement for Action will be fully implemented.

Requirement for Action 6.7

Final Conclusion – Acceptable

6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include:

- the availability of Independent Advocacy in care homes
- quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss
- how the human rights of older people are upheld in care homes across the Local Authority
- the views of older people, advocates and lay assessors about the quality of life and care provided in care homes
- geographic location of care homes

Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.

I welcome the clear commitment from the Local Authority to the publication of Annual Quality Statements by the Director of Social Services in the manner outlined within the Requirement for Action. This will ensure that older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes, and there is greater openness and transparency in respect of the quality of care homes.

HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 8TH SEPTEMBER 2015

SUBJECT: **DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS)**

REPORT BY: **DIRECTOR OF SOCIAL SERVICES**

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1. PURPOSE OF REPORT

1.1 To up-date elected members of the changes in the emerging case law involving authorising deprivations of liberty for people in care homes and in the community. The report will also highlight the changes proposed by the Law Commission, currently out to consultation.

2. SUMMARY

2.1 In March 2014, the 2014, the Supreme Court, considered 2 cases concerned with potential deprivations of liberty. These cases were:

- P (by his litigation friend the Official Solicitor) (Appellant) *v* Cheshire West and Chester Council and another (Respondents)
- P and Q (by their litigation friend, the Official Solicitor) (Appellants) *v* Surrey County Council (Respondent)

2.2 In the above ruling the Supreme Court clarified the criteria for judging whether the living arrangements made for a person who lacks capacity amounts to a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights.

2.3 The ruling has many implications for how the Mental Capacity Act (MCA) is interpreted and used and for the situations in which people can be lawfully deprived of their liberty. The emerging case law is consistently redefining what is classified as a deprivation of liberty particularly in community settings.

2.4 The Law Commission were asked to review current practice and make recommendations for changes in the law and practice following criticism on MCA & DoLS by the House of Lords and the current un-sustainable position following Cheshire West.

2.5 This report contains an up-dated position on the current state of deprivations of liberty within Caerphilly, improvement initiatives within Wales and a very brief outline of the proposed scheme within the current consultation paper ending on the 2nd November 2015.

3. LINKS TO STRATEGY

3.1 Compliance with statutory responsibilities.

4. THE REPORT

4.1 Members will remember from the previous paper that a consideration of whether people are deprived of their liberty follow different processes for those residing in the community or a care home. Deprivation of liberties for people living in the community, including supported living schemes, are assessed by the local authority and authorised by the Court of Protection; while deprivations of liberty in care homes are authorised by the local authority following assessment undertaken through pan Gwent collaborative arrangements hosted by Aneurin Bevan University Health Board (ABUHB).

4.2 In respect of cases in the community since Cheshire West Caerphilly have undertaken a number of "test cases" to gain a greater understanding from the Court of Protection, an evaluation of what is involved in the process, an evaluation of the resources that would need to be applied both from a social work practice and legal standpoint, the timescales to undertake the work, and test on the authorisation of the deprivation of liberty on the papers process proposed by the President of the Court of Protection. Following the judgment the President of the Family Division proposed a "paper process" to try to deal with the huge escalation in applications. 3 cases were initially chosen including an older person with dementia with live in carers, an older person with an acquired brain injury whose care is jointly funded with ABUHB and a person with a learning disability in supported living. Of these cases only one has been formally approved, the others being "stayed" following a challenge in the Court of Appeal.

4.3 From these cases we have now developed a process involving social work and legal services through which we can progress future cases and a greater understanding of the timescales and work involved:

- Preparing the cases to go to the Court of Protection is a substantial commitment in social work time. It can take several weeks to undertake and pull together the various assessments and reports.
- A medical opinion of a person's impairment of the brain and mental incapacity is required for each application and there are limited resources available to undertake these assessments which adds to the timescales on each application.
- An independent view of the individual's circumstances is also required and this can be at additional costs.
- This small number of cases has consumed considerable resources from Legal Services.
- There is no additional capacity at the Court of Protection or with the Official Solicitor.

4.4 One of the cases above has been authorised by the Court of Protection and this was done on the papers submitted under the scheme highlighted above. However, this scheme is no longer available following a judgement at the Court of Appeal. The remaining 2 cases are currently waiting a hearing and determination by the Court.

4.5 Emerging case law appears to be determining that people who are in receipt of care and who are also cared for by informal arrangements with families and others are not deprived of their liberty, as in some case, the formal care is not deemed to be continuous or "imputable to the state". If this is consistently applied then it should reduce the number of people in the community deemed to be deprived of their liberty. However, the only way to be sure would be to assess each case on its own merits.

4.6 Further training on MCA / DoLS has been provided through the Workforce Development Team jointly with Blaenau Gwent. The training consisted of a half day basic awareness on mental capacity, a more detailed full day on social work practice in relation to the Mental Capacity Act and a further half day on Deprivation of Liberty Safeguards. 113 staff attended the basic awareness on mental capacity, 106 attended the full day on mental capacity and 71 have attended the Deprivation of Liberty course. There is evidence from practice to indicate that this training has had a positive impact. One member of staff has now completed the Best Interest Assessor training and, in addition to their usual role, is able to give advice to other staff on practice.

4.7 Since the Cheshire West judgement the DoLS Team (pan Gwent) have received 399 requests for a standard authorisation in respect of Caerphilly residents cared for in care home settings with 300 still waiting for an assessment. It is acknowledged that the number of people referred under represents those requiring assessment and further training needs to be provided to Managing Authorities (care homes) to ensure they meet their legal obligations to refer people they believe may be deprived of their liberty. Of note care homes granted 142 urgent authorisations which lapse after 7 days; 96 of these are still waiting for an assessment and these are counted in the 300 cases identified above. The number of Best Interest Assessors (BIA's) has risen to 6.5 but as the number of un-allocated cases above indicates is far short of the number of BIA's required.

4.8 In a Welsh context a Leadership Group, an Expert Working Group (looking at streamlining the DoLS forms) and a national MCA / DoLS network have been established. The final draft of the streamlined "Once for Wales" forms and Welsh Prioritisation tool are currently with Legal Services in Welsh Government with the forms being reduced from 24 to 14 to support a clearer and more effective process. Associated Guidance will also be published. Discussions between the Care Council for Wales with Welsh Universities are proceeding on a curriculum for qualifications for Best Interest Assessors in Wales. Guidance instructions for Coroners have been issued by the Chief Coroner and Chief Medical Officer for Wales.

4.9 The Law Commission's proposals for a new scheme has been published in their Consultation Paper no. 222 entitled "Mental Capacity and Deprivation of Liberty" and is available on their website under current consultations. The proposed changes identify a new scheme based on:

- **Supportive Care** – Would apply where a person is living in care home, supported living or shared lives accommodation, or if a move into such accommodation is being considered. Supportive care would cover people who may lack capacity as a result of an impairment of, or a disturbance in the functioning of, the mind or brain, in relation to the question whether or not they should be accommodated in particular care home, supported living or shared lives accommodation for the purpose of being given particular care or treatment.
- **Restrictive Care** – The restrictive care and treatment scheme would apply in respect of a person who is moving into, or living in, care home, supported living or shared lives accommodation and some form of "restrictive care and treatment" is being proposed. In addition, the person must lack capacity to consent to the care and treatment, and the lack of capacity must be the result of an impairment of, or a disturbance in the functioning of, the mind or brain. The meaning of restrictive care and treatment scheme would be determined by reference to a non-exhaustive list:
  - continuous or complete supervision and control;
  - the person is not free to leave;
  - the person either is not allowed, unaccompanied, to leave the premises in which placed (including only being allowed to leave with permission), or is unable, by reason of physical impairment, to leave those premises unassisted;
  - barriers are used to limit the person to particular areas of the premises;
  - the person's actions are controlled, whether or not within the premises, by the application of physical force, the use of restraints or (for the purpose of such control) the administering of medication - other than in emergency situations;
  - any care and treatment that the person objects to (verbally or physically); and
  - significant restrictions over the person's diet, clothing, or contact with and access to the community and individual relatives, carers or friends (including having to ask permission from staff to visit - other than generally applied rules on matters such as visiting hours).
- **Protective Care in Hospital Settings** - Separate bespoke system for hospitals and palliative care. This would enable the authorisation of deprivations of liberty in NHS, independent and private hospitals where care and treatment is being provided for physical disorders, and in hospices. The hospital scheme would apply when the following conditions are met:
  - the patient lacks capacity to consent to the proposed care or treatment; and
  - there is a real risk that at some time within the next 28 days the patient will require care or treatment in his or her best interests that amounts to a deprivation of liberty; or

- the patient requires care or treatment in their best interests that amounts to a deprivation of liberty; and
- deprivation of liberty is the most proportionate response to the likelihood of the person suffering harm, and the likely seriousness of that harm.

- **A new role of an Approved Mental Capacity Professional (ACMP)** – All restrictive care and treatment assessments would be referred to an AMCP.
  - The AMCP would retain overarching responsibility for ensuring that the assessment is carried out, however they would be given wide discretion over how this is achieved. In some cases the AMCP might decide that the assessment should be carried out by the professional already working with the person. The AMCP might also act as a general source of advice for the assessor – to assist them to apply the principles of the Mental Capacity Act and share good practice. In other cases, the AMCP could take charge of the restrictive care and treatment assessment themselves and thereby ensure that an independent assessment takes place. This would depend on the circumstances of the case.
  - AMCPs would be in the same position legally as Approved Mental Health Professionals. In other words, they will be acting as independent decision-makers on behalf of the local authority. The local authority would be required to ensure that applications for protective care appear to be "duly made" and founded on the necessary assessments.
  - Advocacy – it is vital that independent advocacy continues to play a central role in our new scheme. It is provisionally proposed that, in all cases, an advocate should be instructed for those subject to protective care.
  - The Interface With The Mental Health Act – The new scheme could not be used to authorise the detention in hospital of incapacitated people who require treatment for a mental disorder.

5. EQUALITIES IMPLICATIONS

5.1 There are no equalities implications arising from this report.

6. FINANCIAL IMPLICATIONS

6.1 There are considerable financial implications detailed in the body of the report, significantly around the provision of an appropriate number of Best Interest Assessors, legal support and court fees, continued training for staff on mental capacity as well deprivations of liberty, and on social work resources particularly those supporting people who live in the community. Deprivations of liberty that are not properly authorised can be subject to un-limited court fines and compensation consistent with the facts of the case.

7. PERSONNEL IMPLICATIONS

7.1 There are no personnel implications arising from the report.

8. CONSULTATIONS

8.1 All feedback from consultations are contained in the body of the report.

9. RECOMMENDATIONS

9.1 Elected members note the current position and the implications for practice and resources.

9.2 Members are also asked to note the Law Commission's proposals for changes in the law and the resource implications that this presents.

Author: Stephen Howells, Service Manager for Older People
Consultees: Dave Street, Director of Social Services
Jo Williams, Assistant Director, Adult Services
Bethan Manners, Senior Solicitor, Legal Services
Adult Services Divisional Management Team

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HEALTH, SOCIAL CARE AND WELLBEING SCRUTINY COMMITTEE – 8TH SEPTEMBER 2015

SUBJECT: **SUMMARY OF MEMBERS' ATTENDANCE – QUARTER 1 – 15TH MAY 2015 TO 30TH JUNE 2015**

REPORT BY: **ACTING DIRECTOR OF CORPORATE SERVICES AND SECTION 151 OFFICER**

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1. PURPOSE OF REPORT

1.1 To report Members' levels of attendance at scheduled meetings of Caerphilly County Borough Council.

2. THE REPORT

2.1 Appendix 1 details Members' attendance for quarter 1 (15th May 2015 to 30th June 2015), at the following meetings:

- Council;
- Cabinet;
- Scrutiny Committees;
- Planning Committee;
- Audit Committee;
- Democratic Services Committee; and
- Sustainable Development Advisory Panel.

2.2 The information is compiled from attendance sheets signed by Members at these meetings.

2.3 The appendix also allows for a comparison with the same period in the preceding two years. When making comparisons to previous quarters/years, please note that overall averages given are the weighted average to reflect the number of meetings in each quarter.

2.4 Details for the next quarter (1st July 2015 to 30th September 2015) will be reported to the next appropriate meeting of the Scrutiny Committee.

3. EQUALITIES IMPLICATIONS

3.1 There are no specific equalities implications arising as a result of this report.

4. FINANCIAL IMPLICATIONS

4.1 There are no specific financial implications arising as a result of this report.

5. PERSONNEL IMPLICATIONS

5.1 There are no specific personnel implications arising as a result of this report.

6. CONSULTATIONS

6.1 None.

7. RECOMMENDATIONS

7.1 That Members note the content of the report.

8. REASONS FOR THE RECOMMENDATIONS

8.1 To inform Members of attendance levels at scheduled meetings of Caerphilly County Borough Council from the Annual Meeting of Council, 2015.

Author: C. Evans (Committee Services Officer)

Background Papers:
Member attendance sheets

Appendices:
Appendix 1 Schedule of Members' Attendance 2013 to 2016

APPENDIX 1

Quarterly Summary of Attendance Levels (Percentages)

AGM to AGM

	2013-2014					2014-2015					2015-2016				
	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total	Q1	Q2	Q3	Q4	Total
Council	87	82	82	88	**85**	84	84	75	84	**82**	84				
Crime & Disorder		69		94	**82**		81		56	**69**					
Education For Life	72	75	69	75	**73**	66	65	81	72	**71**	69				
Health, Social Care & Wellbeing	75	66	78	69	**72**	75	73	74	85	**77**	63				
Regeneration and Environment	69	63	81	84	**74**	81	80	77	78	**79**	78				
Policy & Resources	69	78	84	85	**79**	78	77	88	77	**80**	94				
Planning Committee	75	82	85	89	**83**	85	75	73	75	**77**	65				
Audit Committee	83	75	67	83	**77**	58	83	58	92	**73**	75				
Democratic Services Committee	69		69	75	**71**	88	75	69	88	**80**	69				
Sustainable Development Advisory Panel	64	64		64	**64**		82	55	73	**70**					
Average Attendance per quarter	**74**	**72**	**77**	**81**	**76**	**77**	**86**	**81**	**76**	**80**	**72**				
Cabinet	95	82	92	93	**91**	93	93	95	91	**93**	83				

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