



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: WEDNESDAY, 12 FEBRUARY 2014 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

In Attendance:

Councillor Clayton
Councillor Kitterick
Councillor Senior
Sir Peter Soulsby – City Mayor

Also present:

Susan Iammantouni – Healthwatch Leicester
Alistair Jackson – Chief Executive Officer, Leicester Quaker Housing Association
Philip Parkinson – Interim Chair, Healthwatch Leicester (Standing Invitee)

* * * * *

88. APOLOGIES FOR ABSENCE

There were no apologies for absence.

89. DECLARATIONS OF INTEREST

Councillor Joshi declared an Other Disclosable Interest in agenda item 9, “General Fund Budget 2014/15 to 2015/16”, in that his sister was a Council tenant.

Councillor Joshi then declared an Other Disclosable Interest in the general business of the meeting in that he worked for a voluntary organisation with people with mental health problems. He also declared an Other Disclosable Interest in the general business of the meeting in that his wife worked for the City Council’s Adult Social Care Reablement service.

As a standing invitee to Commission meetings Philip Parkinson, Interim Chair of Healthwatch Leicester, declared an Other Disclosable Interest in the general business of the meeting in that he had a relative who was in receipt of a social care package from the City Council.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective people's judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

90. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting of Commission held on 9 January 2014 be approved as a correct record, subject to the addition of the following wording after the last bullet point in minute 85, "Domiciliary Care":-

"Post-meeting note: Since the meeting it has been clarified that the company providing care in the ASRA scheme has provided domiciliary care since before the scheme started. The company was not started for the ASRA scheme. ASRA residents can use this company, but are not obliged to do so, as other providers are available if preferred."

91. PETITIONS

The Monitoring Officer reported that no petitions had been received.

92. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

93. REVIEW OF ADULT SOCIAL CARE NON-STATUTORY SUPPORT SERVICES (PREVIOUSLY KNOWN AS HOUSING RELATED SUPPORT / SUPPORTING PEOPLE)

The Director for Care Services and Commissioning (Adult Social Care) submitted a report recommending the way forward following the consultation on proposals to remodel Adult Social Care Non-Statutory Support Services, (previously known as Housing Related Support / Supporting People).

Alistair Jackson, Chief Executive of the Leicester Quaker Housing Association, addressed the Commission at the invitation of the Chair. He reminded Members that the Association ran John Woolman House and thanked the Council for accepting the concerns previously identified, (minute 68(a)(i), "Representations on the Housing Support Services Consultation: Representations – Alistair Jackson-Chief Executive of Leicester Quaker

Housing Association”, 5 December 2013 referred).

Alistair Jackson stated that the funding it was now proposed would be made available for core support services was welcomed, but there was concern about the continuing decision to no longer fund from the alarm system. This meant that residents who wanted to use the alarm system would have to pay for it themselves, but no benefits payments or subsidies were available to cover this cost. Some of the tenants of John Wolman House had very low incomes and there was concern that they would not be able to afford this additional charge.

Under the amended proposal for funding, John Woolman House would lose approximately £50,000. The Leicester Quaker Housing Association therefore would need to find its own resources to meet the shortfall and would have to work closely with the tenants to identify what services the tenants wanted funded.

Council Senior, a Member for the Castle Ward, addressed the Commission at the invitation of the Chair. She stated that the decision to provide core support for John Woolman House for 15 hours per week was welcomed, but 15 hours was not enough. In addition, providing piecemeal support at different times on different days could fracture the community. In view of this, Councillor Senior suggested that it would be preferable for housing-related support to be provided en bloc and on-site. This also would save the costs of officers having to travel to visit the scheme.

Councillor Senior also raised concerns that having some residents using the alarm system and some not using it could be significant in an emergency situation. An alarm system should be integral to sheltered housing.

Councillor Kitterick, a Member for the Castle Ward, addressed the Commission at the invitation of the Chair, making the following points:-

- It was recognised that people preferred to stay in their own homes, but their needs could change. Housing schemes such as John Woolman House were important in these situations, providing a place people could go when they were unable to live in their own homes, but could still lead a full life. The quality of life for these people was better and living costs were cheaper than in residential care;
- Although further discussions were needed on the details of how it would operate, the funding of core hours was welcomed. However, 15 hours could be insufficient, so further negotiation could be needed on this figure;
- Having regular core hours was suitable if people had predictable needs. Floating support could be unavailable when it was needed;
- Confirmation was sought on whether core support would be provided by existing housing managers; and

- The alarm system gave very good value for money, the cost of not having it potentially being greater than having it. In addition, the £16,000 that it cost to operate for those tenants with no other on-site support was a small part of Council expenditure, so should not be hard to fund in the future

Councillor Clayton, a Member for the Castle Ward, addressed the Commission at the invitation of the Chair. He stressed that schemes such as John Woolman House were important to the residents and to the Council. These schemes offered a stage between living in their own accommodation and residential care. This was important as, for example, the health of people going in to residential accommodation earlier than they needed to could decline more quickly than that of people living in schemes such as John Woolman House. The schemes had a community atmosphere and the residents supported each other.

Councillor Clayton reminded the Commission that these schemes cost less than residential care to provide. This was particularly significant, as the current financial situation meant that more importance needed to be given to the long-term consequences of decisions. For example, the cost of the alarm system currently provided was a relatively small, but the benefits of it were great.

In reply, the City Mayor reiterated that that the scale of the financial reductions that the Council had to make was unprecedented. As a result, it was important to undertake reviews of significant issues, to enable proposals to be properly examined. In this case, the views submitted had been taken account of and some changes suggested, but further work needed to be done to develop the proposal.

The City Mayor confirmed that the cost of the alarm system was comparatively small for those tenants with no other on-site support, but noted that the Council funded a lot of items at this level and these small amounts could add up to a significant sum. He also reminded the Commission that residents in other settings paid for alarm services through their rents and some of these people had similar levels of need as the residents of John Woolman House

In reply to a question from the Commission, Alistair Jackson advised that:-

- Some of the tenants at John Woolman House were not very vulnerable and some were. The Housing Association would need to consider the needs of the tenants and the demands on the Housing Association's capacity and resources to see if those levels of needs could be met. However, it was not possible to state that particular things could be done with particular numbers of hours of support, as needs could vary greatly;
- Housing officers currently were on-site at John Woolman House from 9.00 am to 5.00 pm five days per week (Monday – Friday) and, where possible, some hours were provided on Saturdays. If possible, there was more than one member of staff on duty at a time;
- The Housing Association's only other source from income was from

tenants' rents. These would be used to pay for the additional support that would be needed if only 15 hours of core support was funded by the Council; and

- The Housing Association had already had to make savings, which it had tried to do through reducing central costs, headquarters' officers and computer systems. If the Council moved to providing the level of support now proposed, consultations would be held with residents on how the savings could be achieved. Negotiations also would be needed with staff. Things such as single staffing could be considered, but the services offered needed to benefit the tenants.

In response to this, it was suggested that the City Mayor and Executive could be asked to seek to maintain a service that prevented people having to go in to more expensive care and maximised their ability to stay independent. Maintaining an alarm system for the current tenants who had no other on-site support was welcomed, but it also was suggested that the City Mayor and Executive could be asked to maintain it for future residents, possibly on a means-tested basis, with funding coming from the proposed planning provision.

The City Mayor questioned the rationale for continuing to provide an alarm system for these tenants, when there would be tenants in other settings who also could not afford to pay for an alarm system. Members also questioned whether it would be feasible or equitable for some members of a particular community to receive assistance towards an alarm system, but not others. To have disjointed provision of alarms also could have implications for things such as winter care planning and care for people with degenerative conditions. It therefore was asked if an indication could be given of the number of people who currently used an alarm system.

The City Mayor stressed that an alarm service would continue to be provided for people who currently received it, who had no other on site-support. He noted that it was not unusual for different providers to give different support to individuals.

Councillor Senior suggested that having to meet additional costs, such as those for an alarm service, could discourage people from using similar schemes in the future. This could result in some people going straight in to residential care, rather than the type of "half way" setting provided by schemes such as John Woolman House.

Councillor Kitterick suggested that discussions could be held between the Leicester Quaker Housing Association and the Council to determine what support was needed to stop the quality of life for the Association's tenants reducing and to prevent early entry in to residential care. It was recognised that the position with the alarm system funded by Housing Related Support monies for some tenants with no on-site support was an anomaly, but views could be sought on whether it should continue to be funded

It was noted that different alarm systems cost different amounts and concerns

were raised that these varied considerably. Approximately 130 people currently used alarm only systems. They lived in housing association blocks across the city, where no other support was provided. As they stopped using them, the system would be phased out.

In response to a question, the Lead Commissioner (Supported / Independent Living) advised the Commission that an approach had been made to Leicestershire County Council, to see what type of alarm system it provided and whether economies of scale could be achieved by operating a joint system. However, the County Council had been at the point of procuring its own system, so the City Council had not been able to link in with it.

The Commission welcomed the suggestions being made, but questioned how an alarm system would be incorporated in to new care packages. The Director for Care Services and Commissioning (Adult Social Care) reminded the Commission that not all residents in places such as John Woolman House had social services assessments. Those that did not would not have a formal care package.

However, in all settings such as these, the landlord would decide how the costs of an alarm system would be met. Alistair Jackson confirmed that any new tenants at John Woolman House would be told when they moved in that the alarm was in their property, the cost of using the system, that it was the tenant's responsibility to pay for it and that there would be no subsidy available for it, (unless this was found from elsewhere).

In response to further questions from the Commission, Alistair Jackson advised that:-

- A range of things were provided through the core support offered. For example, dealing with social isolation, resolving problems with care packages, helping people to remember to take their medication (the support workers could not administer medication), and helping those with mental health issues or learning disabilities. The ability to offer this range and depth of services could not be maintained if funding was cut;
- If tenants needed more support, the Council could consider providing floating support for individuals beyond the core hours. The problem with this was that support could be needed outside of the scheduled hours for the floating support and that the person providing the floating support would not necessarily know the residents they were supporting; and
- It was likely that a provider coming in to the setting for a few hours would not work well. This type of support was more suitable for domiciliary care.

The Director for Care Services and Commissioning (Adult Social Care) advised that people would be assessed against a set criteria to determine if they were eligible for floating support, which was below the Adult Social Care statutory eligibility. A framework agreement would be in place through which this support would be provided. John Woolman House would be included in this,

providing they got on the framework agreement, and so could be used as a provider if wished, but the choice of provider would be determined by the individual service user. If the service user wished, they could receive a direct payment and pay a provider themselves.

When children had special educational needs, a statement of those needs was made and their school received funding based on this. The Commission suggested that housing associations could be encouraged to adopt a similar model for people in sheltered housing schemes who needed floating support. Members noted that government policy was to move towards the personalisation of budgets, where funding was given directly to individuals, not support organisations. However, not all recipients of floating support would receive a personalised budget.

RESOLVED:

- 1) That it is recognised that supported housing schemes work well;
- 2) That the changes made to the proposals for future non-statutory support services following consultation be welcomed;
- 3) That, in view of concerns that 15 hours of core support will not be sufficient to enable effective care to be given, the Director for Care Services and Commissioning (Adult Social Care) be asked to discuss with providers and Council officers what the correct level of support should be, and the appropriate mix of core and floating support that this should include, to enable sheltered housing schemes to operate effectively;
- 4) That the Director for Care Services and Commissioning (Adult Social Care) be asked to review housing alarm services being used across the city to see if more equitable costs can be achieved, this to include discussions with Leicestershire County Council to see if joint provision of one or more alarm systems will be advantageous;
- 5) That the Director for Care Services and Commissioning (Adult Social Care) be asked to report the findings of the review requested under resolution 4) above to this Commission for scrutiny before a recommendation is made on the future operation of housing alarm systems; and
- 6) That, pending the outcome of the work requested under resolutions 4) and 5) above, the City Mayor and Executive be asked to retain funding for alarm only provision at its current level, this funding to be available to current and future users of the alarm only system.

94. ADJOURNMENT OF MEETING

The meeting adjourned at 7.25 pm and reconvened at 7.33 pm

95. FUTURE OF DOUGLAS BADER CARE SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining the results of the consultation on the future of the Douglas Bader day care centre.

The City Mayor reminded the Commission that the consultation on the future of the centre had started in August 2013. The centre was not functioning to the same level as it had previously, as some of the service users had opted to use their personal budgets to access other facilities. Although there were approximately 40 registered users for the centre, average attendance was only just over 20 people per session. Although the centre was valued by the users, it was not able to offer all the services it had done previously, as the low numbers made it unviable for external facilitators to come into the centre and work with groups.

The City Mayor stressed that it was important to end the uncertainty about the centre's future as soon as possible. In addition, many people had groups of friends there and it was important that they were able to continue to do things together. Help and support for individuals and groups during the transition to alternative facilities also was very important.

Having considered the responses to the consultation, the condition of the building and views obtained through discussions with people, it had been concluded that the centre was no longer fit for purpose, or the best facility that the Council could provide.

Steven Cooper, Chief Executive Officer for the Leicester Centre for Integrated Living (LCIL), addressed the Commission at the invitation of the Chair, making the following points:-

- LCIL supported disabled people in Leicester and Leicestershire, one of its significant roles being engagement of, and with, disabled people of any age;
- LCIL would welcome the closure of the centre;
- Many people had never favoured only being offered day centres, but through personalisation and empowerment these views could now be taken in to account;
- An engagement event had been held on 8 February 2014 for parents and young adults to discuss their concerns for the future. The view that had emerged from this was that people favoured an end to day centres; and

- Independent living involved individuals taking control of what they wanted. Support therefore was requested from non-disabled associates to procure the services that best met people's needs. This would help it to be recognised that even those with the same diagnosis could have very different needs. Day centres rarely delivered this flexibility.

Jonathan Strange, a disabled community member, then addressed the Commission, at the invitation of the Chair. A copy of his presentation is attached at the end of these minutes for information.

The following points were made during discussion on the proposals set out in the report:-

- It was recognised that, although some people welcomed the closure of the centre, others wanted it to continue to operate, including some people who had used centre since it opened;
- The day centre originally catered for people up to the age of 65, but approximately 20% of users were now aged over 65, as there now were staff available to support these people, due to the low numbers;
- A significant proportion of centre users had profound physical disabilities;
- Whatever was offered as an alternative to the centre needed to respect people's needs as individuals or groups. For this reason, a range of offers needed to be made;
- A lot of users of the centre had not previously been aware of what alternative provision was available and had not had the opportunity to try these alternatives. However, they were now looking at what was available and what opportunities and life chances the alternatives could offer;
- A lot of work was needed to bring the centre back up to a suitable standard. This was complicated by the amount of asbestos that had been used in its original construction;
- Alternative offers would be made through a framework of 19 providers, some of which catered for diverse backgrounds, (for example, the Mosaic organisation, which worked with people with physical disabilities, the Leicester Stroke Club and the East West Community Project);
- The centre currently brought together people with a range of abilities and different social and ethnic communities and there was concern that this would be lost if the new providers were too specific. In reply, officers stressed that most organisations provided the required social inclusion, but some people, especially older people, wanted to attend culturally appropriate groups;
- Officers had visited those affected by the proposed closure of the centre and had identified concerns about alternative venues, (for example, a lack

of changing facilities). Work was underway to identify where support could be given for the development of facilities where needed;

- Alternative provision previously had been found for older people with mental health issues and the same process would be used for users of the Douglas Bader centre. It was stressed that not all users required the same provision;
- Three organisations were available to provide advocacy for individual centre users and their families if needed;
- If the centre closed, all users would be allocated a dedicated specialist social worker. Some users had more complex needs, so it could take longer to work through what they wanted and needed, but all users would have this dedicated support for as long as was needed;
- Once users had found a new setting, a review would be made after a few weeks to ensure that it worked for the user;
- Support would also be offered to carers of users of the Douglas Bader centre if the centre closed;
- The Commission felt that the report did not contain enough information about the people who did not support the closure of the centre, or the support they would be offered; and
- If the centre closed, existing staff would be offered redeployment. This could be within Adult Social Care, or across the wider Council. Alternatively, it was anticipated that some staff could choose to take redundancy.

Philip Parkinson, Interim Chair of Healthwatch Leicester, addressed the Commission at the invitation of the Chair. He advised the Commission that Healthwatch Leicester supported the closure of the centre on the terms set out in the report and at the meeting. Current users of the centre were vulnerable people, but Healthwatch was reassured that every effort would be made to make the transition as smooth as possible and that the importance of retaining existing friendship groups was recognised. The apprehension being experienced by some users was understandable, but it was hoped that, with the support proposed, these users would feel differently in due course.

It was suggested that, if the centre did close, the Commission could receive regular updates on how current users of the centre were being affected by the move to new facilities. However, it was recognised that this could be difficult to do, as the stages involved for each person were not clearly defined, as each individual would receive a response that was appropriate to their personal needs and wishes.

On behalf of the Commission, the Chair thanked all involved for their work on these proposals.

RESOLVED:

- 1) That the City Mayor be asked to note that the Commission supports Option 2 for the future of the Douglas Bader day care centre, this being closure of the service and the provision of support to service users to source alternative provision; and
- 2) That the Director for Care Services and Commissioning (Adult Social Care) be asked to provide the Commission with regular general updates on how current users of the centre adapt to alternative services.

96. ELDERLY PERSONS HOMES UPDATE

The Director for Care Services and Commissioning (Adult Social Care) submitted a report setting out an indicative timetable for the actions needed to support existing residents living in the Council's Elderly Persons Homes that were due to be closed. It also contained an anonymised summary of the progress of individual residents moving to alternative accommodation from homes that were due to be closed in phase I.

The Adult Social Care Business Transition Manager advised the Commission that:-

- Assessments of residents moving to alternative accommodation were progressing;
- Although people were willing to engage with the community care assessment, some residents' mental health made talking about moving very difficult for them;
- Assessments were being done as people became ready, not on a home by home basis;
- One person had moved and a few more residents were close to moving; and
- Friendship groups were very important, so officers were trying to take account of these in finding new accommodation.

The Commission noted that the deadline for the submission of Pre-Qualification Questionnaires from those interested in acquiring Abbey House and Cooper House as going concerns was 17 March 2014.

97. GENERAL FUND BUDGET 2014/15 TO 2015/16

The Director of Adult Social Care submitted a report outlining the General Fund Budget draft budget proposals for 2014/15 to 2015/16 for the Adult Social Care portfolio.

The City Mayor reminded the Commission that the format of the budget was different this year. In previous years, the General Fund Budget had been prepared annually, but the scale of the financial cuts that the authority needed to make made it more appropriate for the budget to be managed continuously during the course of the year. This was done in various ways, including through a series of reviews of services, which meant that full scrutiny of the Council's services could be undertaken.

Philip Parkinson, Interim Chair of Healthwatch Leicester, addressed the Commission at the invitation of the Chair, advising Members that Healthwatch Leicester had submitted a response to the overall budget.

The Commission noted that, when residential care provision moved beyond Band 5, it became a health care need. However, reports had been received from residents that Clinical Commissioning Groups were reluctant to approve funding for this care. It therefore was questioned whether the Council had to meet the cost in these situations.

In reply, the Director of Adult Social Care and Safeguarding advised the Commission that there were different aspects to nursing care funding, which were costs met by the National Health Service via Clinical Commissioning Groups. The Council was part of the decision-making process on such funding and it was very rare that there was any formal dispute over decisions. As a result, the Director did not feel that the Council had experienced any generalised problems in obtaining the funding. This view was supported by the fact that Leicester City had the third highest number of people in the East Midlands attracting health funding.

The Commission was reminded that some of the Council's new health care responsibilities included work on prevention. The need for this work to be more co-ordinated across the Council was stressed, as this would enable decision-making to be more cohesive and therefore of greater benefit to residents. An example of this was the work being done on Winter Care Planning, which brought together various services and agencies. The City Mayor confirmed that the work of the Health and Wellbeing Board was developing, with more opportunities being found to participate in cross-cutting issues, which would assist in achieving this.

In reply to a question, the City Mayor advised that work was underway in establishing the membership of the new Elderly Persons' Commission and undertook to advise Members of when it was anticipated the Commission would be formally instituted.

RESOLVED:

- 1) That the draft General Fund Budget proposals for 2014/15 to 2015/16 for the Adult Social Care portfolio be noted;
- 2) That the Chair of this Commission advise the Overview Select Committee that the Commission is concerned that the Adult Social Care budget is facing large cuts, despite the services

falling within this portfolio working with some of the city's most vulnerable people;

- 3) That the Chair of this Commission inform the Overview Select Committee of this Commission's view that greater co-ordination of health care work is needed across the Council, in order to facilitate greater cohesion in decision-making processes and ensure that such decisions are of maximum benefit for residents; and
- 4) That the City Mayor be asked to keep the Commission informed of progress in establishing the new Elderly Persons' Commission.

98. WORK PROGRAMME

The Chair reported that she had visited Danbury Gardens and a manager of a private provider of domiciliary care as part of the Domiciliary Care review. She also had been advised that arrangements could be made for her to accompany a carer to gain an insight in to their work and that a service user had indicated that they were happy for the Chair to go in to their home when their carer was there. Due to the amount of work still to be done on this review, it could be necessary to establish a task group to complete it.

Members were reminded that a joint meeting of this Commission and the Health and Wellbeing Scrutiny Commission would be held on 19 March 2014 to consider dementia care for elderly people.

99. STANDING INVITATION TO HEALTHWATCH TO ADULT SOCIAL CARE SCRUTINY COMMISSION MEETINGS

The Commission was reminded that the Chair of Healthwatch Leicester currently had a standing invitation to attend meetings of the Adult Social Care Scrutiny Commission, (minute 60(a), "Any Other Urgent Business – Representation of Healthwatch at Adult Social Care Scrutiny Commission", 7 November 2013 referred).

The term of office for the Interim Chair was due to end soon and the person Healthwatch would like to receive future invitations was one of the new Healthwatch directors, as she had a keen interest in, and experience of, adult social care.

On behalf of the Commission, the Chair thanked Philip Parkinson, the Interim Chair of Healthwatch Leicester, for his input to the Commission and wished him well for the future.

RESOLVED:

That Healthwatch Leicester's invitation to meetings of this Commission be changed from being to the Chair of Healthwatch Leicester to being to a representative of Healthwatch Leicester.

100. CLOSE OF MEETING

The meeting closed at 8.45 pm

Minute Item 95

My name is Jonny and I'm 32yrs old. After I left school I went to Leicester College doing a GNVQ (General National Vocational Qualification) in Computing (Foundation/Intermediate) for 2 years. After that I went on to do a BTEC (Business and Technology Education Council) in Computing. The college provided me with a support worker to help me. I really enjoyed my time at college making new friends and new experiences.

If I was told I would have to go to a day centre after I left school I would rather stay at home because day centres are not the right environment for me. It would have also felt like all my years of learning at school had been wasted.

After achieving my GNVQ'S and a BTEC in Computing, I enrolled at De Montfort University first doing an HND (Higher National Diploma) in Computing for 2 years. This is where I got my first taste of website design, I learnt the skills needed, I really enjoyed it and I was good at it as well. I thought and still think I want to do this for a living. Like college I liked the new experiences of meeting new people, socialising and developing as a person as well.

For nearly 7 years now I've been living independently in an accessible apartment. I live alone with support of a 24hr support worker. Using my Direct Payments enables me to employ a support worker directly or outsource care agencies services to provide me with care which is tailored to my needs. This means I do not have to rely on my mum who is in her seventies and needs her space and independence too.

Having a 24hr support worker enables me to enjoy life and to do all of the things what I want to do, such as going out of coffee with my friends, going to the cinema, going on a night out into town and generally socialising.

Having Direct Payments gives me flexibility to manage my care because I am in control of it.

In the future I want to look for a job in website design or setup my own business and be self-employed.

