



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 15 MAY 2014 at 5.30pm

P R E S E N T :

Councillor Dr Moore – Chair
Councillor Chaplin – Vice Chair

Councillor Alfonso
Councillor Fonseca
Councillor Joshi

In Attendance:

Sir Peter Soulsby – City Mayor

Also present:

Bhavinder Johal – Director, Healthwatch Leicester
Philip Parkinson – Interim Chair, Healthwatch Leicester (Standing Invitee)
Councillor Riyait

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126. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Willmott.

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

127. DECLARATIONS OF INTEREST

Councillor Joshi declared an Other Disclosable Interest in the general business of the meeting in that his wife worked within the City Council's Adult Social Care services. He also declared an Other Disclosable Interest in the general

business of the meeting in that he worked for a voluntary organisation.

As a Standing Invitee to the Commission, Mr Philip Parkinson (Healthwatch invited representative) declared an Other Disclosable Interest in the general business of the meeting in that he had a relative 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.

128. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 15 May 2014 be approved as a correct record, subject to the fifteenth paragraph of the preamble to minute 118, "Domiciliary Care Review", being amended as follows, (additional wording in italics):-

~~was and s~~She reported that she felt that the opportunity had not been evident and it was difficult to identify who, *in the first instance, any complaint or to report would be forwarded to in the first instance any complaint to.* At this point, officers circulated cards with details of how to report any problems in the service. The commission was informed that these were circulated to all contracted organisations for distribution to carers and service users in February 2014, as a means of enabling people to raise concerns with the Council, the Care Quality Commission, or the NHS."

129. PETITIONS

The Monitoring Officer reported that no petitions had been received since the last meeting.

130. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

131. DOMICILIARY CARE - DRAFT REPORT OF THE REVIEW

The Chair submitted the draft report of the Commission's review of Domiciliary Care, drawing attention to the financial, legal and equalities implications section of the draft report, which had been circulated separately.

The Commission welcomed the bringing together of key points in the report,

but suggested that two recommendations should be added. Firstly, the Commission expressed concern that deficiencies in the current system had meant that problems in the delivery of home care had arisen. In view of this, it was suggested that a recommendation should be added to the report that the Secretary of State and national bodies be advised of this concern.

In addition, it was noted from the report that information on mainstream domiciliary care and funding for this could be hard to find, so vulnerable people could be unaware of the care that was available to them. In order to increase transparency, and help fulfil the Council's role in disseminating information, the Commission felt that information on domiciliary care and its funding should be more widely available and in accessible forms.

In reply to concern that paragraph 2.2.5 of the report contained the statement that it was very unlikely to disrupt care if a large number of staff left a particular provider, the Director for Care Services and Commissioning (Adult Social Care) advised that all domiciliary care contractors were monitored. Officers therefore would be aware of concerns and complaints as they arose. They would meet providers to discuss concerns and would put an action plan in place, which would include monitoring by officers, to ensure that long-term changes were made. If necessary, providers could be suspended, to enable officers to work with them to improve standards, or their contracts could be terminated. No provider had been suspended in recent times.

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

- The Council could not recommend which provider should be used, but would be publishing its ratings of the quality of care provided by individual providers;
- Mr Philip Parkinson, on behalf of Healthwatch, complemented the Commission on the report that had been produced. Healthwatch would continue to monitor domiciliary care, particularly as the Care Quality Commission was taking on inspection duties for domiciliary care;
- Clarity needed to be provided for employees of providers on how they could report problems with those providers. The need for this should be included in the recommendations of the report of the review;
- The Council currently provided a Reablement service, but did not employ mainstream domiciliary care staff;
- Some service users were being visited by many different carers, so had no continuity of care. For example, the elderly person spoken to during the Chair's visits to Domiciliary Care facilities, (item 4 of Appendix C to the report), had been visited by six different carers in the previous five weeks; and
- A definition of domiciliary care needed to be included in the final report of the review.

RESOLVED:

- 1) That the following recommendations be included in the final report of the review of Domiciliary Care:-
 - a) The Commission is alarmed that there is not a uniformly high standard of mainstream domiciliary care locally. It is recognised that this is also a national issue, so the Executive is asked to write, jointly with this Commission, to the Secretary of State and appropriate national bodies to express concern at the overall funding and policies around domiciliary care for the elderly; and
 - b) This Commission asks the Assistant Mayor (Adult Social Care) and the Executive to look in to making information on mainstream domiciliary care, and funding for this, readily available to existing and potential users in the city. This is to include information for employees of providers on how to alert the authority of concerns they may have about care being provided; and
- 2) That the Scrutiny Support Officer be asked to liaise with the Director of Adult Social Care and Safeguarding and the Director for Care Services and Commissioning (Adult Social Care) to include a definition of domiciliary care in the final report of the review of Domiciliary Care; and
- 3) That, subject to resolutions 1 and 2 above, the report of the review of Domiciliary Care be endorsed.

132. PERSONAL BUDGETS UPDATE: RESOURCE ALLOCATION SYSTEM (RAS)

The Director of Adult Social Care and Safeguarding submitted a report outlining the Resource Allocation System (RAS) used within Adult Social Care in Leicester, its role within the Personal Budget process and how it was ensured that the RAS was working effectively to produce indicative Personal Budgets.

The Director reminded the Commission that information such as the number of people at the top and bottom of the range, and whether more people received minimum payments or higher payments, had been circulated previously. This could be recirculated if required.

In response to questions, the Director of Adult Social Care and Safeguarding confirmed that the Supported Assessment Questionnaire fulfilled the purpose of a statutory community care assessment. The Director noted that there no longer were timescales in national performance frameworks for these to be completed, as this conflicted with the personalisation agenda. Instead, local timescales were being used for monitoring purposes. Under these, it was

aimed to complete the Supported Assessment Questionnaire within four weeks and to have a support plan in place within a further four weeks, although it was recognised that these times could be different in some circumstances

Some concern was expressed that, when some people received payments, they could believe that this money was their own and was coming from their own bank account, so would not spend it. The Council therefore needed to ensure that people understood how personalised budgets worked, (for example, that payments were no longer made by the Council direct to providers). The Director of Adult Social Care and Safeguarding reassured the Commission that indicative personal budgets did not involve giving someone a sum of money. How this would be done, for example through a direct payment, was decided during later discussions about the support plan.

133. ADULT SOCIAL CARE VOLUNTARY SECTOR PREVENTATIVE SERVICES

The Director for Care Services and Commissioning (Adult Social Care) gave a verbal report on the recent consultation on Adult Social Care Voluntary Sector Preventative Services.

It was noted that the consultation had ended on 8 April 2014. Information from the consultation was being collated and would be reported to the next meeting of the Commission, along with recommendations on how the services could develop in the future. The Director for Care Services and Commissioning (Adult Social Care) stressed that there was no intention of reducing funding for these services and that an additional £90,000 was now available from health services funding.

The Commission noted concerns previously raised over previous consultations that questionnaires should be appropriate to the service users being consulted. The Director confirmed that the questionnaires used for this consultation had been carefully checked.

RESOLVED:

That the Director for Care Services and Commissioning (Adult Social Care) be asked to provide Commission members with a list of providers of Adult Social Care Voluntary Sector Preventative Services.

134. ADULT SOCIAL CARE: ELIGIBILITY THRESHOLDS 2014/15

The Director of Adult Social Care and Safeguarding submitted a report explaining the adult social care eligibility thresholds for 2014/15.

The Director advised the Commission that the Care Bill had now received Royal Assent. Regulations were due to be published in May under this legislation, which it was understood would include national criteria for establishing eligibility thresholds. These criteria were likely to relate to “substantial” and “critical” levels of need, which were those at which the Council currently operated.

RESOLVED:

That the decision and rationale for not seeking any change to the eligibility thresholds for 2014/15 be noted.

135. DOUGLAS BADER DAY CENTRE UPDATE

The Director for Care Services and Commissioning (Adult Social Care) submitted a report providing an indicative timetable for the actions needed to support existing service users attending the Douglas Bader Day Centre to find alternative services before the Centre closed.

The Adult Social Care Business Transition Manager advised the Commission that, due to the number of people who used the Centre, the work with the users had been divided in to two phases. There currently were 16 people from Phase 2 waiting to be reassessed by a social worker in order to find alternative services. A dedicated team of social workers was working with the users.

Users waiting to see a social worker would continue to attend the Douglas Bader Centre until their needs were reviewed. However, if an individual asked to be reviewed early, their request would be accommodated if possible. It was confirmed that information on friendship groups had been shared with social workers, so that people could be moved together if wished.

The Adult Social Care Business Transition Manager confirmed that progress with finding alternative services for users would be monitored in the same way as progress with moving residents from elderly people's homes was being monitored. This meant that there would not be a lot of additional work for officers and progress would be tracked bi-weekly.

In response to questions from the Commission, the Adult Social Care Business Transition Manager advised that staff would be served notice of redundancy at the end of May or in early June, from when the redundancy process would be started. Although options other than redundancy could be available for some staff, all staff currently remained at the Centre and had all started the Council-provided redundancy training.

If a significant cohort of users remained at the Centre at the end of the 12 weeks' notice period for staff, there were various options that the Council take, one of which was to extend the redundancy period. This would be monitored carefully, to ensure the welfare of staff and users was maintained.

The Commission welcomed the report and congratulated officers on the work being done with Centre users.

RESOLVED:

That the Director for Care Services and Commissioning (Adult Social Care) be asked to provide an update at each meeting on progress with finding alternative services for users of the Douglas Bader Centre at each meeting of this Commission,

this information to be presented in table and graph format.

136. ELDERLY PERSONS' HOMES UPDATE

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 Commission thanked officers for providing information in graph form.

The Commission welcomed the progress made in moving residents and noted that legal proceedings associated with a small number of residents were ongoing, so could not be discussed at the meeting.

Philip Parkinson, of Healthwatch, addressed the Commission at the invitation of the Chair, welcoming the care and attention being given to the closure of the elderly peoples' homes and the subsequent moving of the residents. Change could be difficult for residents, but the sensitivity being shown would make the process much easier for them.

The Commission asked if it would be possible to obtain some personal statements from residents and/or their relatives about their experience of moving to alternative accommodation, as it would be useful for the Commission to hear if this had been positive or negative experience.

It also was suggested that it would be useful for the Commission to receive information on what would happen to the buildings being vacated. The City Mayor confirmed that, although the capital receipt was important, as none of the current buildings were suitable for conversion for use as an intermediate care facility, the progress of such a facility was not dependent on having the receipt. As such, the introduction of an intermediate care facility would not be delayed if the buildings were not disposed of immediately.

RESOLVED:

- 1) That the Director for Care Services and Commissioning (Adult Social Care) be asked to investigate whether some personal statements from residents and/or their relatives about their experience of moving to alternative accommodation could be obtained for presentation to the Commission; and
- 2) That the Director for Care Services and Commissioning (Adult Social Care) be asked to include information in the next update on progress with individual residents' moves from elderly persons' homes to alternative accommodation about what will happen to the buildings being vacated.

137. BETTER CARE FUND

The Director of Adult Social Care and Safeguarding gave a verbal update on joint working and scrutiny arrangements for the Better Care Fund:-

- A briefing had been arranged by the Deputy City Mayor for members of this Commission and the Health and Wellbeing Scrutiny Commission;
- Both this Commission and the Health and Wellbeing Scrutiny Commission would keep a “watching brief” on this matter;
- A clear reporting framework in to the Health and Wellbeing Board had been established through the national framework for the Better Care Fund;
- The first service to go live would be the clinical response team; and
- Reports would be made to the project implementation team, to enable assessments of progress to be made.

The Commission welcomed this as a positive initiative and use of funds.

138. WORK PROGRAMME

The Commission received and noted its current work programme.

139. VOTES OF THANKS

As this was the last meeting of the municipal year, the Chair wished Councillor Chaplin and Councillor Riyait well in their roles of Chair and Vice-Chair of the Commission for 2014/15, and thanked members of the Commission for their work during the current year.

The Chair also thanked officers for their support and recognised the joint work that had been undertaken with the Health and Wellbeing Scrutiny Commission.

On behalf of the Commission, Councillor Joshi thanked the Chair for her work. The large number of meetings and reviews undertaken during the year demonstrated the hard work that had been done on wide-ranging issues and the hard decisions the Commission had been involved in. Councillor Joshi congratulated the Chair, on behalf of the Commission, on her professionalism and the way in which she had conducted meetings and wished her well for the future.

Philip Parkinson, of Healthwatch, endorsed the comments made, thanking the Chair for facilitating Healthwatch’s presence at meetings of the Commission and for the support he had received.