



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 14 AUGUST 2014 at 5:30 pm

P R E S E N T :

Councillor Chaplin (Chair)  
Councillor Riyait (Vice Chair)

Councillor Alfonso  
Councillor Cutkelvin

Councillor Willmott

Councillor Dawood  
Councillor Kitterick

In Attendance

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

\* \* \* \* \*

**16. APOLOGIES FOR ABSENCE**

Councillor Palmer (Deputy City Mayor) and Councillor Waddington, (Member for Fosse Ward) had been invited to the meeting for agenda items 6, "Patient Transport Services: Impact on Adult Social Care", and 7, "Fosse Court Residential Care Home", respectively. As both were unable to attend the meeting, they sent their apologies for absence.

**17. DECLARATIONS OF INTEREST**

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.

Councillor Chaplin declared an Other Disclosable Interest in agenda item 8, "Review of Housing Related Support Substance Misuse Services", in that Heathfield House was in Stoneygate Ward, which she represented.

Councillor Dawood declared an Other Disclosable Interest in agenda item 9, "Closure of the Douglas Bader Day Centre – Update", in that the Centre was in

his ward and he had discussed its closure with the Assistant Mayor (Adult Social Care).

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.

## 18. MINUTES OF PREVIOUS MEETING

### RESOLVED:

That the minutes of the meeting of the Adult Social Care Commission held on 26 June 2014 be confirmed as a correct record, subject to the following amendments:-

- a) The name of the Chair of Leicestershire Ethnic Elderly Advocacy Project recorded in minute 9, "Review of Voluntary and Community Sector Preventative Services (Adult Social Care)", being amended to Mr Bhadrashil Trivedi;
- b) The fifth paragraph of minute 9, "Review of Voluntary and Community Sector Preventative Services (Adult Social Care)", being amended as follows (new wording in italics):-

~~"The Commission asked whether the services provided by LEEAP could be grant funded, or whether they would need to be considered under the procurement process. The Lead Commissioner (Early Intervention and Prevention) reported that...~~ *Some members of the Commission suggested that organisations should not automatically have to go through a procurement process, but instead their funding source should be appropriate to their size. For example, for a body the size of the LEEAP project it could be more appropriate for it to be grant-funded.*

*(new paragraph)* The Lead Commissioner (Early Intervention and Prevention) reported that ..."

- c) Minute 11, "Provision of Intermediate Care and Short Term Residential Beds Facilities", being amended as follows (starting at paragraph 6 of the preamble, changes shown in italics):-

*"... and what the LQHA understood was being proposed following fee negotiations with independent residential care homes in the City. This was demonstrated in information tabled by Mr Jackson at the meeting, a copy of which is attached at the end of these minutes for information.*

Mr Jackson then made the following comments:-

- (No changes to first bullet point);
- ~~The Council stated that a registered manager was needed at the facility, but the cost shown in the Council's report was a lot lower than the salary paid by LQHA. The information provided as part of the fees review proposal, reflected a lower salary for a Registered Manager than LQHA pays their Registered Manager. The indicative salary for the Intermediate Care Registered Manager was higher;~~
- In the Council report, *Senior Care Assistants* were to be paid more than the registered care manager in a care home funded by the Council;
- (No changes to fourth bullet point); and

LQHA was receiving fees that had been set two and a half years previously. Consequently, the Association had a shortfall of approximately £800 per week, which would fund two care assistants, and a total shortfall ~~annually~~ *to date* of approximately £50,000. This was causing problems financially and operationally for LQHA ... “

## 19. PETITIONS

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

## 20. 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.

## 21. PATIENT TRANSPORT SERVICES: IMPACT ON ADULT SOCIAL CARE

The Director of Adult Social Care submitted a briefing note on concerns regarding the performance of Arriva Transport Solutions, the contracted provider by the NHS of non-emergency transport to and from Leicester's hospitals.

It was noted that a small number of patients discharged from hospital to receive a social care package were reliant on hospital transport. However, it was difficult to quantify the impact of poor performance of the transport service on these people, as different elements of the package could be provided by a wide range of providers and thus was not easily captured. As such, much of the evidence available was anecdotal. Officers could only capture information about the impact on care packages, although it was recognised that problems with patient transport services could affect people in other ways, such as

getting to outpatient appointments. The impact of problems with patient transport services was only one of a number of issues that affected how well acute care was working.

The Commission welcomed the letter sent by the Deputy City Mayor to the Managing Director of the East Leicestershire and Rutland Clinical Commissioning Group (CCG) confirming that he had proposed that if there had not been clear improvements within three months the contract should be terminated.

Members noted a letter from the Managing Director of the CCG, drawing particular attention to the comments in that letter relating to the impact of clinical assessment requirements for non-ambulatory stretcher vehicles and the need to re-align staff and vehicles. In view of these comments, the Commission questioned whether the correct type of transport was being used. It also was noted that the CCG had provided little information on what had gone wrong with the service and no information on what the service's target were. This would make it difficult to assess whether problems had been properly rectified and sufficient improvements made.

Mr Philip Parkinson, on behalf of Healthwatch, advised the Commission that:-

- Healthwatch had had concerns about the apparent lack of control over the contract for approximately 15 months. Some of the issues were highlighted in a report by the Care Quality Commission, such as staff training still not having been done six months after Arriva Transport Solutions had said it would be done;
- Healthwatch was aware that Arriva used some taxis to provide passenger transport, but patients reported that the drivers of these could be unhelpful;
- Even though the Care Quality commission was aware of the problems with passenger transport services, it was not known at present if changes in the operation of the contract would be made; and
- In view of this, Healthwatch shared the concerns raised by the Commission and the Deputy City Mayor.

The following points were then made in discussion:-

- Arriva Transport Solutions was a big company, but did not seem to be able to deliver the service required;
- It would be useful to know if the cases reported by the local press were exceptions, or represented a general experience;
- There was a lack of information available on the causes of the problems and the standards expected of the service. Without this information, it would not be possible to assess whether the service had improved. For example, it was stated that the company had failed in three of five

standards, but no information was provided on what any of these standards were;

- Three months was a long time to wait for service improvements to be made;
- It was not known if the contract for patient transport services was a stand-alone contract, or one of a number of contracts being run by the provider;
- At least some of vehicles being used for patient transport were just ordinary cars, which could be difficult for some people to use. This raised the question of whether the transport provided was fit for purpose;
- Even if patients got to hospital on time for appointments, they did not know when their return transport would be available, so could have a long wait. This also raised the question of whether enough drivers were being employed;
- It would be useful to receive a further report on these problems, particularly in relation to delays caused by transport being late;
- When Arriva Transport Services advertised vacancies for drivers, the posts were at minimum wage. This could affect who would apply for these posts;
- Patient transport services drivers would be aware of the problems with the service, so some lack of courtesy could be due to frustration;
- It was not known if the service provider had any kind of tracking system for the vehicles used. Using such a system could help ensure that timings were improved;
- People had made reports to Councillors of cars arriving late, (even when satellite navigation systems were used), and on the wrong day. Some of these people had not complained to the service provider as there could be some embarrassment about needing to use patient transport;
- The CCG should procure this service with a provider experienced in the provision of a service of this nature. If such a provider was not available, the service should be returned in-house; and
- Anecdotal evidence showed that, on occasions, patients had to stay in hospital longer than needed when transport to return them home did not arrive.

RESOLVED:

- 1) That the Scrutiny Support Officer be requested to ask Arriva Transport Solutions for a clear explanation of:-
  - a) Precisely what the problems are that are causing issues with providing non-emergency patient transport to and

from hospital; and

- b) Precisely when and how these problems will be addressed and who is responsible for putting things right;
- 2) That the Scrutiny Support Officer be asked to advise East Leicestershire and Rutland Clinical Commissioning Group that this Commission seeks assurances that, if it is decided to re-procure non-emergency patient transport services, only providers experienced in this type of service will be considered and that bringing the service “in-house” also will be considered;
  - 3) That the Scrutiny Support Officer be asked to make the East Leicestershire and Rutland Clinical Commissioning Group aware of this Commission’s concern that that the passenger transport services currently being provided are totally inadequate;
  - 4) That the Deputy City Mayor and the Assistant Mayor (Adult Social Care) be asked to continue to seek to address the concerns of the Commission, as recorded above; and
  - 5) That the Managing Director of the East Leicestershire and Rutland Clinical Commissioning Group be asked to report to the Commission later in the year, when it is known what changes are to be made to non-emergency patient transport services in view of the points recorded above.

## **22. FOSSE COURT RESIDENTIAL CARE HOME**

The Director of Adult Social Care and Safeguarding submitted a briefing note regarding a serious safeguarding allegation of mistreatment by staff of residents at Fosse Court Residential Care Home.

The Assistant Mayor (Adult Social Care) advised the Commission that the Council had contracts with approximately 103 care homes in the city. The care provided at these was monitored in a number of ways, so the Council was confident that, as far as could be determined, proper care was being provided at these establishments. When that care had fallen below the required standard at Fosse Court, swift action had been taken, as it was important to identify failing establishments quickly and take appropriate action.

The Director of Adult Social Care and Safeguarding stressed that the Council was committed to ensuring that any lessons that could be learned from this situation were taken on board. The Council worked as part of a multi-agency safeguarding partnership, so the local Safeguarding Adults Board had been asked to carry out a full review of the situation. This would be conducted by someone independent to any agencies involved, so it would not be a Council-led review, but it would provide a thorough and systematic way for

development and learning to be captured.

Councillor Cassidy, Member for Fosse Ward, addressed the Commission at the invitation of the Chair. He thanked officers for providing full information in response to questions raised by the Ward Members about the closure of the home and welcomed this as good practice. He also stressed that he felt that the Ward Councillors had been kept informed in an appropriate way of the actions being taken in response to the issues identified.

Neither of the Ward Councillors had been aware of any problems in that particular home, leading Councillor Cassidy to ask if there was a way in which Ward Councillors could have more contact with such establishments. In this way, it was hoped that residents and their relatives could have confidence that the care being provided by the homes was being fully monitored.

Some concern was expressed that the Care Quality Commission (CQC) had missed signs of the problems that were identified at Fosse Court and it was questioned whether the CQC inspections had been undertaken properly, or whether the number of bodies involved in inspecting residential care homes had led to a degree of complacency.

Mr Philip Parkinson, on behalf of Healthwatch, noted that situations such as that at Fosse Court could arise very quickly and required immediate attention. He paid tribute to the officers who had found alternative settings for all 21 residents very quickly, as well as providing follow-up care the following week, to ensure that their setting was appropriate. Healthwatch had received very limited feedback on the events at Fosse Court, but that which had been received had been very complimentary.

In response to comments and questions from the Commission, the Director of Adult Social Care and Safeguarding advised that a range of staff had been provided to Fosse Court to provide 24 hour cover. A number of the provider's care team were arrested and bailed and these formed a significant proportion of the home's staff, so the staff provided by the Council provided continuity of care for all residents, not just those funded by the Council. It was recognised that a number of residents in any home would develop a relationship with social workers/locality team leaders, so these specific individuals were brought in where possible.

Officers had maintained communication with the relatives of Fosse Court residents, holding a meeting for them to ensure that the message remained consistent. This would have been held earlier in the process, but the provider did not initially give access to a meeting in the home and before the rearranged meeting was held the provider advised that the home would close.

As far as possible, residents had been given as much choice of where they were relocated to as was possible, based on their individual needs. The new placements were for as long as those residents wanted them, to enable them to give full consideration to the options available. Currently, some residents were settling in their new homes and some were investigating alternative

accommodation.

It was too early to start to draft details of “lessons learned” from these events, as officers needed to review the firm evidence that was available to them, rather than speculate. A key element of this review was to ensure that all organisations involved did all that they could to protect residents and to see if there was anything else that could have been done. However, no assurance and/or inspection process would be likely to identify wilful acts of abuse, so it was important that people knew how to raise concerns swiftly.

The Commission welcomed the work that had been done to empower residents and staff to be “whistle blowers”, but queried what constituted “due regard” to minimise the risk of this sort of situation arising again.

Details of the situation at Fosse Court Residential Care Home had been presented to the Adult Learning Group, (a sub-group of the local Safeguarding Adults Board), during the week beginning 4 August 2014. The Police process was still underway and Police advice was awaited that this had got to a suitable point for a review to be undertaken. It was hoped that this would be completed within six months. There was no statutory requirement to publicise the result of the review, but it was considered to be good practice to do so.

In reply to concerns that the forthcoming sale of homes such as Abbey House could create capacity problems, the Director of Adult Social Care and Safeguarding reassured Members that premises to be sold would still have places available that could be used. In addition, the new intermediate care unit would provide additional capacity. If the Fosse House residents who had been relocated to Abbey House wanted to stay at Abbey House, they would be treated the same as other residents when that home was sold.

The Director also confirmed that all homes used by the Council had to comply with a contract specification and that the Council had to be assured that the home could meet this. Costs were agreed under banded rates as a starting point for a person’s care, but these costs could increase if that person had particular needs.

RESOLVED:

That receipt of a report on the findings of the review of events at Fosse Court Residential Care Home be included on the Commission’s Work Programme for 2014/15, the Ward Councillors for Fosse Ward to be invited to address the Commission when that report is considered.

## **23. REVIEW OF HOUSING RELATED SUPPORT FOR SUBSTANCE MISUSE SERVICES**

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining the findings of a statutory consultation exercise on a proposal to remodel Housing related support services for substance misuse.



The Director explained that the review was needed to ensure that the service remained appropriate, as the contract for services at Heathfield House would end on 31 March 2015. Consultation had been undertaken on different options for the service and this had shown support for a dedicated service that included floating support and accommodation-based support. It therefore was proposed to procure a mixture of accommodation in a 10-bed unit that offered stays of up to 12 months and floating support.

The Assistant Mayor (Adult Social Care) reminded the Commission that, when the closure of the accommodation-based services for people with alcohol dependency at Evesham House had been agreed, an undertaking had been given that consideration would be given to how Evesham House could be used in the future. Procurement of the new services now needed to be undertaken quickly, in order for there to be no break in service when the contract for services at Heathfield House ended on 31 March 2015.

The Assistant Mayor (Housing) drew Members' attention to the weaknesses in the current delivery model that had been highlighted as a result of a review of the service. In particular, it was noted that the current service had 24 beds, but no floating support, so only a small number of people could be accommodated per year. Moving to floating support would increase the service capacity. Procuring a mixture of floating support and accommodation therefore was recommended as the way forward

The Council's current financial constraints were noted, but the Commission agreed that smaller accommodation units appeared to work better than larger ones. The extension of the time for which accommodation-based support could be received was welcomed, particularly for people with multiple abuse issues. In addition, the potential use of Evesham House for the remodelled service was welcomed, as this provided a good base from which to change and/or expand the service in the future.

However, some concern was expressed about replacing 24 hour support with floating support, particularly if urgent action was needed to help someone maintain a tenancy. In reply, the Head of Commissioning (Care Services and Commissioning) explained that:-

- It was difficult to say how effective the current contract had been, as it only specified that activity levels should be monitored. This would be rectified under the new contract, which would require outcomes to be monitored;
- The current 'ad hoc' service described in the report was a service available for all substance misusers, not specifically for those users who had left Evesham House. This service was 'Engage' and was a harm reduction model;
- Floating support would be used to try to ensure that service users did not reach a point at which their tenancy could fail, (for example, working with housing officers to consider what housing stock was available). At present, the service was accommodation based, so that kind of support was not

available and this could lead to tenancy breakdown;

- Care would be taken to ensure that a service user did not move on from accommodation-based support until they were ready to do so; and
- Floating support would not be 24 hour support.

The Commission questioned whether this change in service was needed because the Homelessness Strategy was not working. In reply, the Assistant Mayor (Housing) assured the Commission that he had checked the number of service users today and the Strategy was working. A report by Shelter highlighting problems had been prepared in 2013 and the situation had changed since then.

He further advised that:-

- There were a number of rough sleepers in the city. These included some who had arrived from other cities, for whom this Council was not responsible, and some who were immigrants. The Council could not help the latter, but was able to pay their fare to return to their home country;
- Rough sleepers did not always want to engage with Council services;
- Service users were no longer having to spend long periods in hostels, but were moving in to settled accommodation; and
- The Council would be examining the current contract for substance misuse services, even if it did not have to make savings, as an appropriate service was not being delivered. For example, accommodation currently was limited, no floating support was available to help prevent people losing their homes, and no support was available to people once they left residential accommodation, so they often returned there.

The Commission noted that there was a national move towards providing services in the community, but expressed some concern that the report was not clear about whether 10 beds would be sufficient and how much floating support could be provided. However, it also was noted that if indefinite support was offered, required financial savings would not be achieved.

In reply to concerns about what action could be taken if community support did not work, the Head of Commissioning (Care Services and Commissioning) advised that the reduction in capacity created by increasing the length of stay in accommodation could be off-set by the other services identified in the report.

The Commission noted that the “Dear Albert” project mentioned in the report was a social enterprise, which was being supported by Voluntary Action LeicesterShire, to explore the possibility of Evesham House as an asset transfer for the Local Authority. Those running the social enterprise were interested in using Evesham House for a recovery community and were in the early stages of establishing a business case for this. No Council funding would

be required for this project.

The Assistant Mayor (Housing) confirmed that the business model to be used by the “Dear Albert” project had proved to be successful in other areas, so he was confident that a workable model could be developed using the facilities of Evesham House. The Commission noted this and suggested that a report on the project could be made at the next meeting.

The Chair reminded the Commission of the declaration of interest she had made regarding this item.

The Assistant Mayor (Adult Social Care) advised the Commission that the Phoenix Cinema would be showing a film illustrating self-help for substance misuse on Friday 20 September 2014. Members of the Commission were encouraged to attend.

**RESOLVED:**

- 1) That the Assistant Mayor (Adult Social Care) be asked to advise the Executive that this Commission supports the proposed procurement of substance misuse services comprising a mixed model of floating and accommodation-based support;
- 2) That the Assistant Mayor (Adult Social Care) be asked to:-
  - a) note this Commission’s concern that this report was presented to the Commission very near to the date on which it was proposed to take a decision on the procurement of substance misuse services, leaving little time for scrutiny of the proposals; and
  - b) ensure that future reports are submitted in time to enable full and proper scrutiny to be undertaken of proposals contained in those reports;
- 3) That the Director for Care Services and Commissioning (Adult Social Care) be asked to submit a report to the next meeting of this Commission on the “Dear Albert” social enterprise project, the provider to be invited to the meeting to discuss the work proposed; and
- 4) That the Assistant Mayor (Adult Social Care) be asked to ensure that members of the Health and Wellbeing Scrutiny Commission are aware of the film to be shown at the Phoenix Cinema on 20 September 2014 about the movement around self-help for substance misuse.

**24. CLOSURE OF THE 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 report also included a summary of the progress of individual service users moving to alternative provision.

The Director advised the Commission that:-

- 15 people remained using the centre, all of whom had received an assessment;
- It was intended to close the centre on 22 August 2014. Anyone not relocated to a different service by then would be moved to the Hastings Road centre;
- Notice had been given to staff that their contracts would end on 4 September 2014;
- Some staff had used “bump on” to find new jobs with the Council. Under this provision, if a member of staff from any service area moved on within the Council, staff from the Douglas Bader centre who did not want to take redundancy could be offered the post being vacated, subject to a formal recruitment and selection process;
- No concerns had been received from any of the centre users about moving to the Hastings Road centre; and
- Those relocated to Hastings Road would continue to receive support until they were in receipt of an alternative service.

Some concern was expressed that the centre would be closing before all of the users had been found alternative services, but it was noted that with staff leaving it would no longer be possible to operate the centre. It was recognised that relocating users to Hastings Road was not an ideal solution, but the process of relocating users had taken longer than anticipated and users would remain together as a group at Hastings Road.

The Assistant Mayor (Adult Social Care) reiterated that it was unfortunate that some users had to move to Hastings Road, but the facilities there were much better there than at the Douglas Bader centre and users would not receive a lesser service.

The Commission welcomed the choice and control available through personal budgets, but questioned why the assessments had taken so long to complete. In reply, the Director for Care Services and Commissioning (Adult Social Care) advised that the report had been prepared some time in advance of the meeting, so all of the 15 remaining users of the Douglas Bader centre had now received assessments. Users who had already moved on were supported in their attendance at alternative day care services, or use of other community services.

The Commission was reminded that some users of the Douglas Bader centre had been there for approximately 40 years and had quite complex needs and the Council had consistently stated that all users would be supported throughout the process of finding and using alternative services. Contact had not been lost with any of the former users of the Douglas Bader centre.

**RESOLVED:**

That the Director for Care Services and Commissioning (Adult Social Care) be asked to submit a further report to the next meeting of the Commission updating Members on the actions taken to support service users attending the Douglas Bader Day Centre to find alternative services, this report to include feedback from those who had moved regarding how successful that move had been.

**25. ELDERLY PERSONS' HOMES**

a) Progress with Moves to Alternative Accommodation

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, or had been, closed.

It was noted that the procurement process to determine the future of Abbey House and Cooper House was due to be completed within the next few weeks and it was anticipated that an update on the outcome of the procurement process would be made to the Commission in due course. Once the sale of these premises had been completed, an evaluation of phase 1 would be prepared and submitted to the Commission. No further update was available on the pending legal proceedings regarding Herrick Lodge.

The Adult Social Care Business Transition Manager advised that 4 permanent and 7 temporary residents currently were in Herrick Lodge, as the home was still available for people to enter on a temporary basis.

In reply to a question, it was noted that resident number 24 had been in hospital, so to date it had not been possible to complete a 4 week review. This would be done as soon as possible though.

b) Evaluation of Residents Moving under Phase 1

The Director for Care Services and Commissioning (Adult Social Care) submitted a report updating the Commission on the perceptions of residents four weeks after their move from Elizabeth House and Nuffield House.

The Adult Social Care Business Transition Manager advised the Commission that it was recognised that moving out of elderly persons' homes would be hard for some residents, so the Council had aimed to use a process under which

residents understood what was happening at each stage. The report submitted drew together comments received before residents moved, at the point of moving and after they had moved. As could be seen from the report, there had been no placement breakdowns.

The Assistant Mayor (Adult Social Care) commended the officers who had been working on this. Before the process started, research had been done on how other authorities had approached similar situations, but there were few examples available. The Assistant Mayor stated that the way in which the moves had been processed in the city was exemplary, with any issues arising being addressed very quickly.

The Commission welcomed the way that the evidence had been gathered. However, there was some concern that there appeared to be no family perceptions of what the residents had experienced. In reply, the Adult Social Care Business Transition Manager advised that part of the moving plan process involved asking residents who they wanted involved in the process and how this should be done. As a result, some people had said that they wanted to represent themselves, but others nominated people to represent them.

It was noted that two people had died during the moving process. Both of them had moved to new homes, but had terminal illnesses.

Mr Philip Parkinson, on behalf of Healthwatch, stated that Healthwatch was happy to add external support to the evaluation of the process used for residents moving under phase 1.

The Commission stressed that it was hoped that it could be part of the evaluation process for the whole of phase 1.

RESOLVED:

- 1) That the report be received and welcomed; and
- 2) That the Director for Care Services and Commissioning (Adult Social Care) be asked to include the Commission in the evaluation of the whole process used under phase 1 of residents' moves to alternative accommodation, where their current homes were to due be, or had been, closed.

## **26. INTERMEDIATE CARE UNIT - DESIGN DEVELOPMENT TIMELINE**

The Director of Adult Social Care and Safeguarding submitted a briefing note setting out the timeline for the design development of the intermediate care unit. She noted that:-

- Two key points had been identified at which it would be helpful to have input from the Commission. Although there was a short period for input at these points, they fell at times at which meetings of the Commission were scheduled;

- If required, additional briefings could be provided for Members; and
- Architects had been secured through a framework contract to develop an early design.

RESOLVED:

- 1) That the Director of Adult Social Care and Safeguarding be asked to hold an informal session at the outline design stage of the intermediate care unit, for Members to view plans for the unit, a report on these discussions to be made to this Commission; and
- 2) That the Director of Adult Social Care and Safeguarding be asked to arrange a visit to the proposed site for the intermediate care unit if feasible.

## 27. WORK PROGRAMME

The Commission received its current work programme, noting that:-

- The contact at the Lesbian, Gay, Bisexual and Transgender Centre had been unavailable, so it had not yet been possible to arrange a visit to the Centre;
- It was planned to undertake some joint working between this Commission and the Health and Wellbeing Scrutiny Commission;
- Officers from the Adult Social Care service had offered to provide a briefing on issues involved in preparing a scoping document for a review of fees in care settings. A date for this would be circulated; and
- The Deputy City Mayor would be giving a briefing on 8 September 2014 on the Better Care Plan, which members of the Commission were welcome to attend.

*At the meeting of the Adult Social Care Scrutiny Commission on 25 September 2014, an amendment to this minute was agreed as follows:*

*“The Deputy City Mayor would be giving a briefing on 8<sup>th</sup> September 2014 on the Better Care Together, which members of the Commission were welcome to attend.”*

The Commission thanked officers for the introduction to the work of the Commission that had been given at a briefing held on 12 August, which had been very informative.

RESOLVED:

That the Scrutiny Support Officer be asked to update the Commission’s work programme, taking account of the points raised above, and circulate it to all members of the Commission.

**28. CLOSE OF MEETING**

The meeting closed at 7.57 pm