



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 7 NOVEMBER 2013 at 5.30 pm

P R E S E N T :

Councillor Dr Moore – Chair
Councillor Chaplin – Vice Chair

Councillor Alfonso
Councillor Fonseca

Councillor Joshi
Councillor Willmott

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50. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor R Patel, Assistant Mayor (Adult Social Care) as, although not a member of the Commission, she normally attended its meetings.

51. DECLARATIONS OF INTEREST

Councillor Joshi disclosed an Other Disclosable Interest in relation to the general business of the meeting in that his wife worked in the Reablement Team within Adult Social Care.

In accordance with the Council's Code of Conduct, this interest was not considered so significant that it was likely to prejudice Councillor Joshi's judgement of the public interest. He was not, therefore, required to withdraw from the meeting.

52. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 10 October 2013 be approved as a correct record.

53. PETITIONS

The Monitoring Officer reported that no petitions had been received.

54. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

55. ELDERLY PERSONS' HOMES - VERBAL UPDATE

a) Elderly Persons' Homes

The Director for Care Services and Commissioning (Adult Social Care) advised the Commission that:-

- A programme board had been established to look at the sale of the homes and asset disposal once they were sold, as well as the “moving on” of residents from the three homes that would be closed;
- There would be dedicated “moving on” staff, who would be trained on 14 November 2013;
- Following staff training, community care assessments would be started in line with legal requirements;
- Customers without mental capacity to make decisions about moving would be appropriately represented at all stages in the moving plan process;
- The stages in the “my moving plan” process were:
 - i) Deciding who needed to be involved in “my moving plan”
 - ii) A meeting to look at what was most important to the service user about moving and the development of an outline moving plan
 - iii) A reassessment of the service user’s needs
 - iv) A review of the service user’s plan after their assessment and deciding who would support them in choosing a home
 - v) Planning the move in detail
 - vi) What needs to happen on the day of the move
 - vii) After the move, putting in place the checks the service user had asked for in the first few weeks, following up with a formal review at 4 weeks and 6 months; and
- The timescales for this could only be known once the reassessments were completed.

The Chair reminded Members that the Commission had been resolute that it wanted to see a recognised carer designated for each resident who was moving. The Director for Care Services and Commissioning (Adult Social Care) confirmed that the member of staff identified for each resident would accompany that resident to viewings at other homes. Efforts would be made to try and enable the member of staff to be a daily presence in the resident’s new home, including releasing the member of staff from other work. However, any arrangements would be based on the individual’s needs and the family’s

wishes.

The following comments were made in discussion:-

- Before the decision was taken, officers wrote to families and spoke to residents who had the capacity to discuss the matter. Some individuals were anxious about changing home, but extra help would be provided where needed. Where residents did not have capacity, communication was via the residents' representatives;
- Updates were required on the position of each resident at each stage of the process, so that the Commission could reassure that residents' anxiety was being minimised;
- If relatives wanted to address the Commission at any time they could do so. Arrangements could be made for this to be done in private if preferred; and
- It was hoped that all residents of elderly persons' homes would have moved by the end of the current financial year, but individuals' circumstances could result in some residents remaining in homes scheduled for closure after then. If this happened, the support outlined above would continue.

RESOLVED:

That anonymised updates be made on the position of each resident at each stage of the process of moving them from their current Elderly Persons' Home to new ones.

b) Intermediate Care

The Director of Adult Social Care and Safeguarding reminded the Commission that the decision on the closure of Elderly Peoples' Homes included the development of a 60-bed Intermediate Care facility. Work was underway to establish how this could be done, which took in to account the previously agreed requirements to make the facilities homely and to develop them around small households. When this was finalised, the proposals would be submitted for approval.

The Director of Adult Social Care and Safeguarding further advised that:-

- A robust approach to procurement would be taken, so that the Council could control finance and service delivery;
- An outline business case was being developed, which would be brought to the Commission for scrutiny before it was submitted for approval; and
- The final configuration of the service had not been agreed yet and all options would be considered, (for example, having two smaller units of 30 beds each, or one larger unit of 60 beds).

c) Elderly Persons' Commission

The Director of Adult Social Care and Safeguarding reminded the Commission that the decision on the closure of Elderly Peoples' Homes included the creation of an Elderly Persons' Commission. Discussions on the structure of that Commission, and how it would operate, would be held with the Assistant Mayor (Adult Social Care). The Adult Social Care commission would be kept advised of how the Elderly Persons' Commission was developing.

Members expressed concern that some elements of the decision on Elderly Persons' Homes appeared to have not been recorded clearly and asked that greater care be taken in the future to record decisions accurately, so that all detail was included.

RESOLVED:

- 1) That the Director of Delivery, Communications and Political Governance be asked to request that the Executive ensure that care is taken to record decisions accurately; and
- 2) That the Chair of this Commission raise this Commission's concerns about the recording of the decision on Elderly Persons' Homes at Overview Select Committee.

56. DOUGLAS BADER DAY CENTRE

Janet McKenna, Social Care and Health Convenor for the Leicester City Council branch of Unison, made the following representation to the Commission under the consultation on the proposal to stop running the Douglas Bader Day Service:-

- The rationale given for the proposed closure of the Douglas Bader Day Centre was a reduction in numbers. However, the Centre had 60 people on its books and 35 attended daily. These were good numbers;
- The personalisation agenda could lead to a reduction in numbers attending, but the Council did not help the situation, for example by recently not referring people there. The Council's 2011 budget included a planned strategy to manage referrals to prevent placement at this Centre, but it was not known if this had become a Council policy;
- An advantage of closing the Centre had been stated to be the flexibility offered to service users by personal assistants. However, no consideration had been given to whether current staff could provide this service. This was more than a traditional Day Centre and it had forged good links with the community;
- Unison was disappointed that other options for buildings had not been considered, (for example, whether they could be available for community use), particularly as staff at the Centre were willing to work flexibly, (for

example, in the evenings);

- Not all of the Centre's clients would benefit from the work of the Inclusion team, as some were highly dependent;
- A lot of services had closed, but there were other alternatives. Public services should be provided by the public sector, to keep accountability; and
- If the cost of the service was not the main driver in the proposal to close the Day Centre, the Council was asked to consider the suggestions made by staff for how to keep the Centre operating.

On behalf of the Commission, the Chair thanked Janet McKenna for attending the meeting.

The Commission made the following points in discussion:-

- The principle of closing this provision was wrong, as individual budgets and direct payments were not right for everyone;
- Closing the Centre would leave no "safety net" for those needing a higher level of support and help to organise their social contact;
- When this type of facility closed it was very hard to replace it;
- The Council had a role in providing services needed by residents and this was the only centre operated by the Council for those with physical disabilities and mental health issues;
- Offering no alternative options in a consultation meant that residents were not being offered a true choice, as their preferences could not be established;
- It appeared that staff had not been consulted on how flexible they could be, (for example, whether they were willing to provide services during evenings or weekends). However, the nature of adult social services care was that it was needed at all times, not just in office hours. It would be a concern if staff could not adapt to that;
- It would be disappointing if the main impetus for the proposed changes was problems with the building being used, as the focus should be on how a service could be delivered in a different way; and
- A full discussion of these issues should be held, based on all the evidence available, (for example, attendance figures, the cost of maintaining the building, salary costs), and identifying the alternatives available, (for example, keeping the service, but moving it to another building, such as a community centre).

In reply to a question about whether the Day Centre staff would be willing to continue working with Centre users, but in another building, Janet McKenna explained that it was recognised that the current Day Centre was a large building that needed upgrading. For this reason, it currently was not possible to work in small groups, so all activities had to be either building-based, or one-to-one. It was hoped that this could be explored further with Centre staff and users during the consultation. However, for a consultation to be carried out on the assumption that the Centre would close would mean that any staff consultation would be about redundancies.

RESOLVED:

- 1) That the Adult Social Care Scrutiny Commission endorses the views of unison recorded above; and
- 2) That the representations by Unison recorded above be considered as part of the Council's consultation on the proposal to stop running the Douglas Bader Day service.

57. DRAFT ADULT SOCIAL CARE LOCAL ACCOUNT 2012-13

The Director for Care Services and Commissioning (Adult Social Care) submitted the draft Adult Social Care Account for 2012-13. The tables for inclusion on pages 16 and 17 of the Account were tabled at the meeting and are attached at the end of these minutes for information.

The Commission identified several grammatical errors in the Account, which officers undertook to correct.

The Commission welcomed the report, but expressed some concern that the drop in some of the percentages shown on page 16 was quite high. Despite this, it was stated on page 15 of the report that the number of users whose overall satisfaction with their care and support had increased. The Director of Adult Social Care and Safeguarding undertook to clarify whether this meant that, although there had been an increase in satisfaction, the service had not reached the level of satisfaction it aimed for.

The Single Point of Contact was a vital, and well run, part of the service. However, more work was needed to inform the public about how to access services, especially if a crisis occurred outside of standard office hours. The Director of Adult Social Care and Safeguarding explained that a key strand of the service's work was the dissemination of information, but the need for further work on information, advice and guidance had been identified. Consequently, an officer had been seconded to work on this for the coming 18 months.

The following points also were made during discussion on the Account:-

- It would be useful to receive information on how much it cost to communicate the Account to interested parties. Wider communication was needed than just to staff and the media. This could include ward community meetings and community groups;

- Were people able to give feedback on the Account?;
- It could be useful to amend the wording in the introduction from the Assistant Mayor, (especially in the seventh paragraph), to take account of public concern caused by some recent decisions, such as that to close Elderly Persons' Homes; and
- More information should be provided on the areas shown in the tables on pages 16 and 17 of the Account in which the Council was performing less well. For example, actual numbers should be included, not just percentages.

58. DOMICILIARY CARE REVIEW

Members were reminded that the Director for Care Services and Commissioning (Adult Social Care) had circulated a report before the meeting providing a response to a number of questions previously raised by the Commission in relation to the procurement of Adult Social Care Domiciliary Care services.

During discussion on this report, the Commission expressed concern that Members needed to understand what the implications of the responses were, but this was difficult when information on the key issues was not available, (for example, the number of contractual hours, core times, the specification for the service, how this was responded to, which organisations responded and which organisations the successful tenders were from). In reply, the Head of Contracts and Assurance explained that these details were available through hyper-links in the report, but offered to circulate it to Members.

In response to questions from the Commission, it was noted that:-

- Six new contractors had been awarded contracts for Generic Domiciliary Support Services;
- In order to maintain controlled management of providers, a reserve list of providers had been compiled. Therefore, if one of the main providers was unable to provide the package of work awarded, one of the providers on the reserve list could be used;
- The percentage scores from each mandatory section of the tender document were totalled for each bidder. Quality was then weighted at 80%. A test also was completed by each bidder;
- There would be a new provider of Extra Care Services at Danbury Gardens, (for example, housing, landlord services, or domiciliary care). Staff employed by the current provider of these services, (Direct Care), would transfer to the new provider (Care UK) under the Transfer of Undertakings (Protection of Employment) Regulations. As with other services, a reserve provider had been identified;

- The Commission had concerns that the Extra Care Services at Danbury Gardens had been identified as a centre of excellence, but the current provider had lost the contract. However, it was noted that the staff who provided the service to users would transfer to the new provider;
- More information was needed on why the providers selected were chosen and how close other bidders had come to being awarded contracts;
- New service providers would be willing to come to a Commission meeting to answer questions if Members wished;
- The minimum time to be allocated to each visit was now 30 minutes, but many service users would have much longer visits. The change from a minimum 15 minute visit was endorsed by the Commission;
- It was recognised that carers were delivering sensitive and intimate personal care, but it was suggested that it would be beneficial for the Chair of this Commission to accompany a carer for a day, if possible. This would enable her to observe their activities and/or the time taken on visits and travelling, and to obtain feedback from the carer on their work;
- Some service users received direct payments, so could choose whether to use Council provided services or private care providers; and
- Service specifications were compiled based on the requirements of the Regulator and of the Council.

RESOLVED:

- 1) That the scoping document for the review of Domiciliary Care be included in the agenda for the next meeting of this Commission;
- 2) That an anonymised score matrix of tenders for each Domiciliary Care service type be presented to the next meeting of this Commission;
- 3) That an anonymised example of a care plan be presented to the next meeting of this Commission, showing the kind of activities that can take place during a visit and the number of carers involved;
- 4) That enquiries be made to determine whether it will be feasible for the Chair of the Commission to accompany a carer for a day; and
- 5) That details of the number of service users using Council-provided care and the number purchasing care from private providers be presented to the next meeting of this Commission.

59. WORK PROGRAMME

NOTED:

That the final meeting of the Elderly Persons' as Carers Task Group would be held at 5.30 pm on Friday 13 December 2013 and would be attended by Liz Kendall MP.

RESOLVED:

- 1) That a report on the Joint Commission Review of the Winter Care Plan be made on 5 December 2013;
- 2) That a further meeting be held for the Commission's review of Domiciliary Care; and
- 3) That information be provided for Members about the service changes occurring in Housing.

60. ANY OTHER URGENT BUSINESS

a) Representation of Healthwatch at Adult Scrutiny Care Commission

This item was taken as matter of urgent business with the agreement of the Chair, as issues relating to mental health were scheduled to be considered at the Commission's next meeting and an urgent review of winter care planning would be continuing over the next few weeks in conjunction with the Health and Wellbeing Scrutiny Commission. This item therefore needed to be considered at this meeting, rather than be deferred to the Commission's next meeting, on 5 December 2013.

The Chair reported verbally that the Commission had been approached by Healthwatch Leicester with a request that it be a standing invitee to meetings of this Commission.

RESOLVED:

That the Chair of Healthwatch Leicester be a standing invitee to meetings of the Adult Social Care Commission.

b) Potential Call-In of Executive Decision relating to Evesham House

This item was taken as matter of urgent business with the agreement of the Chair, because if the decision referred to was called-in, the meeting at which the Call-In would be considered would be held before the next meeting of this Commission. This item therefore needed to be considered at this meeting.

The Chair reported verbally that it was possible that the decision by the Assistant Mayor (Housing) to close Evesham House could be called in, due to concerns that there was not a clearly-enough defined programme of support for users of the facility once it has been closed.

The Chair of the Housing Scrutiny Commission had indicated that, if the decision was called-in, it could be considered at the Housing Scrutiny Commission's meeting at 5.30 pm on Tuesday 12 November 2013. If this was done, members of this Commission would be invited to attend that meeting.

NOTED:

- 1) That that the decision by the Assistant Mayor (Housing) to close Evesham House may be called in; and
- 2) The arrangements for considering the decision referred to in 1) above if it is called-in.






61. CLOSE OF MEETING


















The meeting closed at 7.31 pm






















Minute Item 57

Adult Social Care Outcomes Framework 2012-13: Leicester compared to England as a whole

This table show you how our performance for 2012-13 compares with the previous year, and how our performance compares with other councils that are in our 'family' group. Our family group is a list of 15 other councils who are similar to us in terms of the needs of the population they support.

Key	Change from 2011-12	Key	Comparison with Family Group
	Better than 2011-12		In top quarter
N/A	Data not collected in 2011/12		In 2 nd or 3 rd quarter
	Not as good as 2011-12		In 4 th quarter

National measure	Leicester 2012-13	Change from 2011-12	Family average	Family Comparison
Social care-related quality of life.	18.3		18.9	
Proportion of people who use services who have control over their daily life.	70.2%		75.3%	
Proportion of people using social care who receive self-directed support, and those receiving direct payments.	64.2%		61.4%	
Proportion of people using social care who receive a direct payment either through a personal budget or other means.	25.8%		18.5%	
Carer reported quality of life.	7.1	N/A	7.9	
Proportion of adults with a learning disability in paid employment.	8.8%		5.8%	
Proportion of adults in contact with secondary mental health services in paid employment.	2.9%		4.6%	
Proportion of adults with a learning disability who live in their own home or with their family.	71.8%		77.0%	
Proportion of adults in contact with secondary mental health services who live independently, with or without support.	32.2%		51.1%	

National measure	Leicester 2012-13	Change from 2011-12	Family average	Family Comparison
Permanent admissions to residential or nursing care homes, per 100,000 population (low is good).	13.94		16.0	
Older people aged 65 or over admitted on a permanent basis in the year to residential or nursing care per 100,000 population (low is good).	735.27		787.9	
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.	83.1%		81.8%	
Proportion of older people (65 and over) offered reablement services following discharge from hospital.	3.9%		3.0%	
Delayed transfers of care from hospital per 100,000 population.	11.4		9.8	
Delayed transfers of care from hospital attributable to adult social care and / or the NHS per 100,000 population.	4.1		2.9	
Overall satisfaction of people who use services with their care and support	67.1%		62.7%	
Overall satisfaction of carers with social services.	37.9%	N/A	42.2%	
Proportion of carers who report that they have been included or consulted in discussion about the person they care for.	63.5%	N/A	71.0%	
The proportion of service users who find it easy to find information about services.	64.6		73.0%	
The proportion of people who use services who feel safe.	61.1%		65.7%	
The proportion of people who use services who say that those services have made them feel safe and secure.	74.8%		76.8%	