



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 23 JANUARY 2018 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Vice-Chair in the Chair)

Councillor Aldred

Councillor Chaplin

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

Also Present:

Councillor Cutkelvin

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61. INQUORATE MEETING

The meeting was inquorate. The Chair and Councillor Chaplin decided to continue to consider the items on the agenda, noting and commenting as considered appropriate, but see Minute 69 below.

62. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dr. Chowdhury, Pantling and Thalukdar.

63. DECLARATIONS OF INTEREST

No declarations of interest were made.

64. MINUTES OF THE PREVIOUS MEETING

The Chair asked, as she was the only Member present who had been at the previous meeting, that the minutes of the previous meeting be taken to the next meeting of the Adult Social Care Commission for confirmation.

65. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING

The Chair informed those present that progress on actions would be covered by the agenda items.

66. PETITIONS

The Monitoring Officer reported that no petitions had been received.

67. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

68. DEMENTIA SERVICE UPDATE

At the request of the Chair the following agenda items were heard out of order to allow those present to deliver the Dementia Service update to leave the meeting.

The Strategic Director, Adult Social Care and Health submitted a report which provided the Commission with an update on the new Dementia Support service and on other key aspects of the Dementia programme. Members were invited to comment on the report and presentations.

Bev White, Lead Commissioner delivered a presentation (attached for information). Attention was drawn to the following points:

- The County, Rutland and CCG dementia services were all similar.
- In respect of the potential to jointly commission a dementia support service across LLR, Rutland were further forward than Leicester and County, and the service took account of the Rutland model.
- Leicester led the joint commissioning process with the County and three CCGs. The service was now in place and included elements to the original support services as well as a new hospital liaison service.
- A more strategic approach was developed, with shared priorities and streamlined provision, providing more consistency and better quality.
- There was a clearer pathway for people with dementia. Previously on wards in hospitals for example, patients would be asked if they live in the county or city. There was nothing in place for city patients.
- The diagnosis rate in the city was 86.5% against the national target of 68%
- Huge strides had been made working with primary care providers and getting GPs on board as dementia champions, and by raising dementia awareness at events.
- A new LLR-wide Joint Dementia Strategy was being developed, underpinned by individual delivery plans, and would be brought to a future meeting of the Commission.

69. QUORATE MEETING

Councillor Aldred arrived at the meeting at 5.55pm, making the meeting quorate.

70. DEMENTIA SERVICE UPDATE - CONTINUED

Sally Grundy, LLR and Northants Alzheimer's Society, delivered a presentation (attached for information). The following points were made:

- The commissioning process had led to a more streamlined service, with the client and carer at the heart of what they do.
- There had definitely been a postcode lottery situation. There was now bigger team working, with more flexibility to move resources to meet demand. It was reported there was a big demand in the city.
- The service in its early stages was nearing the first quarter for reporting.
- There had been some problems with ward not knowledgeable with regards to the community service. Now a worker in the hospital could work on the ward and follow-up patient care when discharged from hospital.
- The service would also inform the hospital early they had a patient in the community coming in with dementia.
- There was a single point of access, with one telephone line open from 8.30am to 5.00pm, manned by a trained member of staff. The triage line enabled workers to go out to patients, and also provided information / signposting to the website.
- It was reported that there were 7,000 hits on the website between October to December end from Leicester City.
- There was a group offer of support for the carer in the form of a six-week programme. Carers were encouraged to get together to create their own peer support network.
- The advocacy service was going well, and referral numbers had increased dramatically. There were 51 referrals from October to December and the waiting list of 70 people had been cleared.
- Information work had increased, working with GP practices and targeting key and harder to reach communities. There had been some initial teething problems during staff recruitment, but the service was improved, and it was hoped it would meet the KPI target of 125 referrals a year.

It was questioned whether the new KPI target would be met if the number of new referrals slowed down. Members were informed the KPI was originally 50, but as the wider service offer had grown, so the KPI had increased. It was reported that when performance indicators were set, the service looked to past performance and future demand, noting that the service would be gathering referrals from a variety of different sources, and not just diagnosed dementia but also memory worries. It was also noted that KPI targets would be monitored, with regular meetings between the service provider and commissioner to talk about issues if they arose.

Officers were asked if a person who presented as having dementia, what the

service would do if it were established the symptoms were not due to an infection or stress. The meeting was informed that usually the person with dementia does not have an insight into their illness, but usually a carer would call, not just about memory loss but, for example, loss of coordination. People would in the first instance be signposted to their GP to place them on the system at the earliest point, but would be supported and provided with information throughout the process, probably up to 16 weeks.

The Chair asked that information be sent to all ward councillors, and requested a pack of information be sent to her, to enable a discussion with community services.

Members enquired who funded the peer support network, and were advised the carers information six-week programme was funded through contract. Activities were provided for the person with dementia, and enabled the carer to have a confidential discussion in another room, and were more likely to open up with a private conversation. Volunteer support was provided to encourage peer groups to meet outside of the service. Members suggested that if there was any opportunity for a small fund to enable volunteers to meet one or two times a year, this would help to develop a future volunteer workforce.

It was recognised that when families got together, for example, at Christmas, the number of referrals went up. Members recommended that those responsible for writing the Winter Care Plan take account of the increase in referrals and GP assessments, and that Alzheimer awareness campaigns be included at events and holiday programmes. The Scrutiny Policy Officer was asked to word the recommendation in consultation with the Chair.

The Chair suggested that ward funding be used for some of the events for example the Jo Cox event in the summer, to ensure people with dementia be included as part of those events.

The Chair thanked the officers for the presentations.

AGREED:

That:

1. the Dementia Service update be welcomed;
2. information be sent to all ward councillors on the dementia support services;
3. those responsible for writing the Winter Care Plan take account of the increase in referrals and GP assessments, and that Alzheimer awareness campaigns be included at events and holiday programmes.

71. GENERAL FUND REVENUE BUDGET 2018/19 TO 2020/21

The Director of Finance submitted the draft report to Council on 21 February 2018, of the General Fund Revenue Budget 2018/19 to 2020/21. Scrutiny Commission Members were asked to note and comment on the report as they saw fit. The Strategic Director for Adult Social Care submitted supplementary

papers relating to adult social care funding to inform the Commission's discussion of the General Fund Revenue Budget.

The Chair made reference to the wider issues associated with cuts in council funding, and the difficult decisions the council had to consider on services it continued to fund. She acknowledged the pressures on the ASC budget, and the strong evidence presented to the Commission over the past year that there were an increasing number of people of working age who needed help, with issues such as depression, and physical health issues such as diabetes. It was also noted that people were living longer than in the past and were receiving increased care for longer periods. The Chair referred to paragraphs 7.6 and 7.7 in the report, which highlighted the growing gap between Better Care Funding and the underlying demands for care.

The Chair made reference to the two documents attached from Association of Directors of Adult Social Services (ADASS) and the Local Government Association (LGA), and the warning from the LGA of a £5.8 billion local government funding gap by 2020.

The Chair stated it was imperative that central government urgently provided a long term funding solution for adult social care and that it implemented and concluded the promised review as soon as possible. The Chair asked that the following recommendation be made to the Executive for consideration:

That the Assistant City Mayor for Adult Social Care and Wellbeing jointly write, with the Adult Social Care Scrutiny Commission, to the Secretary of State for Health and Social Care calling on him to:

- Implement and conclude the promised review of social care funding by no later than Summer 2018;
- Provide clarity beyond 2019/2020 for the funding of adult social care.

The Assistant City Mayor for Adult Social Care and Wellbeing informed the meeting the council was doing its best to protect the service, but unless there was a huge increase in resources it would put pressure on services. She added that in terms of the budget, the council was working in exactly the same way as in previous years, and as issues came forward, officers would bring detailed proposals to the Scrutiny Commission in line with previous years and ask the Commission to comment before decisions were made.

The Strategic Director presented the draft budget report, the background national paper from ADASS and noted the LGA reported replicated much of the ADASS report. The Director believed the increased concern over the funding gap was reflected over the country as a whole, and it was relevant to have a conversation about the national picture.

The Strategic Director presented the ADASS report and drew Members' attention to the following:

- There was a £366 million overspend in ASC in England for 2016/17, which

will grow in future years, with insufficient funding to meet growing pressures;

- IBCF monies have allowed departments only to stand still;
- Demographic pressure relating to people with mental health needs were above the national average with a 6% growth in the city over the past year;
- Increasing demographic pressures for physically disabled people were above the national average at around 3%;
- Nationally Directors' confidence in making savings was falling as it became harder to find efficiencies, and were finding it more difficult to invest in prevention;
- CHC savings of £6million locally meant a budget pressure for ASC of estimated at approximately £1million.
- S117 mental health care – there was no ability to charge for aftercare under S117. There was a growing list of people on S117, and the council was in the process of discussing with the NHS the proposal to remove people who no longer required aftercare under S117;
- The care market in Leicester was 'fragile' but 'stable' in nature in comparison to other market places across England where there was much more volatility.

The Strategic Director stated that if Government was not forthcoming urgently from the summer review of adult social care funding, there would be an impending crisis in social care across England.

In answer to Members' questions the following points were made:

- National dataset information on projections for future adult social care needs were 10 years old and would not reflect the work undertaken by Adult Social Care locally to change the profile of services used and where we encourage and support more people to continue to live independently. Occupancy level rates were stable in terms of what beds were available and what were used. In some areas overprovision led to reduced quality, and required some self-observation.
- Adult Social Care was not currently in this financial year part of the spending review programme. The reduction in the numbers of staff came in a change to workflow and had been handled in a positive way, though there was a natural level of anxiety. The department had just completed a HSE healthy workplace survey across the whole department, and across the board results had improved.

The Assistant City Mayor for Adult Social Care and Wellbeing said the Executive would look at possibilities for reconfiguring and making savings, whilst keeping a close eye on the pressures faced by the department, raising attention to issues at an early enough point for them to be managed appropriately.

Members noted that it had been known for a long time that ASC funding was at a crisis point, and that good national data on future demand for adult social care was essential to ensure long term funding for adults social care met emerging need. They asked for a recommendation to be added to note that

national datasets re population forecasts and population need should be more flexible to allow councils to plan in a timely way and accurately across the whole range of services.

Members also noted in the report they had been asked to agree a 5% increase in council tax, and agreed to support the increase. They also noted there had been a suggestion to raise the increase to 6%, but needed to recognise that even in work, some people might not be wealthy.

Members asked for an additional recommendation to ensure that when the Executive made their responses to STP proposals the National Health Service was putting forward that they very strongly made known the impacts on the ASC budget.

A suggestion was made by the Commission that whilst agreeing to the 4.99% increase in Council Tax the Executive be asked to recognise that the overall revenue budget reflected the demand-led Adult Social Care and Children's Service budgets, which represented the most vulnerable people in society, impacting families on a day-to-day basis and that reserves should be used to support them for as long as possible.

Members also asked that when other services were looked at, impact assessments be undertaken to see how they might or should contribute to the work of Adult Social Care and Children and Young People's Services budgets.

The Chair agreed to the above additional recommendations suggested by Members and asked for the Scrutiny Policy Officer to provide wording for the recommendations in consultation with the Chair.

The Chair thanked the Strategic Director, the Assistant City Mayor for Adult Social Care and Wellbeing, Director of Adult Social Care and Safeguarding and Director of Adult Social Care and Commissioning for the information contained in the report, and asked that they take the gratitude and thanks from the Scrutiny Commission back to their teams for what they did for the citizens of Leicester.

AGREED:

That:

1. The report be received and noted;
2. That the Assistant City Mayor for Adult Social Care jointly write, with the Adult Social Care Scrutiny Commission, to the Secretary of State for Health and Social Care calling on him to:
 - Implement and conclude the promised review of social care funding by no later than Summer 2018;
 - Provide clarity beyond 2019/2020 for the funding of adult social care.
3. Population forecasts and population need should be much more flexible to allow councils to plan in a timely way and accurately across the whole range of services.
4. To ensure that when the executive responds to the STP we very

strongly set out the implications of this funding for the ASC budgets and the clients who require these services.

5. The Executive be asked to recognise that the overall revenue budget reflect the demand-led Adult Social Care and Children's Service budgets, which represented the most vulnerable people in society, impacting families on a day to day basis, and that reserves should be used to support them for as long as possible.
6. Impact assessments in other budgets should look at how they might or should contribute to the work of ASC and CYPS budgets.
7. It be noted the Adult Social Care Scrutiny Commission agree to a 4.99% increase in the budget.

72. END OF LIFE TASK GROUP UPDATE

The Scrutiny Policy Officer delivered to the Commission a verbal update on the work of the End of Life Task Group. It was noted the meeting in November 2017 was postponed, and it was agreed to reconvene the meeting in February 2018. The Scrutiny Policy Officer and Director of Adult Social Care would coordinate activities and present recommendations to the next Commission meeting.

The Chair asked Members present to provide three dates for when they would be available for the next meeting of the Task Group.

73. WORK PROGRAMME

The Chair drew Members attention to the Commission work programme. All Members of the Commission were invited to pass suggestions for items for inclusion on the work programme to the Chair.

The Chair informed those present that an item would be added to the work programme on the cross over work from Youth to Adult Services. Also an item on learning disabilities and the opportunities for work would be a future item.

AGREED:

That the Adult Social Care Scrutiny Commission Work Programme be noted.

74. ANY OTHER URGENT BUSINESS

The Chair agreed to accept the following report as urgent business in accordance with Scrutiny Procedure Rule 14, (Part 4E of the Council's Constitution).

Proposed VCS Prevention & Wellbeing Grant Fund

The Chair stated that she had agreed to accept the item as urgent business as the VCS had requested clarity on the proposal to introduce the Prevention and Wellbeing Grant Fund, and rather than wait to the next meeting of the Adult Social Care Scrutiny Commission, that the outcome of the consultation and

decision whether to proceed or not can be shared with the VCS.

75. ANY OTHER URGENT BUSINESS - PROPOSED VCS PREVENTION AND WELLBEING GRANT FUND

The Strategic Director submitted an Executive Decision Report that sought Lead Member confirmation on whether to proceed with the proposed Prevention and Wellbeing Grant Fund in light of the consultation responses received. The Adult Social Care Scrutiny Commission was asked to consider the report and make any comments.

The Assistant City Mayor, Adult Social Care and Wellbeing, informed the meeting a report was taken to the Commission on 29 June 2017, which provided an overview of the proposed changes to preventative services, and included details on the Prevention and Wellbeing Grant Fund. Both proposals were consulted upon, and the consultation responses did not demonstrate overwhelming support. There was some confusion over what groups would benefit from the grant fund and concern was raised over the work it would require to administer the scheme.

The recommendation was to not proceed with the scheme, and the money would remain with Adult Social Care. It was agreed that when the proposal to cut the VCS budget was considered, the use of using some of the £750k grant fund would be looked at to assist with the cuts.

Members were heartened there had been fresh thinking around the decision following consultation.

The Chair thanked the Officers and Assistant City Mayor for the report and update.

AGREED:

That the report be noted.

76. CLOSE OF MEETING

The meeting closed at 7.51pm.

