



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: MONDAY, 1 JULY 2013 at 5.30pm

P R E S E N T :

Councillor Dr. Moore – Chair
Councillor Chaplin – Vice-Chair

Councillor Alfonso
Councillor Willmott

Councillor Joshi

Also in Attendance

Councillor Patel
Assistant City Mayor

Union Representatives

Steve Barney GMB
Gaynor Garner Unison
Janet McKenna Unison

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15. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Fonseca.

16. DECLARATIONS OF INTEREST

Councillor Joshi declared an 'other disclosable interest' in respect of item 3, 'Elderly Persons' Home Proposals in that his wife worked in an elderly persons' home and he worked for an organisation that helped people with mental health issues.

Councillor Moore declared an 'other disclosable interest' in respect of item 3,

'Elderly Persons' Homes Proposal in that she was a member of Unison.

17. ELDERLY PERSONS HOMES PROPOSALS

Members of the Commission were asked to consider four reports relating to the Elderly Persons' Homes Proposals as follows:

- 1) Final report from previous Adult Social Care and Housing Scrutiny Commission review (2011)
- 2) Response of the then Assistant City Mayor (Adult Social Care and Housing)
- 3) Proposal for the future of the Council's Elderly Persons' Homes
- 4) Elderly Persons' Homes – Scrutiny Review Information Report.

Members were also asked to consider the response from the Trade Unions in order to gather evidence to feed into a further meeting of the Commission on 11 July 2013.

The Assistant City Mayor for Adult Social Care, Councillor Patel referred to the proposals for the future of the council's elderly persons' homes and explained that under Phase 1, Herrick Lodge, Elizabeth House and Nuffield House would close and Cooper House and Abbey House would be sold as going concerns. The consultation period was due to end on 10 July 2013 and after that a report would be considered by the Executive.

Assistant City Mayor Patel explained that there was an issue relating to the under occupancy of the council's care homes and approximately 80% of people who received financial support for their care chose to go into private residential care rather than into a council home. Assistant City Mayor Patel added that it was important that the best possible care was provided for the residents.

Concerns were expressed over the proposals to sell off the residential homes rather than seeking alternatives.

Various questions were asked as follows:

- If it were not for the budgetary cuts, would the council still be considering the closure of their elderly persons' homes, and if so, why?
- How were fees charged, could they be varied and did income equal expenditure?

Assistant City Mayor Patel responded that good homes required investment. The council paid their staff a fair living wage and with staffing costs the council owned homes were more expensive to run than privately owned homes. Occupancy rates in the homes had fallen over the years and there were now

only 161 permanent residents in the council's elderly persons' homes out of a possible 282 beds. Not only were people choosing to go into privately run homes but were also delaying the transition and opting to remain in their own homes longer because specialist care and equipment was being made available to facilitate this.

Concerns were expressed that people were being actively discouraged from applying for places in the council run homes. Assistant City Mayor Patel responded that every time she had heard this, she had asked for the names of anyone who might be trying to deter people from applying for a place in a local authority care home, but no names had been forthcoming.

Members commented that the council homes were very good and that a strenuous marketing exercise to advertise the fact would be beneficial. Views were expressed that people were choosing to go into a private care home because they wanted stability and the future of council homes was uncertain and had been so for some considerable time. Concerns were also expressed that some competition was healthy and that standards might fall if the local authority care homes closed, and also that in future there may not be sufficient places to meet demand.

A query was raised as to whether there were available statistics for the numbers of people who moved to care homes outside of the city, or who move into city care homes and whether there were any cost implications. Officers explained that the local authority did pay for 'out of area' placements and would generally pay within a set limit, though they might negotiate for areas such as London which were more expensive.

A concern was raised that Herrick Lodge was said to have 40 places, however there were actually fewer places than this because the upstairs of the care home could not be used. The occupancy rates were therefore incorrect. A member of the commission expressed disappointment at this; she stated that she had raised this issue in 2011, but it appeared that the error had not been corrected. Comments were also made that this home particularly attracted Asian people and concern was expressed for their welfare if Herrick Lodge closed. Assistant City Mayor Patel responded that Herrick Lodge was not the city council's only commitment to Asian people. She understood that people liked to remain within their community; however the council needed to cater for people wherever they moved to.

Assistant City Mayor Patel was asked whether other members of the executive had visited the local authority care homes and the commission was advised that all members of the executive had previously visited the homes but this issue would be raised with them again.

The lack of alternative options in the report was queried and Assistant City Mayor Patel was asked whether other alternatives had been considered and whether funding either in the council budget or reserves could be found. A comment was also made that the local authority homes were more expensive to run because the council, as well as offering a fair living salary, also offered

proper terms and conditions, breaks and holiday pay. It was said that staff in privately run homes often did not benefit in the same way and worked very long hours and concerns were raised that this would affect the quality of care.

Members considered the proposal for a 60 bed intermediate care facility and queried whether the differing levels of care could be offered in all local authority homes, instead of just one. Comments were made that the provision of one purpose built facility could create problems for families and friends as they would have further to travel when visiting. They were of the view that stress experienced by the partner or spouse in travelling to the home should not be underestimated. The Director for Care Services and Commissioning (Adult Social Care) explained that it would not be feasible to offer intermediate care homes on 4 sites. The NHS would not be supportive of this initiative as there were economies of scale if the service was offered from one site. She added that in the same way, the possibility of offering 2 x 30 bed intermediate care facilities had been investigated, but without the economies of scale, these would have proved to be too expensive. Because of that, the possibility of a new build was considered. Suggestions were made that NHS should be asked to reconsider as the focus needed to be on the best way to deliver care for the elderly, providing continuity and consistency as this was an important issue for the elderly. Suggestions were also made relating to joint commissioning and pooled budgets.

Officers were asked whether they had considered building on hospital or medical centre sites and a suggestion was also made that there may be an opportunity for development on the Sainsbury's site on Belgrave Road.

Members queried whether there would be robust financial checks on any organisations that might be interested in buying the city council homes. The Director for Care Services and Commissioning responded that they knew from background checks that the interested organisations were financially stable and robust financial checks would be carried out as part of the tendering process.

The Chair invited the Trade Union representatives to comment on the proposals. Janet McKenna and Gaynor Garner from Unison and Steve Barney, from GMB together made the following points:

- The plan to invest in a 60 bed facility was of no interest to current service users.
- Current service users did not want their care home to close and the least-worst option would be for the home to be sold.
- Current service users wanted the staff to retain their salary, terms and conditions. There was a difference between the pay and conditions offered by the local authority and those offered by private care homes, and there were fears that staff would leave to find a better paid job with less stress and pressures if council homes became privately owned.
- People wanted to live independently but it was likely that they would

need more intensive care as they got older.

- The rules of procurement could prove to be disadvantageous to local authority care homes; as the approved companies were not necessarily the cheapest.
- The proposals were about making economies and there was a need to identify whether this degree of saving was required.
- The residents were happy with the current provision and with the care they received. The council should be proud of their staff.
- There was a gap in the market relating to nursing and dementia care, which was likely to increase. The local authority could not provide nursing care; this was provided by the NHS.
- There was a need to increase respite provision to ease the burden on spouses.
- There was a need for a mixture of both local authority and private care homes.
- The council did not do enough to promote their own care homes.

Members commented that the occupancy rates in the local authority care homes would increase and the homes would become the place of choice if people knew that improvements would be carried out and that the homes would be kept open. Views were also expressed that while people in care homes should have their own toilet and wash hand basin, they did not necessarily need their own bath or shower as some residents would not be safe in using these unaccompanied anyway.

The Chair then drew the meeting to a close by concluding the discussions as follows:

There was a need to take into account:

- The special relationship between the residents and the staff.
- The need to preserve well being.
- The need to reassure relatives.
- The need to offer some residential care.
- The need for safety and care for elderly residents, particularly BME residents

Officers were asked to provide responses to the following questions and queries:

- What was the council going to do to ensure long term care of the elderly?
- What was the cost of care for the council now?
- If numbers were falling, why was this? Better data was required.
- Were there any reasons why people were choosing to go into private care homes?
- What were the reasons (and data) for people who were leaving Leicester to go into care outside of the city, and for people coming into city care homes from outside Leicester? Also what top up payments were required?
- Would members of the Executive be visiting the city care homes?
- Instead of the cost of 1 x 60 bed purpose built facility, what would be the cost of adapting 4 homes?
- What funds could be obtained through partnership working?
- How many agency staff did the council use?

In addition, officers were asked to provide information relating to:

- Up to date and accurate occupancy rates (for example, the upstairs of Herrick Lodge could not be used).
- New 'costed' proposals including options for keeping all 8 homes open to be used for respite, dementia and health care, and to include an element of residential care.

It was further suggested , and agreed: -

That the Chair, Vice-Chair of the Scrutiny Commission work with the Assistant City Mayor (Adult Social Care) and officers to develop a fully costed alternative to the current proposals based on keeping all 8 homes open and looking at options for reconfiguring them so that as well as providing residential care they can also meet the needs of residents with dementia and other health issues, Intermediate care , respite care and to look at how, through joint commissioning the Council can, with the NHS, provide healthcare in its residential homes.

The Chair thanked everyone for their views and comments and explained that these would be fed into the next meeting on 11 July 2013.

18. CLOSE OF MEETING

The meeting closed at 7.42 pm.

