



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 22 APRIL 2021 at 5:30 pm as a virtual meeting using Zoom.

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini

Councillor Kitterick
Councillor Thalukdar

In Attendance

Deputy City Mayor Russell, Social Care and Anti-Poverty.

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110. APOLOGIES FOR ABSENCE

The Chair led introductions and advised this was a virtual meeting as permitted under section 78 of the Coronavirus Act 2020 to enable meetings to take place whilst observing social distancing measures. The procedure for the meeting was also outlined to those present.

There were no apologies for absence.

The Chair held a moments silence in memory of His Royal Highness The Prince Philip, Duke of Edinburgh who passed on 9th April 2021.

111. DECLARATIONS OF INTEREST

Members of the commission were asked to declare any interests they may have in the business on the agenda.

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team at Leicester City Council.

Councillor March declared an Other Disclosable Interest in that she had caring responsibilities for an older family member.

In accordance with the Council's Code of Conduct neither interest was considered so significant that it was likely to prejudice the Councillors' judgement of the public interest and therefore neither Councillor was required to withdraw from the meeting during consideration of any items on the agenda.

There were no other declarations of interest made.

112. MINUTES OF THE PREVIOUS MEETING

Item 93 Draft General Fund Budget and Draft Capital Budget 2021/22

A point was raised that the minutes of the last meeting did not give a full reflection of the discussion around the procurement and commissioning plans for 2021 to 2022 in that there was a specific request to bring forward regular updates with regard to domiciliary care and care packages as a specific issue since that included a particularly large increase in contractual costs.

Item 106 Supported Living and Extra Care Housing

In relation to progress with the new development at Tilling Road it was noted that there were still ongoing negotiations with the builders which would hopefully conclude in the next week and officers would provide a more detailed update to the next meeting.

Noted that additional information in relation to the community opportunities item had been provided by officers and circulated to Members by email.

AGREED:

That the minutes of the meeting held on 9th March 2021 be confirmed as an accurate record subject to the clarification on the position of bringing forth regular updates around domiciliary care to future meetings as above.

113. PETITIONS

The Monitoring Officer reported that no petitions had been received.

114. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statement of case had been received.

115. DEMENTIA STRATEGY UPDATE

The Strategic Director for Social Care and Education presented an update on the Dementia Strategy.

The Head of Commissioning for Social Care and Education introduced the report reminding Members of the background to the Joint Dementia strategy which was owned by the LLR Dementia Programme Board that sat under the

All Age Mental Health & Dementia Design Group.

The purpose now was to update the strategy which had been in place since 2019 and Members attention was drawn to several key statistics in the presentation.

Members noted that:

- Historically it was difficult to capture those diagnosed with dementia and locally huge improvements had been made on that with greater accuracy, it was known that locally about 76% of people presenting with symptoms have a diagnosis of dementia.
- The Covid pandemic had hugely impacted on diagnosis rates for dementia and those coming forward onto the pathway had dropped as direct result.
- The strategic vision was for Leicester, Leicestershire and Rutland (LLR) to be places where people can live well with several guiding principles to help achieve that, namely – Preventing Well; Diagnosing Well; Supporting Well; Living Well and Dying Well. The aim was to create a care system that worked together to provide access to compassionate care and support through diagnosis to end of life for every person with dementia, their carers, and families.

There were several actions being taken towards Implementation and Achievement, i.e. Pathway - one action was to review and promote a memory assessment pathway and referral processes as previously this was very fragmented, people could still enter the pathway at various points but work had been done to improve awareness of dementia so when anyone presents with concern about memory with medical services, when diagnosis given or dementia ruled out then that person is put on pathway which provides advice, guidance, support and residential care information.

Another action involved working with care homes to pilot and roll out the Dementia Friendly general practice template which was a diagnosis toolkit which would help a lot of those in residential care with dementia but no formal diagnosis.

Members noted that engaging people living with dementia and their carers was important as it helped inform the work, prepare services, and ensure the right support was in place for people with dementia and in terms of training, staff and facilities available to them. Attention was then drawn to a future piece of work to review current care and support standards used across LLR regarding nursing care and colleagues working within groups in LLR will move this forward to include in the new strategy.

Members discussed the presentation which included the following comments:

Dementia Cafes had operated in Leicester for several years but due to Covid they had been closed, these were a very useful tool for people giving them access to a lot of information as well as a sense of belonging and support.

Members were pleased to note plans to reopen and start face to face services later this month, especially now that shielding had ended. Members were advised that during Covid providers had been doing a lot of virtual activities such as on Zoom, which were popular with some but not others so there had been alternative services offered.

In view of the numbers of people with dementia on the register and previous drive to recruit dementia specialist nurses it was queried what the position now was around that. The difference between nurses with dementia specialism and "Admiral" nurses was explained, an Admiral nurse was a dementia specific nurse, there were approx. 6-8 across Leicestershire and Rutland, these were nurse qualified but their roles differ, some were hands on practical such as in a hospital setting, one was known to work for LOROS, whereas others had more of an educational role. The Adult Social Care services linked with Admiral Nurses in terms of the support given to families. In Leicester the service had commissioned dementia support services, so Admiral nurses were not employed as part of that service. The number of Admiral nurses and their roles continued to be monitored.

Members enquired whether changes had been included in the strategy to combat some of the issues seen throughout the pandemic. It was advised that the LLR Dementia Programme Board were still meeting virtually and had discussed pressures faced by dementia people and carers and looked at alternative ways they could be supported. Steps were taken to try and mitigate the closure of dementia cafes by providing a virtual offer as well as telephone calls and where possible doorstep calls, however care home visiting has been difficult throughout the pandemic. Members noted that there was an awareness that people had not been attending GP practices and patients were saying that GP's were not contactable, that was a barrier and challenge to diagnosis and more work was being done with local CCG's to understand the numbers waiting to be seen. There was variation between practices, but we are now seeing surgeries opening. Additional resource had been put in place to tackle this and it was expected that clearing the backlog would impact on social care and other services but measures had been put in place to mitigate against this. In terms of the written strategy, at this point that hadn't change although the response to issues has changed. Going forward society would be faced with Covid for a long term and similar situation may occur so learning how to handle such crisis would inform the strategy.

Members noted that the Leicestershire County Council had carried out a pilot on an improved dementia care model in several care homes, however this was just prior to Covid so work on that pilot was affected and the pilot had not yet been evaluated. It was expected that would resume once there was a return to more normality and details of the evaluation would be brought to a future meeting when available.

Members enquired whether there was data available that provided an ethnic breakdown on numbers of those with dementia as well as data specific to each ward. Officers indicated it may be possible to extract that information and provide some highlights around that to a future meeting.

In terms of engaging with local communities to raise awareness there was a heavy reliance on records kept by services but engagement was difficult in some areas if they haven't given consent to be approached. As part of the strategy refresh an engagement plan would be developed to improve what we do.

Regarding those in the city who are providers for dementia Members were informed that Age UK were jointly commissioned, to provide the Dementia Support Service and the new service had just started from 1st April.

Training was discussed and Members informed that there were periodical reviews of a range of training on offer to people delivering a service, this could be training directly given e.g. care home staff or to housing staff for awareness, so people could recognise if someone had an issue to be able to offer advice and encourage them to go to see GP.

Members expressed concern that services commissioned were often through national charities or larger organisations and suggested that more should be done to consider contracting with local smaller charities and groups who could deliver services at grass roots. Officers advised that the tender process stipulated what was required and anyone applying had to go through the procurement process and organisations were vetted, generally during tender the service added in an expectation to understand our local communities and how any prospective bidder would engage with our communities. The local authority had also launched a social value charter with key aim to support the voluntary sector.

The Chair thanked officers for the presentation.

AGREED:

1. That the contents of the presentation report be noted,
2. That Officers provide results/evaluation from the review of current care and support standards used across LLR regarding nursing care to a future commission.
3. That Officers provide details of the numbers of dementia specialist nurses across LLR to be circulated to Members outside the meeting.
4. That Officers provide details of the evaluation of the Leicestershire County Council pilot on an improved dementia care model to a future meeting when available.
5. That Officers provide (if possible) extracted data showing ethnic, gender and age breakdown on numbers of those with dementia as well as data specific to each ward to a future meeting.
6. That Officers share details of service provision from Age UK via a flyer to be circulated to Members outside the meeting.

116. MENTAL HEALTH STRATEGY

The Strategic Director Social Care and Education submitted a report providing Members of the Commission an opportunity to comment on the draft Leicester

City Joint Integrated Commissioning Strategy for Adult Mental Health – 2021 to 2025.

The Head of Commissioning, Adult Social Care and the Lead Commissioner, Adult Social Care introduced the report.

Members noted that:

- Mental health was now recognised as the largest single cause of disability in UK.
- The report set out a draft strategy attempting to bring mental health into parity with physical health.
- The draft strategy was informed by the Five Year Forward View for Mental Health published by the government in 2016 and builds on the first strategy in place from 2015-2019.
- The draft strategy focused on three key themes, Prevention, Accommodation, and Employment Education and Volunteering.
- Work had been carried out with public health colleagues around the impact of Covid upon people's mental health and the predicted impact of that on services which would be included in the next draft version. There was expected to be an increase in people with mental health issues of 10-20% as result of Covid, so the strategy needed to be finalised around that, to inform and monitor services.
- The strategy included an action plan with the same three key themes, this focused on making improvements across health and social care and with services we support that deliver in the community. There would also be a pathfinder led by health in conjunction with partners.

Members welcomed the opportunity to consider and discuss the draft strategy.

In terms of the cross over between addiction and mental health issues and how the strategy addressed that, it was recognised that a lot of the people being supported were also known as dual diagnosis with their mental health being affected by some form of addiction, there were services funded to help those with substance misuse and their mental health issues too. Public health officers were also part of the Mental Health Partnership Board and, another element in the strategy was around housing and people coming through the homelessness route or through health services/hospital route.

There was discussion around suicide prevention which included timeliness to intervention and whether there were resources to be responsive at that most vulnerable time such as a rapid response team. It was advised that the public health team were leading on work relating to suicide prevention noting there were services supporting people on that pathway with good work being done.

A member of the commission commented that the police had a crisis negotiating team as they sadly had to deal with people on many occasions threatening suicide in a public way and it was suggested that officers should talk to that crisis team to learn or debrief. It was confirmed that at an operational level officers did connect with crisis response teams and through the suicide prevention group broader themes were considered. Officers

welcomed the suggestions and agreed to consider how the more granular detail in terms of a suicide response service could be built into the strategy.

Regarding the integrated care service and County involvement, officers informed that was still evolving and therefore difficult to comment in relation to services currently provided in the community but there was work going on across a range of partners, and officers were keeping a watching brief on that.

In terms of there being “no wrong door” and in relation to substance abuse services, there it was noted there were different approaches between the City and County councils but certainly regarding mental health the County council were on board in terms of the approach being taken by the City. It was advised that currently health colleagues were redesigning health services and the county were engaged in that so in terms of health it did spread wider than just the City boundary.

Discussion moved on to the effects of the pandemic noting there was some prediction of what Covid would produce but that could be a long speculative conversation, there was concern that there could be very large numbers of people presenting with mental health issues and anxiety and whether there were measures to prioritise or scale services to address and meet needs. Officers responded that they had begun to monitor services in place such as mental health recovery services, which saw a dip in demand last year but expected demand to increase and those services had received additional funding through health. Other services such as advocacy services helping those with mental health were also monitored and consideration would be given to how services were being impacted, including looking at any trends or increased demand upon certain services.

Members suggested that within the concept of building resilience it would be helpful to share values e.g. differing beliefs around mental health across different communities and understanding those. Officers agreed to take that suggestion to the partnership board to consider what implications there might be.

It was also suggested that the Mental health, resilience and inequalities report published by WHO Europe might contain useful suggestions or points that could be incorporated into the draft strategy.

Members queried the percentages given in the report relating to annual health checks this was clarified that by taking the current situation of people who received an annual health check this was less than 60% so the CCG were setting themselves a higher target to achieve of 60%, not that only 60% needed it but that current performance was lower.

The Chair thanked officers for their work on the strategy and Members for their contributions to the discussion and suggestions for officers to take into account. It was noted that comments and updates were awaited from colleagues in Health before finalising and taking the strategy to the Mental Health Partnership Board for formal sign off.

AGREED:

1. That the contents of the draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-2025 be noted,
2. That the comments of the commission on the draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-2025 as set out above be noted and considered,
3. That the Commission receive an update at a future meeting on the finalised strategy and its implementation.

117. ADULT SOCIAL CARE WORKFORCE PLANNING FOR THE FUTURE

Members of the Commission received a verbal update on progress relating to recommendations arising from the scrutiny review into Social Care External Workforce.

Members were reminded that they had received an Executive response to the review at a previous scrutiny meeting on 19 January 2021.

The Vice Chair commented that this update was sought because there was concern that the response to the scrutiny review placed a large amount of responsibility upon Leicester/shire Social Care Development Group (LSCDG) and she was keen for this to be here to understand how the responsibilities identified in the review were going to be actioned and brought forward.

The Strategic Director for Social Care and Education briefly explained that in certain sectors of Adult Social Care separate organisations were commissioned to do work in workforce development. However, the LSCDG wasn't a separate body, it was a legal partnership between this local authority, the County and Rutland working with other partners across the system to provide training for external care workforce.

A representative from the Leicester/shire Social Care Development Group (LSCDG) was present and gave an update around Adult Social Care workforce planning for the future.

Members noted that:

- LSDG was a legal partnership between Leicester City Council, Leicestershire County Council and Rutland County Council to work together as one collaborative partnership.
- The main function was to support the workforce and raise quality, e.g. there was a training plan that includes safeguarding, leadership skills, moving and handling etc, but with the pandemic there had been a move to digital to replace class based activities.
- LSCDG worked closely with contract and commissioning staff across the 3 local authorities and Skills for Care, its sub regional workforce group provided the main direction.

The update in relation to specific points in the “Response to the Adult Social Care Scrutiny Commission Task Group Meeting – Social Care Workforce” report included the following comments:

- Point 4 Quality of care and improving retention rates – LSDG had received a report on career pathways today this would be worked through to identify how best that can be implemented and a further update provided at a later date.
- Point 5 Finding Community and cooperative solutions – the LSDG sub regional workforce group was due to meet in June to motion this recommendation from the report and if agreed that piece of work could then be taken forward.
- Point 8 Attracting younger people to adult social care careers – this was part of the careers pathway work already being done and through the Inspire to Care Programme workshops and engagement activity were taking place,
- Point 10 Workforce plans - some local workforce plans and packs had been created with aspiration for local authorities to create an action plan and report back, meetings had been arranged to look at how that work could be done together rather than separately.
- Points 11, 12 and 13 were inter related around investing in training and development and upskilling of staff so were being taken together; LSDG had run a Leadership Programme and had also applied to become a provider to deliver the Leadership Programme over the next 2 years. As a provider they would be able to claim the workforce development fund so people were being encouraged to take up those sessions.
- Point 15 Challenging perceptions, this point interlinked with the work being done across the career’s pathway.

The Director of Adult Social Care and Commissioning reiterated that there was close working with the LSDG and additional funding to support work was being sought through other organisations. It was noted that a number of other actions within the report were still being worked through and it was suggested that a more detailed update be brought to a future meeting including details of the report around the career pathway which had only just been published.

Responding to comments from the members of the commission it was noted that in relation to improving quality and aspiring to move beyond that information had been gathered from quality assurance checks and commissioned services to inform several training courses e.g. Skills for Care Leadership programme. Also, if issues were identified for example around safeguarding that was something partners were encouraged to raise awareness of to improve services.

Members suggested that a form of accreditation be considered for workforce

training as that might benefit people with their career progression.

The Chair commented that it was important to clearly understand that the City and County were working closely around this and looked forward to receiving a more detailed update report to a future meeting.

The Chair thanked officers for their input and the Vice Chair for leading this review.

AGREED:

That a detailed update report be brought to a future meeting.

118. LCCL UPDATE

The Strategic Director for Social Care and Education gave a verbal update on the latest position relating to Leicestershire County Care Ltd (LCCL).

Members of the Commission were reminded that the LCCL position had been discussed a number of times over the past year, and a representative had spoken at the scrutiny meeting on 19 January 2021 giving assurances that the outstanding £200,000 due to the council would be paid by the end of the financial year 2020-21.

It was noted that:

- The monies owed were originally due to be fully repaid at end Autumn 2020 at which point LCCL sought deferment and with some reluctance on the part of the council the view was taken to allow them to defer that payment taking account of the significant pressure LCCL were under due to Covid etc
- The council were given a firm guarantee the remainder due would be received by 31 March but that was not received, and the council had sought through several routes to make contact with LCCL but without any response.
- The council were now in position of starting process legally to recover the £200,000.
- The council held a charge on one of the LCCL properties and could seek possession, however the council was considered what the most effective process would be to secure payment of the debt without causing issue for any residents or staff.
- It was guaranteed that the council would receive full payment either taking back payments the council gave monthly or as a last resort repossession of one of the buildings.

Members of the commission noted the comments and it was publicly noted that the council were very disappointed given the firm assurances given by the company to this commission and very concerned and disappointed that payment had not been made and that there has been no response to numerous attempts to contact them. Members were satisfied that there were measures that could be taken by the council to secure the debt.

Members expressed their disappointment and concerns at the lack of payment and especially at the lack of response and were troubled by what this implied in terms of the leadership of a company such as LCCL that was responsible for care of people.

Members raised concern about the ongoing financial stability of the company and whether there was assurance in the standard of care in immediate term being given. Members also sought clarification on whether this whole issue highlighted failings in a market intervention because ultimately the council would step in. Responding, officers advised that there had been a strong national push in recent years for residential care and nursing care to be provided by commercial organisations and there were strengths that can come from such commercial arrangements. However, the local authority was ultimately the responsible body and if the company that runs a care home went out of business the implications for those residents and their families were very significant so there were issues where a “for profit organisation for care” operates. Members were also assured that were LCCL unable to operate financially the council was well placed to step in and move people with minimal disruption.

Members were informed that in terms of the quality of care, regular checks and audits of all care homes were done and the last checks of LCCL homes indicated they were satisfied with quality of care, so at this point there were no concerns about how they provided that support and care, but given what had been said today there would be further checks. Members were assured that steps would be taken to ensure people in these care homes were safe.

In terms of commercial arrangements it was noted that officers did work closely and carried out periodic checks of accounts of organisations to make sure they were financially stable, the last check on LCCL was for end year accounts 2019, and their new accounts weren't due until Jan/Feb but this would be checked.

The Deputy City Mayor Social Care and Anti-Poverty commented that there was a need to look at this within the broader system, as the concern was that this company (LCCL) was fairly robust 12 months ago so this widened concerns about other care homes that have had significant additional costs and additional funding too, although overall occupancy was down in care homes. It was important that the council ensured care homes were well run as there was responsibility for these residents and to ensure they are appropriately resourced.

The Chair summarised that the commission held very serious concerns about LCCL, its leadership, financial standing, failures to make payment and respond to attempts to contact them and members agreed that the council must take all necessary steps legally to recover the monies due to the council.

The Chair requested that the matter be brought to a future meeting of the commission if matters were not resolved.

AGREED:

1. That the verbal update and concerns of the Commission be noted,
2. That the Council be recommended and supported to take all necessary steps legally to recover the monies due to the council,
3. That the matter be brought to a future meeting of the commission if matters are not resolved.

119. COVID 19 UPDATE

The Strategic Director for Social Care and Education gave a verbal update on the latest position regarding Covid-19 and its impact upon services.

Councillor Kitterick and Councillor Thalukdar left the meeting during this item – the meeting remained quorate.

It was noted that:

- There had been positive take up of vaccination in care homes with health colleagues working hard to ensure residents and staff were vaccinated, latest figures showed that currently of homes that provide care for older people 93% had received their 1st doses and 76% staff received 1st dose, however in care homes for people of working age the numbers were lower.
- 2nd doses had been offered at all care homes for older people although data was not yet complete it suggested 69% of those in “older” care homes and 64% in work age homes have had second dose.
- There was a comprehensive system in place for testing across the adult care system generally with staff receiving a PCR test weekly and access to LFT Tests twice a week; LTF testing was also in place for visitors.
- Week of 18 April testing in care homes produced 13 positive results (11 staff, 2 residents), that figure has been relatively stable over past month and was same level as reported in Aug/Sept 2020 compared to end January 2021 where it stood at over 270 positive tests per week. Of the 13 only 2 are residents the rest are staff.
- Work continued with providers to reinforce the importance of regular testing as numbers come down.

The Chair thanked the Strategic Director for the comprehensive update and on behalf of commission thanked all staff and front line staff working hard throughout the pandemic and noted progress being made.

The Chair concluded that his thoughts and prayers go to families who have lost people through this pandemic and expressed thanks to all council members who have worked tirelessly throughout.

120. WORK PROGRAMME

Members of the Commission were invited to consider content of the work programme and were invited to make suggestions for additions as appropriate to be brought to meetings in the new municipal year.

121. ANY OTHER URGENT BUSINESS

Noted this was the last commission meeting of the municipal year and further meeting dates would be circulated in due course.

The Chair commented that it had been a pleasure for him to Chair this Commission over the past two years and he thanked all members of the commission for their attendance and commitment to the work of the commission and for their excellent debate throughout meetings.

The Chair also thanked the Executive Member, Adult Social Care officers as well as Democratic Support officers and Scrutiny Support officers.

There being no further business the meeting closed at: 20.23

