



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 6 MARCH 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

In Attendance

Councillor Palmer – Deputy City Mayor  
Councillor Rita Patel – Assistant City Mayor (Adult Social Care)

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**101. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Willmott, who was absent on Council business.

**102. DECLARATIONS OF INTEREST**

Councillor Alfonso declared an Other Disclosable Interest in agenda item 7, “Blue Badge Scheme”, in that her husband was a Blue Badge holder on a higher level of disability.

Councillor Joshi 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. He also declared an Other Disclosable Interest in the general business of the meeting in that he worked for a voluntary organisation for people with mental health issues.

Although not a member of the Commission, Councillor Rita Patel declared an Other Disclosable Interest in the general business of the meeting in that her sister worked for the City Council’s Adult Social Care and Safeguarding division. She also declared an Other Disclosable Interest in the general business of the meeting in that her mother received a small social care

package from the City Council's Adult Social Care and Safeguarding division.

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.

### **103. MINUTES OF PREVIOUS MEETING**

The Commission was reminded that its comments on the General Fund Budget, (minute 96, "General Fund Budget 2014/15 to 2015/16"), had been considered by the Overview Select Committee at its meeting on 13 February 2014, (Overview Select Committee minute 130, "General Fund Budget 2014/15 to 2015/16", 13 February 2014 referred).

It was noted that the information requested under minute 93, "Review of Adult Social Care Non-Statutory Support Services (Previously Known as Housing Related Support / Supporting People)", was being prepared and would be reported to the Commission as soon as possible.

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 12 February 2014 be approved as a correct record.

### **104. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

### **105. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

### **106. DOMICILIARY CARE REVIEW**

#### **a) Information Previously Requested**

The Commission received an update on the information that had been requested at its meeting on 9 January 2014, (minute 85, "Domiciliary Care", referred). Members were reminded that the information requested in resolutions 2(a) and 2(b) of that minute had been circulated separately.

It was noted that all 688 service users invited to participate in the survey on Home Care Services had responded. However, concerns were expressed that there appeared to be a very low variation in the data, particularly in the number of "Always" responses. In reply, the Group Manager Contracts and Assurance (Care Services and Commissioning) advised the Commission that the questions asked were taken from the quality assurance framework for the service. This was the first time that these questions had been used, so they

would be adapted as assessments were made of whether the right questions were being asked. In the meantime, the results would be cross-checked with other feedback, to ensure that it corresponded.

The Commission also expressed concern that the questions were “closed” and that, where questions had multiple parts, the results for the whole question were presented as one total. Group Manager Contracts and Assurance (Care Services and Commissioning) thanked the Commission for the feedback, noting that this was the first time such a survey had been undertaken and that the points raised would be taken in to consideration in the future.

The Group Manager Contracts and Assurance (Care Services and Commissioning) advised the Commission that no baseline had been set for the number of responses it was hoped to reach. New domiciliary care procurement contracts had started in October 2013 and this survey had been done as part of the new contract. The next stage in the process therefore was to scrutinise the results of the survey with providers, to establish where improvements were needed.

In noting this, the Commission suggested that it would be useful to receive information on previous services, in order to see how people’s perceptions of services had changed, as it was disappointing that the number of people answering “Always” was not higher.

Members questioned whether the poorer responses to the survey related to particular carers, providers, or areas. The Director for Care Services and Commissioning (Adult Social Care) assured the Commission that it was known where service provision was low and the issues identified in the survey would be raised with providers. Meetings were held quarterly with providers, so officers would not have to wait for the annual quality review to raise these matters. Improved performance therefore should be seen through the next survey.

The Group Manager Contracts and Assurance (Care Services and Commissioning) assured Members that it was known which service users were with a particular organisation. In addition, screening had been used to ensure that, for example, service users were addressed in the most appropriate language. All results were anonymised.

Further to resolution 3 of minute 85, “Domiciliary Care”, (9 January 2014), the Director for Care Services and Commissioning (Adult Social Care) reported that a provider at Danbury Gardens had been replaced. ASRA had providers in place at the Wolsey building, but residents could use other providers if they wished.

Councillor Rita Patel, Assistant Mayor (Adult Social Care), addressed the Commission at the invitation of the Chair, advising that ASRA was considering moving to a similar care provision model to that used at Danbury Gardens, so that someone would always be on site.

**b) Visits to Care Providers**

The Chair reported that she had visited Danbury Gardens. The facilities appeared to be nice and staff were positive about the conditions there. She also had met two middle managers from private providers, who had some concerns about domiciliary care. They were both happy to provide evidence at a meeting of the Commission.

The Chair further reported that:-

- She would be visiting a recipient of domiciliary care. The person's carer would be present;
- Two private providers had indicated that they would be happy to arrange visits to service users;
- She had made an appeal on Radio Leicester for people who had received domiciliary care to share their experiences of that care with the Commission; and
- Following the appeal made through local media, several people had already contacted the Council to share their experiences of domiciliary care.

RESOLVED:

- 1) That a special meeting of the Commission be held, on a date to be arranged, to hear evidence from service providers and recipients; and
- 2) That the Director of Adult Social Care and Safeguarding be asked to make an appeal through the Carers Network for people who had received domiciliary care to share their experiences of domiciliary care with the Council.

**107. BLUE BADGE SCHEME**

The Director of Adult Social Care and Safeguarding submitted a report informing Members of the operation of the Blue Badge Scheme for parking.

The following comments were made in discussion on this item:-

- The Council's Occupational Therapists did the medical assessments for discretionary Blue Badge holders. Information also was sought from the applicant's own doctor;
- The Occupational Therapists were fully qualified and were expected to undertake continuing professional development. The quality of their work was assessed in a similar way to that of social workers. For example, trends were identified and reasons sought for variations;

- At present, two part-time Occupational Therapists did the assessments, one of whom was agency staff, but it was hoped that a substantive appointment would be made in due course to the vacancy;
- Medical assessments were thorough. The Occupational Therapist assessed the person's mobility, both in the assessment room and from how they were able to get from the car park to the assessment room. The Department for Transport provided clear criteria on how such assessments should be conducted;
- In reply to questions about whether the Occupational Therapists were skilled in assessing all ailments and recognising the intermittent nature of some conditions, the Director of Adult Social Care and Safeguarding advised that the Occupational Therapists were only assessing people for Blue Badge scheme eligibility, not for other things. This meant they made a very specific assessment of someone's ability to walk and took account of the variability of people's conditions;
- The Occupational Therapists had taken over doing these assessments in 2013, when changes had been made to the scheme. It was considered that this had resulted in reliable and rounded assessments being made;
- Suggestions were welcome for things that could be included in the Blue Badge Mobility Assessment form;
- The Blue Badge Assessment Log was used by occupational health staff. Applicants for a Badge were not expected to self-declare;
- The number of Blue Badges issued in 2012 was greater than the number of applications received. This could be due to applications remaining from the previous year;
- The Blue Badge scheme was self-financing;
- It had been reported anecdotally that some people who no longer needed a Blue Badge continued to use one. There appeared to be limited action that could be taken to stop this happening;
- Whether a discretionary Blue Badge could be renewed was considered through the same process as a new application. People in receipt of Disability Living Allowance would automatically be assessed for a new Blue Badge; and
- Officers were working with the Council's Parking Enforcement Team to see if the team's hand-held equipment could be modified to recognise when a Blue Badge was no longer valid.

RESOLVED:

- 1) That the Director of Adult Social Care and Safeguarding be asked to:-
  - a) find out how arterial fibrillation and ischemic heart disease were assessed for Blue Badge eligibility; and
  - b) confirm why the number of Blue Badges issued in 2012 was greater than the number of applications received; and
- 2) That the Assistant Mayor (Adult Social Care) be asked to investigate what action the Executive could take to prevent people who no longer needed a Blue Badge continuing to use one.

*Post-meeting note: Since the meeting it has been advised that the workers undertaking blue badge assessments are Occupational Therapy Care Management Officers, for which an Occupational Therapy degree is not required. They are overseen by qualified senior Occupational Therapists.*

#### **108. BETTER CARE FUND**

The Director of Adult Social Care and Safeguarding submitted a report informing Members of the Better Care Fund and the local plan through which this funding could be accessed.

It was noted that the detail that needed to be included in the draft local plan was included in a Plan Template. Due to the short period for submitting the plan, there would be on-going discussions between all parties involved in submitting the plan and NHS England over coming months and the plan would continue to develop and evolve.

Some concern was expressed that the way the report was presented and the terminology used made it difficult to scrutinise the draft local plan. It was recognised that Councillors were not the key audience for the documentation and that this was a very early stage in the process of obtaining approval for it, but Commission members were lay people, who did not have the level of technical knowledge that appeared to be assumed by the documentation.

Councillor Palmer, Deputy City Mayor, advised the Commission that the Better Care Fund application had to be made in a certain way, which was why it had been submitted in this format and why it was phrased the way it was. The timescales for accessing the Fund were challenging, as there was only a very short time between publication of information about the Fund and the deadline for submission of a draft local plan. However, the application had been signed off by the Health and Wellbeing Board in January 2014, as required by the government, and submitted by the deadline of 14 February 2014. The documentation submitted to this Commission therefore was all that was available at present.

The documentation submitted set out the principles that would underpin the Council's approach to Better Care. This was summarised in the descriptions of the five work streams to be undertaken. Work was ongoing to prepare the full plan, which needed to be submitted to NHS England and Public Health England by 3 April 2014.

The Director of Adult Social Care and Safeguarding explained that this was not a public-facing document. It was a requirement that a specific template be followed and it contained a lot of health and social care terminology, as this was what was needed to provide the required assurance to the approving bodies.

In view of the concerns expressed, it was suggested that a joint briefing be held for members of the Adult Social Care Scrutiny Commission and the Health and Wellbeing Scrutiny Commission. From this, it could be decided which elements should be scrutinised by each Commission. This also could help the Executive to engage appropriately.

Rachna Vyas, Interim Strategy Lead for Leicester City Clinical Commissioning Group, advised the Commission that a very strong communications and engagement plan was running alongside the draft local plan. This was designed for the public, but the local plan was not. It was recognised that it would be useful to extract the essential elements of the plan to enable the public to gain an understanding of it, but at present the entire care pathway was being examined, which included having to look at information from Public Health England that went down to a very detailed level. It was anticipated that this would result in the joint team of health care providers being empowered to do what was needed to prevent patients from needing to go in to hospital and from being passed around the system.

Councillor Rita Patel, Assistant Mayor (Adult Social Care), addressed the Commission at the invitation of the Chair. She explained that consideration was being given to the impact that the changes being introduced through the Better Care Fund would have on the Council's budget. For example, it was important to encourage integration and avoid duplication, as there already was a gap between Adult Social Care Services provided and funding available. These proposals therefore had been taken in to account in the preparation of the Council's budget.

The Deputy City Mayor confirmed that a significant proportion of the £23 million that was being made available to the city was not new funding, but the Better Care Fund provided a new focus for it. The parts of the funding that were new to the Council, (approximately £11.5 million), previously had gone to health services.

In response to a question from the Commission, the Deputy City Mayor advised that the systems established by the government invited challenge of the local plan. There would be opportunity for Members to be involved in this at quite a detailed level, as this was not a stand-alone plan, but had to relate to many other plans and issues.

RESOLVED:

- 1) That a joint briefing on the Better Care Fund be held for members of the Adult Social Care Scrutiny Commission and the Health and Wellbeing Scrutiny Commission;
- 2) That Director of Adult Social Care and Safeguarding be asked to work with appropriate officers to make an initial assessment of which scrutiny commission could scrutinise which parts of the local plan for use of money from the Better Care Fund, so that following the briefing referred to under resolution 1) above a decision can be taken on whether this division of work should be adopted;
- 3) That, pending the outcome of resolution 2) above, an item updating Members on the Better Care Fund be included on the agenda for each meeting of the Adult Social Care Scrutiny Commission; and
- 4) That the Chair of the Adult Social Care Scrutiny Commission attend meetings of the Health and Wellbeing Board as an observer.

**109. REPLACEMENT OF THE ADULT SOCIAL CARE AND CHILDREN'S IT APPLICATION**

The Director for Care Services and Commissioning (Adult Social Care) submitted a report updating the Commission on the implementation of the new Liquidlogic and ControCC IT applications, which replaced the existing CareFirst IT system.

The Director for Care Services and Commissioning (Adult Social Care) advised the Commission that the previous system had been in place for a number of years. As the contract had ended, it was necessary to procure a new system. It was anticipated that the new system would go live for children's services at the start of April 2014 and for adult social care services at the end of April 2014. The system was on budget and was being installed according to expected timescales.

The Programme Manager (Care Systems) explained that:-

- The project had been well risk-managed, so there were sufficient safeguards to avoid delays in the introduction of the new systems. In addition, the new systems had safeguards built in;
- An extensive programme of training for the new systems had been developed and was underway. Those with the highest need had been trained first, to ensure service continuity; and
- Social care records had been scanned on to the system, but still needed to



be integrated.

RESOLVED:

That the introduction of the new Liquidlogic and ControCC IT applications be welcomed.

## **110. ELDERLY PERSONS' HOMES**

### **a) Development of an Intermediate Care Facility**

The Director of Adult Social Care and Safeguarding advised the Commission that work was in progress to develop an options paper for the establishment of an intermediate care facility. This would be discussed at the Corporate Projects Board before a decision was pursued through the formal decision making processes.

A report on this was scheduled to be presented to the Commission at its meeting in May 2014.

### **b) Progress with Individual Residents' Moves**

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining progress with individual residents' moves to alternative accommodation, where their current homes were to be closed in phase 1.

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

- 25 of the affected residents were in the active planning stages of moving. Of these, 12 were in the process of looking at a home to move to;
- 13 residents were at stage 5, (preparing to move). Six of these had a date for moving to the homes of their choice and seven had rooms confirmed at the homes of their choice;
- It had been possible for friendship groups to move together;
- One person was still at stage 1 of the process; and
- Four residents were in the process of having assessments done. These were quite complex, so the help of health professionals was needed to complete these.

The Director for Care Services and Commissioning (Adult Social Care) reminded Members that they had been sent a letter explaining the impact of the request made to the courts for a judicial review of the decision to close the homes. A letter also had been sent to residents in the homes to be closed, to advise them of the situation.

As a result of the judicial review challenge, an undertaking had been given that a resident in Herrick Lodge would not be moved until the matter had been resolved. The date on which the judicial review would be undertaken was awaited.

Councillor Rita Patel, Assistant Mayor (Adult Social Care), addressed the Commission at the invitation of the Chair. She confirmed that, until the result of the judicial review challenge was known, the decision taken to close the homes would stand and work would continue towards this as planned. Appropriate risk assessments were being made at every stage of the process, but it was not possible to speculate on what could happen if the judicial review challenge was upheld.

**c) Progress in Establishing an Older Persons' Commission**

Councillor Rita Patel, Assistant Mayor (Adult Social Care), addressed the Commission at the invitation of the Chair, advising that the membership and functions of the new Commission were still to be determined.

Officers were considering the feedback received from the Executive on this proposal. A further report would be made to the Executive and it was hoped that the decision could be presented to the Commission for scrutiny.

**111. WORK PROGRAMME**

In considering the draft work programme, the Director of Adult Social Care and Safeguarding advised the Commission that the report scheduled to be received on 3 April 2014 about Personal Budgets would relate to the assurance process. This was a tool used to produce indicative personal budgets.

**RESOLVED:**

That the draft work programme be approved, subject to the inclusion of the following:-

- a) The final report on the review of Domiciliary Care will be received at the Commission's meeting in May 2014;
- b) Update reports on the Better Care Fund will be included on the agenda for each meeting of the Commission until it is decided which parts of the local plan on the allocation of the Better Care Fund will be scrutinised by which Commission;
- c) A report on the outcomes of the consultation on the provision of advocacy services for voluntary organisations will be made to the Commission's meeting in May 2014.

**112. CLOSE OF MEETING**

The meeting closed at 8.00 pm