

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 14 AUGUST 2014 TIME: 5:30 pm PLACE: THE OAK ROOM - GROUND FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER

Members of the Committee

Councillor Chaplin (Chair) Councillor Riyait (Vice-Chair)

Councillors Alfonso, Cutkelvin, Dawood, Kitterick and Willmott (One vacancy)

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Commission are invited to attend the above meeting to consider the items of business listed overleaf.

Elaine Baker

for the Monitoring Officer

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Further information

If you have any queries about any of the above or the business to be discussed, please contact Elaine Baker, **Democratic Support on 0116 454 6355 or email** <u>elaine.baker@leicester.gov.uk</u> or call in at the Town Hall. For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF PREVIOUS MEETING

Appendix A

The minutes of the meeting of the Adult Social Care Commission held on 26 June 2014 are attached the Commission is asked to confirm them as a correct record, subject to the following amendments to minute 11, "Provision of Intermediate Care and Short Term Residential Beds Facilities", (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 ..."

4. PETITIONS

None received to date

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

None received to date

6. PATIENT TRANSPORT SERVICES: IMPACT ON Appendix B ADULT SOCIAL CARE

The Director of Adult Social Care submits 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. (Attached at **Appendix B1**)

Also attached for information are the following:-

- a) Article entitled "Arriva Transport Solutions fails key 'tests' on hospital transport", published in the Leicester Mercury, 21 July 2014 (Appendix B2);
- b) Article entitled "Leicester's deputy mayor calls for Arriva Transport Solutions to improve", published in the Leicester Mercury, 23 July 2014 (Appendix B3);
- c) Letter from East Leicestershire and Rutland Clinical Commissioning Group, "NHS non-emergency patient transport", received 25 July 2014 (Appendix B4); and
- d) Letter from the Chair and Vice-Chair of the Adult Social Care Scrutiny Commission published in the Leicester Mercury on 26 July 2014 (Appendix B5)

The Commission is recommended to consider the information presented and consider whether any further work is needed on this issue and, if so, whether it should be undertaken by this Commission, the Health and Wellbeing Scrutiny Commission, or jointly by the two Commissions.

7. FOSSE COURT RESIDENTIAL CARE HOME Appendix C

The Director of Adult Social Care and Safeguarding submits a briefing note regarding a serious safeguarding allegation of mistreatment by staff of residents at Fosse Court Residential Care Home. The Commission is recommended to receive the update and comment as appropriate.

The Councillors representing the Fosse Ward have been invited to the meeting to participate in this item.

8. REVIEW OF HOUSING RELATED SUPPORT FOR Appendix D SUBSTANCE MISUSE SERVICES

The Director for Care Services and Commissioning (Adult Social Care) submits a report outlining the findings of a statutory consultation exercise on a proposal to remodel Housing Related Support services for substance misuse. The Commission is recommended to note and comment on the proposals.

9. CLOSURE OF THE DOUGLAS BADER DAY CENTRE - Appendix E UPDATE

The Director for Care Services and Commissioning (Adult Social Care) submits 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 closes. The Commission is recommended to note the report and comment as appropriate.

10. ELDERLY PERSONS' HOMES

Appendix F

The Director for Care Services and Commissioning (Adult Social Care) submits the following reports:

a) A report outlining progress with individual residents' moves to alternative accommodation, where their current homes are to due be, or have been, closed. (Appendix E1)

The Commission is recommended to note this update and comment as appropriate; and

 b) A report updating the Commission on the perceptions of residents four weeks after their move from Elizabeth House and Nuffield House. (Appendix E2)

The Commission is recommended to note the positive findings from resident responses and to note the reasons for any dissatisfaction identified at this stage and the mitigating actions that have been undertaken.

The Director for Care Services and Commissioning (Adult Social Care) also will provide an update at the meeting on progress with the sale of premises.

11. INTERMEDIATE CARE UNIT - DESIGN Appendix G DEVELOPMENT TIMELINE

The Director of Adult Social Care and Safeguarding submits a briefing note setting out the timeline for the design development of the intermediate care unit. The Commission is recommended to note the briefing and agree the key periods for the Commission to receive the plans in development.

12. WORK PROGRAMME

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments it considers necessary.

13. ANY OTHER URGENT BUSINESS

Appendix H

Appendix A



Minutes of the Meeting of the ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 26 JUNE 2014 at 5.30pm

<u>PRESENT:</u>

Councillor Chaplin – Chair Councillor Riyait – Vice Chair

Councillor Alfonso Councillor Cutkelvin Councillor Dawood Councillor Kitterick Councillor Willmott

In Attendance

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

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1. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Dawood.

2. 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 Willmott declared an Other Disclosable Interest in agenda item 10, "Elderly Persons' Homes Update", in that since the last meeting of the Commission he had been asked by the applicant for a judicial review of the decision to close elderly persons' homes to provide a witness statement.

Councillor Kitterick noted that a report would be made to the Planning and Development Control Committee, of which he was Chair, on the proposed intermediate care provision, for the discussion of material planning matters, (agenda item 11, "Provision of Intermediate Care and Short Term Residential Beds Facilities", referred). Councillor Kitterick confirmed that he would not prejudice his consideration of those matters through consideration of the report now before this Commission. 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.

3. MEMBERSHIP OF THE COMMISSION 2014/15

NOTED:

That the membership for the Commission for 2014/15 is:-

Councillor Chaplin (Chair) Councillor Riyait (Vice-Chair) Councillor Alfonso Councillor Cutkelvin Councillor Dawood Councillor Kitterick Councillor Willmott 1 vacancy for a non-grouped Member

4. DATES OF COMMISSION MEETINGS 2014/15

NOTED:

That meetings of the Commission are scheduled to be held at 5.30 pm on the following dates for 2014/15:-

Thursday 26 June 2014 Thursday 14 August 2014 Thursday 25 September 2014 Thursday 20 November 2014 Thursday 8 January 2015 Thursday 13 February 2014 Thursday 5 March 2015

5. MINUTES OF PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held 15 May 2014 be approved as a correct record.

6. PETITIONS

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

7. 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.

8. PROPOSED INDUCTION SESSION

RESOLVED:

That an induction session to introduce / refresh major issues under consideration by this Commission over the coming year be held from 4.30 pm to 6.00 pm on Tuesday 12 August 2014.

9. REVIEW OF VOLUNTARY AND COMMUNITY SECTOR PREVENTATIVE SERVICES (ADULT SOCIAL CARE)

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining proposals for implementing the findings of a review of the Voluntary and Community Sector preventative services funded by Adult Social Care.

The Director explained that contracts for the current services expired on 31 March 2015 and under the Council's Procurement Rules and European legislation it was not possible to extend them further. In addition, the Council could not commit funding for more than two years, due to the current financial situation, although there would be an opportunity to extend for a further two years if the funding was available. The review of the services asked for opinions on whether there should be one generic advocacy service in the future, or individual ones. Responses to the consultation favoured a range of specialist services. The report also recommended that temporary funding should be provided to support counselling services pending consideration of future funding by health.

Mr Bhodrashi Tridedi, Chair of Leicestershire Ethnic Elderly Advocacy Project (LEEAP), addressed the meeting at the invitation of the Chair. He reminded Members that written information about LEEAP had been circulated prior to the meeting and made the following comments:-

- LEEAP was a Council-funded project that had been in operation for 20 years;
- The charity promoted and protected the interests of approximately 100 people. These people required intense social care, so their condition could deteriorate quickly if this was not available;
- There had been considerable distress when those helped by the project had heard of the Council's decision to withdraw funding;
- The decision to withdraw funding should have been taken in consultation with those affected by the decision, but this had not been done;
- LEEAP was very concerned that no response had been received to its letter of 9 June 2014, requesting information on how the decision had been taken to change the funding for the project;
- LEEAP wanted to continue to work in partnership with the Council,

particularly with regard to issues such as financial and legal issues, and those arising under the Transfer of Undertakings Protection of Employment (TUPE) regulations;

- The forthcoming change would disrupt long-standing services; and
- LEEAP hoped that the Council would consider its request for continued funding favourably.

The Assistant Mayor (Adult Social Care) advised Mr Tridedi that a reply to LEEAP's letter of 9 June had been drafted and would be sent soon. If the organisation wanted to meet the Assistant Mayor at any time to discuss the issues, this could be arranged.

The Assistant Mayor also advised the Commission that all VCS organisations that provided preventative services funded by the Adult Social Care department, had been consulted about the review and many had attended briefing sessions arranged by the Council. It was also explained that the Council wanted to continue to work with organisations to deliver good quality services, but could not guarantee which organisations those would be, as it was required to go through a procurement process.

The Council was doing all it could to support organisations through the procurement process. For example, potential bidders needed to be made aware of TUPE regulations if a current contractor was not successful in continuing their contract. Two briefing sessions had been arranged for early July 2014 to include advice on completing the procurement process and TUPE. In addition, officers could provide assistance to organisations going through the process, but it was stressed that officers could not fill out tender documents for such organisations.

The City Mayor confirmed that there was no expectation that any organisation currently providing adult social care preventative services would be unsuccessful in the tendering process, but the fears expressed by organisations such as LEEAP were recognised.

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 advice had been taken from the Council's procurement and legal officers and grant funding usually contributed to general service delivery, not to services where it was specified that certain things were required on certain days. The Council was very clear on what was required from advocacy services, so officers had advised that a service specification was needed. This meant that grant funding was unlikely to be appropriate in this case.

In response to a question from the Commission about how the provisions of the Social Care Act would be applied, the Lead Commissioner (Early Intervention and Prevention) advised that, when tender documents were prepared, quality

of service was very important, but the Council would want to know what bidders did in the community. The documents were not finalised yet, but the questions to be asked were being considered very carefully.

The Commission welcomed the pragmatic approach being taken by the Council to how adult social care preventative services could be continued and noted that there was ongoing work with the Leicester Clinical Commissioning Group on the whole mental health pathway. In addition, the refreshed mental health strategy for the city had identified a gap in counselling services.

Members asked if it was possible to keep an element of flexibility in the contracts by awarding some of them as grants, such as to lunch clubs run by the community. This could be assisted by proportioning funding to each service and enable assistance to be given towards running costs, such as rent for premises.

The Commission noted that officers working on the procurement of these services would be working with community services to get a unified approach to groups such as lunch clubs across the Council.

The Assistant Mayor (Adult Social Care) confirmed that the Council understood issues faced by smaller organisations and reassured Members that extensive discussions already had been held with officers. The Assistant Mayor then gave an undertaking that she and officers would look at the provisions of the Social Care Act to see what flexibility could be achieved.

Concern was expressed that some organisations could not have capacity to complete the documentation required and so could lose funding. Members asked that consideration therefore be given to ensuring that support for organisations was appropriate to their needs.

Philip Parkinson, of Healthwatch, advised the Commission that Healthwatch had attended each of the separate events held to advise organisations of the proposed changes. Healthwatch had found that all attendees had been made to feel very welcome and that their views were important. The report under consideration accurately reflected the outcome of these meetings.

The Commission agreed that the consultation undertaken had produced good proposals for the way forward for these services. However, it was concerned to ensure that all possible options for what would happen when interim funding for counselling services expired had been explored. The Lead Commissioner (Early Intervention and Prevention) noted that criteria for grant funding were being developed and would be ready soon.

It was noted that, when the new contracts were in operation, a list of services would be compiled that would be available to interested groups and individuals. This would be done through information advice services funded by the Council and community organisations.

RESOLVED:

- That the Director for Care Services and Commissioning (Adult Social Care) be asked to give consideration to whether it is possible to look at whether some services can be grant aided and the procurement process be proportionate to the level of the contract value to be awarded.
- That the Executive be advised that, subject to the comments recorded above and resolution 1), this Commission supports the procurement of new voluntary and community sector services with effect from 1 April 2015, as set out in Option 2 in the report; and
- 3) That the Director for Care Services and Commissioning (Adult Social Care) be asked to advise this Commission at a future meeting of how the procurement process is progressing.

10. 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 Adult Social Care Business Transition Manager drew the Commission's attention to the fact that Elizabeth House and Nuffield House had now closed and a property guardian service would start on 27 June 2014. Some of the residents in Herrick Lodge did not want to move until the outcome of the pending judicial review was known.

RESOLVED:

That the report be noted.

11. PROVISION OF INTERMEDIATE CARE AND SHORT TERM RESIDENTIAL BEDS FACILITIES

The Director of Adult Social Care and Safeguarding submitted a report outlining recommendations to be made to the Executive for the development of intermediate care and residential beds facilities that would be provided directly by the Council.

Councillor Kitterick reminded Members of the declaration he had made in respect of this item.

The City Mayor advised the Commission that he was confident that the chosen site for the new facility was the correct one. He reconfirmed the Council's commitment to the provision of the facility, stressing that capital funding would remain available for it.

Members supported the choice of site for this development, noting that there was good public transport access. Members also expressed that sustainability options should be fully considered. For example, it was suggested that, if a single storey building was provided, there would be no lift maintenance costs. It therefore was suggested that the design process should properly assess the impact of such options.

The Director of Adult Social Care and Safeguarding noted that a priority for adult social care was supporting people who were at vulnerable points in their lives. This needed to be done in a way that was affordable to the Council and incorporated the best elements of good design.

Alistair Jackson, Chief Executive of the Leicester Quaker Housing Association (LQHA), addressed the Commission at the invitation of the Chair. He drew particular attention to Appendix B to the report, which set out anticipated staffing costs for a 30-bed intermediate care unit, expressing concern at the differences in staffing costs between what was proposed for the unit and what the LQHA understood was being proposed following fee negotiations. 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:-

- Although the LQHA provided residential care, a significant number of residents went there direct from hospital, so needed a level of intermediate care;
- 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;
- In the Council report, Care Assistants were to be paid more than the registered care manager in a care home funded by the Council;
- The fees proposals for providers were that, when a manager was not present, cover would be provided by someone paid £6.70 per hour. LQHA could not consider doing that as, in their view, it would mean that inadequate management cover was able to be provided; 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 of approximately £50,000. This was causing problems financially and operationally for LQHA.

The Director of Adult Social Care and Safeguarding advised the Commission that an intermediate care unit was different to a residential setting, in that an intermediate care unit would be required to accept people for stays ranging in length from a few days to up to six weeks. The unit also would have to respond to requests for admissions out of hours and with a two-hour turnaround. The repeatedly changing resident group would require greater management capacity than a typical residential home. In addition, there would be a regular turnover of users at the intermediate care unit who had nutritional and hydration problems, as well as an on-site café, hence additional catering resource would be required.

In reply to a question from the Commission about partnership working with the NHS, the Director of Adult Social Care and Safeguarding explained that the provision of intermediate care by social care services were part of a coordinated continuum of services. Officers had explored the possibility of bringing some bed bases together, but consideration had to be given to issues such as the physical environment required for a NHS facility, I, so this sort of joint facility was not considered to be the best environment for people who were closer to being independent enough to go home.

However, current and proposed facilities had been developed with partner services. For example, therapy services had had an input in to current provision at Brookside Court. The aim was to provide a very good, "homely", environment through co-operative working with NHS partners and this had been very successful in enabling people to return to their homes and live there, (including with some support where needed).

It was suggested that it could be useful for the Commission to receive plans for the development, before it progressed too far, to enable Members to review the scheme. This would provide reassurance that matters such as whether the unit was of an appropriate size and potential issues such as how problem patients would be dealt with had been considered.

The Commission asked what services would be provided at the new unit. In response, the Director of Adult Social Care and Safeguarding explained that the Council already had a successful model at Brookside Court. This facility would close when the new one opened, but the model would be used for the new facility and expanded. Members were welcome to visit Brookside Court to see these facilities for themselves.

In response to further questions, the Director of Adult Social Care and Safeguarding advised that a decision to close Brookside had been included in the decisions regarding the Council's elderly persons homes and was hoped that a capital receipt could be achieved.

The Commission expressed disappointment that information on the intermediate care unit had not been provided earlier in the decision-making process. In addition, concern was expressed that a decision on how to proceed with this facility was scheduled to be taken the day after the proposals were scrutinised, as this did not give time for consideration to be given to any challenges to the proposals made during the scrutiny process.

RESOLVED:

 That it be noted that a decision on the provision of intermediate care and short term residential beds facilities is scheduled to be taken by the Assistant Mayor (Adult Social Care) on 27 June 2014;

- That the Assistant Mayor (Adult Social Care) be asked to note the Commission's concerns about the timing of the scrutiny of the proposals in relation to the proposed date on which a decision is scheduled to be taken on these proposals;
- That the Director of Adult Social Care and Safeguarding be asked to submit a report to the Commission providing information on:-
 - a) the plans for the new building to be used for intermediate care and short term residential beds, including the cost of the building across its whole life;
 - b) unless already included under a) above, sustainability options such as using a single storey building that does not need a lift; and
 - c) the way services would be delivered at the new facility, including how the behaviour of service users would be managed; and
- 4) That the Scrutiny Support Officer be asked to present a scoping document to the Commission for a review of the value-for-money of proposed staffing levels at the intermediate care and short term residential bed facility, this review to include the resolution of outstanding fee arrangements.

12. IMPLEMENTATION OF THE ADULT SOCIAL CARE COMMISSION

The Assistant Mayor (Adult Social Care) submitted an update on the implementation of the Independent Adult Social Care Commission on Aging Well and an overview of its objectives. She explained that it had been more complicated than anticipated to establish the Commission, but a first meeting had now been arranged.

It was anticipated that the Commission would work to a programme of theme headings, but retain scope for other issues to be discussed. It also would help in the development of an Aging Well Strategy for the city.

Philip Parkinson, of Healthwatch, asked if there was scope in the membership of the Commission for Healthwatch to be involved. The Assistant Mayor explained that potential members had been invited from specific organisations and businesses, in order that they could give a specific input to the Commission, but she was willing to consider the request. The Assistant Mayor advised the meeting that officers from adult social care services would be involved in supporting the work of the new Commission. They, and the Assistant Mayor, could report back to this Commission on a regular basis. It also was envisaged that, as the new Commission's work developed, it could want to hear evidence from all scrutiny commissions, (for example, through the Chairs).

In noting the work programme for the new Commission, it was suggested that meeting 4 should focus on isolation, as loneliness followed on from this.

RESOLVED:

- That the Assistant Mayor (Adult Social Care) be asked to submit the notes of each meeting of the Independent Adult Social Care Commission on Aging Well to this Commission if possible; and
- 2) That the Assistant Mayor (Adult Social Care) be asked to provide further information, when available, on how the work of the Independent Adult Social Care Commission on Aging Well will link to the rest of the work of the Council.

13. CLOSURE OF 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 Adult Social Care Business Transition Manager advised the Commission that:-

- All 45 service users had now been allocated a worker, or had already moved on;
- 13 service users had found alternative provision that met their needs and so no longer attended the day centre;
- The general disposition of the remaining users was much better than previously, with enthusiasm being shown for new services; and
- Two users were considering having personal assistants to help them undertake activities, rather than link with specific services.

The Lead Commissioner (Mental Health/Learning) advised that:-

 Staff at the Centre were more positive now. Support for staff was being provided and they were seeking alternative employment opportunities. Work was underway to identify the skills of the staff involved;

- One person had found a new post internally and some were being considered to fill posts that would enable other staff to take voluntary redundancy;
- One person had found employment in a care home in the private sector; and
- Some members of staff would take redundancy.

The Commission noted that awareness of personal assistants was low and suggested that those opting to have them could be asked to use their experience to help others. For example, an article in Leicester Link could explain that training was offered to personal assistants and how having a personal assistant could add value to a person's life.

RESOLVED:

- That the Director for Care Services and Commissioning (Adult Social Care) be asked to continue 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; and
- 2) That the Adult Social Care Business Transition Manager be asked to arrange for an article to be included in Leicester Link explaining the benefits of using personal assistants, this article to include the experiences of people who use personal assistants and information on the training available for personal assistants.

14. WORK PROGRAMME

It was noted that, at open sessions with representatives of voluntary and community groups held by the Health and Wellbeing Scrutiny Commission on 4 and 5 June, a group representing lesbian, gay, bisexual and transgender people had identified that health care for these groups could be problematic. Scrutiny of adult social care implications of this could be included in the work programme.

Other items to be included were the receipt of the notes of the meetings of the Independent Adult Social Care Commission on Aging Well, (minute 12, "Implementation of the Adult Social Care Commission", above referred) and progress with the development of an intermediate care facility, (minute 11, "Provision of Intermediate Care and Short Term Residential Beds Facilities", above referred).

RESOLVED:

- 1) That the work programme be received and noted;
- 2) That the Scrutiny Support Officer be asked to circulate notes

of the Health and Wellbeing Scrutiny Commission open sessions held on 4 and 5 June 2014 to the members of this Commission;

- That consideration be given at the next meeting of this Commission to whether a review should be made of any aspects of issues identified about access to health care by lesbian, gay, bisexual and transgender people;
- 4) That regular receipt of the notes of the meetings of the Independent Adult Social Care Commission on Aging Well and progress with the development of an intermediate care facility be included in the work programme; and
- 5) That the Democratic Support Officer be requested to ask members of the Commission for suggestions of other matters that could be included in the work programme.

15. CLOSE OF MEETING

The meeting closed at 7.34 pm

Appendix B1

Adult Social Care Scrutiny Commission Briefing Note 14th August 2014

Patient Transport Services: Impact on Adult Social Care

Concerns regarding the performance of Arriva Transport Solutions, the contracted provider by the NHS of non-emergency transport to and from Leicester's hospitals, were publicised at the end of July.

Dr Briggs, Managing Director of East Leicestershire Clinical Commissioning group, which manages the contract for Arriva, circulated a letter explaining the problems and the steps being taken to resolve these with Arriva. There was local media interest and the Chair / Vice Chair of Adult Social Care Scrutiny Commission raised the impact of these transport problems on adult social care, in a letter to the Leicester Mercury (Saturday 26th July).

It is the case that delays in patient transport, but also in arranging medications to be taken home on discharge, do have an impact on the arrangements for social care services. Adult social care services are required for a number of people being discharged – either as a restart of an existing support package or a new provision of social care. Formal discharge notifications are made to social care to identify the date of discharge and liaison between health and social care staff will confirm the time that social care services are required, depending on the discharge time. The Council arranges services accordingly.

In circumstances where the discharge is delayed, for example because transport is delayed, there is a need to rearrange the social care services, to a later time or the next day, depending on the delay and the package planned. The delay is, of course, a concern for people using services. It is also disruptive to social care providers, whether internal reablement services or independent sector care providers, who have to reschedule their staffing rotas and will have wasted the prior efforts to establish a package at the right time. If communication breaks down, it is the case that a provider will attend a home address to start care provision at the agreed time, but the patient has not been discharged as planned, wasting resources.

It is not possibly to accurately quantify the impact, as this will be managed by a wide range of organisations and there is no single system to capture this. A snapshot analysis of impact was taken within the Council's own Reablement Service. It was established that in a 7 day period, 2 care packages had to be rearranged due to transport delays; this equates to 10% of all cases during the period.

Adult social care is part of the system wide Urgent Care partnership. This allows for regular senior meetings across all those involved in the delivery and support to the acute care system, where such issues are raised and actions agreed to address

Adult Social Care Scrutiny Commission Briefing Note 14th August 2014

concerns. In addition, the acute care system has been the subject of challenge by the Health and Wellbeing Board in two focussed meetings.

Individual case matters are dealt with in daily teleconferences between partners, which social care managers take part in.

Transport and medication delays are a feature of the current acute care challenges and there is system wide commitment to tackle this and other issues collectively.

Appendix B2

Arriva Transport Solutions fails key 'tests' on hospital transport

By <u>Leicester Mercury</u> | Posted: July 21, 2014 By Cathy Buss

A company responsible for taking patients to and from hospital appointments has failed three out of five essential set standards.

It follows an unannounced visit by inspectors from the Care Quality Commission (CQC), the Government's health watchdog.

It also emerged health officials in Leicestershire are considering financial penalties against the company, Arriva Transport Solutions, for not meeting performance targets.

They have also promised a meeting so people can have their say on the service.

CQC inspectors spoke to seven patients and 14 staff at Arriva when they visited in April in response to concerns that standards were not being met.

In their newly-published report, inspectors said: "We found patients often arrived late for their appointments. This meant the service did not have effective systems in place to ensure people got to their clinic appointments on time."

They said six out of seven patients who regularly used the service found it unreliable.

Inspectors found some patients were having reduced dialysis because they arrived late for their appointment.

They also found that, although there were systems to assess and monitor the quality of service, the company was not doing anything to reduce the risk of delays. Staff were not being sufficiently supported or supervised.

Paul Willetts, director of quality and governance at Arriva, said: "While we are disappointed we were not able to demonstrate we are meeting all the outcomes required, we are absolutely committed to making improvements and have already started to implement actions to address this."

Rotas are being changed and more paid and volunteer staff are being recruited.

Daily visits are being made to renal units to check on journey times for dialysis patients.

East Leicestershire and Rutland clinical commissioning group (CCG), responsible for the contract, is setting up a meeting so people can give their views on the service.

A CCG spokesman said: ""We continue to be concerned that some patients have had poor experiences of the Arriva service and have agreed new measures which we hope will address issues highlighted by these cases."

He said the CCG was reviewing performance for the second year of the contract and considering further penalties.

Health campaigner Zuffar Haq, a member of the Leicester Mercury patients' panel, said: "It is very poor that Arriva has failed three out of five CQC standards.

"The CCG needs to wake up and deal with this problem effectively and efficiently for the sake of patients.

"This has gone on far too long and all we seem to hear is one excuse after another and patients are suffering, some having to wait 10 hours to get home.

"However, I welcome the opportunity for patients and members of the public to put their views to both Arriva and the CCG about the service."

Arriva won a five year contract worth £26 million to provide non-urgent patient transport services in 2012.

Appendix B3

Leicester's deputy mayor calls for Arriva Transport Solutions to improve

By <u>Merc Reporter</u> | Posted: July 23, 2014 By Cathy Buss

The deputy city mayor has criticised a private transport company responsible of ferrying people two and from hospital of letting patients down.

Councillor Rory Palmer, who is also chairman of <u>Leicester City Council</u>'s health and well being board, was speaking out after it emerged that Arriva Transport Solutions had failed three out of five standards following a recent inspection by the Care Quality Commission.

Leicester West MP and shadow health Minister Liz Kendall has also called for improvements.

The company has come under fire after two women in their late 80s had to wait more than 10 hours for a lift home from Leicester Royal Infirmary.

Coun Palmer said: "Too many patients are receiving an extremely poor service from Arriva Transport Solutions.

"This poor performance is unacceptable and urgent improvements are needed.

"There are consequences across the health and care system in the area because of this poor performance.

"This is yet another example of big, national companies winning lucrative NHS contract up and down the country and letting patients down."

He added: "My view is that Arriva Transport Solutions should be given a maximum of three months to improve their performance in Leicester and Leicestershire.

"If they fail to do so they should surrender the contract without any further payment or financial claim to the NHS and hand the contract over to another provider, preferably in the public sector.

"My message is clear - improve performance quickly or move on."

Health campaigner Zuffar Haq, a member of the Leicester Mercury Patients' Panel, said he would also like to see the contract cancelled.

He said: "The public is paying for services and not getting them.

"The public should not suffer in silence."

Mr Haq also called for better monitoring of the contract by the East Leicestershire and Rutland clinical commissioning group (CCG).

Ms Kendall added: "Unfortunately, the Care Quality Commission's report into Arriva comes as no surprise.

"I've taken up a number of constituency cases where patients have been at the sharp end of Arriva's poor service or have been let down by one of the company's third party subcontractors.

"Back in November 2013, Arriva's chief executive promised me that the company was working closely with commissioners to meet targets and improve its service to patients.

"This clearly hasn't happened. The CCG now needs to get a grip.

"Arriva must be made to step up and meet its obligations or step aside and let someone else get on with the job."

A spokesman for East Leicestershire and Rutland CCG, which manages the Arriva contract, said: "There is no doubt that performance is below acceptable levels. We recently agreed a range of new actions with Arriva.

"Many of the changes we've agreed have been directly influenced by what patients are telling us about their experiences.

"We hope to see the full impact of the changes by the end of October. In the meantime we are keeping the service under close scrutiny.

"If we don't see the expected improvements in Arriva's service and performance we will be carefully considering all options available to us."

Appendix B4

NHS East Leicestershire and Rutland Clinical Commissioning Group

NHS non-emergency patient transport

You may be aware of recent concerns regarding the performance of Arriva Transport Solutions, the company which holds the Leicester, Leicestershire and Rutland contract for non-emergency patient transport to and from appointments for clinically eligible patients.

Please be assured that East Leicestershire and Rutland Clinical Commissioning Group (ELR CCG) take all performance issues very seriously and the safety and wellbeing of patients is of paramount importance to us. We would like to reassure you that we are continuing to apply a range of measures that we expect will see significant improvements in Arriva's performance by the end of October 2014.

The contract with Arriva began in July 2012 and was awarded by Leicester City and Leicestershire County and Rutland Primary Care Trusts for a period of five years. The contract value of £26 million (circa £5.3million per annum) was based on services for eight categories of mobility ranging from walking through to wheelchair and stretchers, all with appropriate performance targets such as the time limits for collecting patients before and after appointments. ELR CCG took over management of the contract on behalf of all three local CCGs, in April 2013.

Arriva's performance in the first year (July 2012 to June 2013) was poor, due mainly to their internal management and operational structures and processes failing to ensure delivery of the key performance indicators. The CCG's contract management team used various contract levers to try to improve performance including the imposition of fines totalling £34K.

In the second year (July 2013 – June 2014), we undertook two unannounced visits to get first hand patient feedback, staff feedback and to view the vehicles and patient environment. We identified a number of concerns and alerted the Care Quality Commission (CQC) who subsequently undertook their own inspection earlier this year. We are now monitoring Arriva's compliance with the actions required by the CQC.

In response to a comprehensive remedial action plan put in place by ELR CCG in October 2013, Arriva restructured their senior management and operational team. This process has been managed on an intensive basis over the last six months. Since that point, there have been improvements against key performance thresholds, albeit still not enough to achieve performance targets. However, there is a trajectory of compliance with targets by the end of October.

A critical factor in the delay to transport patients to and from hospital revolves around the clinical assessment requirement for significant numbers of non-ambulatory stretcher vehicles, the use of support staff from Arriva inconsistent with contractually defined activity and subsequent substantial increases in higher acuity usage. As a result the CCG contracts team have been redefining the various mobility criteria to acknowledge the move downwards for ambulatory and upwards for complex wheelchair and stretcher journeys. These changes to meet the increase in complex mobility requests and the appropriate realignment of staff and vehicles in Arriva will make a major positive impact on Arriva being able to provide a better service to patients and to meet their performance targets.

Other agreed improvements include changes to rotas to ensure that the level of ambulance cover across the day reflects patients' needs, an increase in frontline Arriva supervisors and the recruitment of additional ambulance care assistants. There will also be more volunteer drivers, while planning and scheduling changes are underway which will identify delays at a much earlier stage and enable additional vehicles to be used much more quickly. To further support these developments Arriva now have dedicated staff working with hospital discharge teams to ensure that transport service provision aligns with the discharge process at all times. Daily visits to renal units are also taking place to ensure the timeliness of dialysis patients' journeys.

Many of the changes we've agreed have been directly influenced by what patients are telling us about their experiences. We are committed to listening to, and acting on patient views and we are supporting Arriva with their plans to hold a listening event for patients and their families enabling further opportunity for people to share their experiences and concerns. This will enable us to identify and address any additional areas where Arriva need to improve services as well as identifying areas where the service is working well and best practice can be shared. We will circulate further details regarding this event in the very near future.

In the meantime please be assured that we are keeping the service under close scrutiny. We are continuing to work closely with Arriva to ensure that our expectations as commissioners of the service on behalf of the three CCGs are clear, that performance issues are addressed and the potential consequences of ongoing performance issues are clearly understood. We are currently reviewing performance for the second year of the contract (July 2013 to June 2014) and will keep you informed of any further penalties and redress we impose. If performance continues to be unsatisfactory between now and the end of October, we will of course, explore all options available to us regarding performance improvement measures and the future of the contract.

If you have any queries or require further information please do not hesitate to contact me via email at <u>dave.briggs@eastleicestershireandrutlandccg.nhs.uk</u> or via telephone at 0116 295 5105.

Yours sincerely,

Dave

Dr Dave Briggs Managing Director East Leicestershire and Rutland CCG

Appendix B5

By Leicester Mercury | Posted: July 26, 2014

It was concerning to read (Mercury, July 15) that some patients have a 10-hour wait for transport home from local hospitals with Arriva Transport Services.

Apart from the obvious distress of such a long wait, this poor standard of service has a knock-on effect on adult social care planning and efficiency.

How can home care visits to support the elderly and vulnerable leaving hospital be properly timed to ensure appropriate support is in place if transport timings are not agreed and kept to?

It is surprising and disappointing that the clinical commissioning group said it hoped targets would be met by November. Why do patients have to wait so long for an acceptable level of service?

Councillor Lucy Chaplin (chair) and Councillor Vijay Riyait (vice-chair) Adult social care scrutiny committee, Leicester City Council.





ADULT SOCIAL CARE SCRUTINY COMMISSION 14 AUGUST 2014

ADDITIONAL INFORMATION

Further to the agenda for the above meeting which has already been circulated, please find attached the following:-

6. PATIENT TRANSPORT SERVICES: IMPACT ON ADULT SOCIAL CARE

Please find attached the following additional information:-

- a) Letter to East Leicestershire and Rutland Clinical Commissioning Group dated 30 July 2014; and
- b) Opinion from Leicester Mercury entitled "Give patient transport firm ultimatum"

Please bring these papers with you to the meeting

Elaine Baker Democratic Support Tel: 0116 454 6355 Internal: 37 6355 E-mail: <u>elaine.baker@leicester.gov.uk</u>

Please ask for:Councillor Rory PalmerTel:0116 4540002Our ref:DrDB/RP/HJDate:30 July 2014



Dr Dave Briggs Managing Director East Leicestershire & Rutland Clinical Commissioning Group Unit 2-3 (Ground Floor) Bridge Business Park 674 Melton Road Thurmaston LE4 8BL

You will be aware that in response to the poor and unacceptable performance of Arriva Patient Transport Services in Leicester and Leicestershire I have proposed that unless there are clear improvements within the next three months the contract should be terminated (without any further financial claim to the NHS or public purse from the provider organisation).

Patients are frustrated and angry about the poor levels of service. There are also consequences from this poor service for the wider health and care system which not only presents unnecessary financial costs when budgets are already under sustained pressure but is a further annoyance for patients and their families and carers.

I would welcome your thoughts on how you intend to increase the intensity of performance monitoring of the contract you hold with Arriva Patient Transport Services and whether you have plans to end the contract early should the needed improvements to the service fail to emerge. I will be asking for a full briefing on this situation to be available for the next meeting of the Leicester City Health & Wellbeing Board but would appreciate your thoughts at this stage.

I look forward to hearing from you.

ous sincereby,

Cllr Rory Palmer Deputy City Mayor and Chair of Leicester Health and Wellbeing Board

> OFFICE OF THE DEPUTY CITY MAYOR Rory Palmer

Mercury opinion for the second second

eicester deputy mayor Rory Palmer has criticised Arriva Transport Solutions over its "poor performance" in running Leicestershire's patient transport service. He says the company should be given a maximum of three months to improve. If it fails to do so, says Councillor Palmer, it should surrender the contract and hand it over to an-

other provider.

Leicester West MP and shadow health minister Liz Kendall has also called for improvements. "Arriva must be made to step up and meet its obligations or step aside and let someone else get on with the job," she says.

These criticisms come after a long-running series of problems since Arriva Transport Solutions won a five-year contract in 2012 to provide non-urgent patient transport services.

Many elderly and poorly people rely on this service to take them to and from hospital appointments. However, there have been a number of complaints about the length of time patients are kept waiting.

Last week, the Mercury reported how two elderly women had to endure waits of more than 10 hours each for a lift home from Leicester Royal Infirmary.

And on Monday we reported that the service had failed three out of five set standards following a recent inspection by the Care Quality Commission.

The CQC spoke to seven patients and 14 staff at Arriva in April. It found that patients often arrived late for their appointments and that some were having to reduce dialysis as a result.

Last week, this column endorsed calls by Zuffar Haq, of the Leicester Mercury Patients' Panel, for a public meeting so that the company and local health officials can hear patients' stories first hand.

As we reported on Monday, this is now being set up by East Leicestershire and Rutland clinical commissioning group, which is responsible for the contract, and we welcome this move.

However, it really is time for an ultimatum over this issue and Councillor Palmer's suggestion that Arriva is given three months to improve seems entirely reasonable.

We have been constantly told that things will get better, but still the problems persist. It is time to lay down the gauntlet to Arriva to either shape up or ship out.

Getting it right

Appendix C

Adult Social Care Scrutiny Commission Briefing Note 14th August 2014

Fosse Court Residential Care Home

Summary

Fosse Court was a 22 bedded residential care home, registered with the Care Quality Commission (CQC) and under contract with Leicester City Council and other councils to provide residential care placements. The home also provided NHS funded care via Continuing Health Care placements.

A serious safeguarding allegation of mistreatment by staff of residents was received by CQC on 27th June 2014. CQC informed Leicester City Council (LCC) of the concerns the same day and a safeguarding investigation commenced. Due to the nature of concerns, Leicestershire Police took the investigative lead over the weekend of 28 / 29th June 2014.

Multi-agency activity commenced with a safeguarding conference on Monday 30th June at which it was agreed that CQC and the LCC would undertake an unannounced visit on the 1st July 2014. The police advised that they would be arresting and interviewing 6 members of staff on the 1st July 2014.

The unannounced visit by CQC and the Local Authority on the 1st July 2014 identified a further range of care quality and safeguarding concerns, in addition to the initial allegations.

A number of staff arrests were made and 4 staff are currently bailed following questioning.

In the following days, LCC provided its own staff to the home setting to ensure that care levels were adequate, that care practices were being observed and to minimise the risks of the situation

In light of the concerns and the apparent unsustainability of the home, given staffing losses and difficulties in swiftly transforming the situation, LCC took a decision on 2nd July 2014 to terminate the contract with Fosse Court. CQC took the decision that they would take formal action to deregister the home. Social work and health staff commenced the process of re-assessment and finding alternative placements for the residents they funded and for a self-funder, so that swift moves out of the home could be made.

On 8th July, the home owner notified LCC and CQC of his intention to cease providing residential care at 5pm on 9th July 2014. This necessitated the moves of all residents over the following 24 hour period. A meeting was held with relatives on 8th July 2014, attended by LCC, CQC and the home owner.

All residents successfully moved to a new home by 5:10pm on 9th July 2014.

Residents Impact

Clearly this was a distressing time for the residents and their relatives. Agencies worked closely to ensure that their immediate needs were being met and to secure alternative placements for them. It should be acknowledged that the timescales were challenging and maintaining effective communication with all of those affected was a significant task.

However all residents were able to move to a home that would meet their needs, in some cases as an interim measure. The destination homes were as follows:

Home	Number of residents transferred
Rushey Mead	1
Abbey House*	4
Satya Nivas	1
Preston Lodge*	4
Vishram Ghar	3
Moved to Luton (at family request)	1
Aarons Court	2
Thurn Court*	1
Aberry House (Health Funded)	1
Family moving independently	1
County Funded Clients	2

* denotes council owned home

All residents were reviewed within the first week of their move and where there are interim arrangements, people will be supported to move onto a home of their preference over the next few weeks.
Adult Social Care Scrutiny Commission Briefing Note 14th August 2014

Contracting with Care Homes

The City Council only contracts with homes that are registered with CQC. Their registration process with CQC is designed to ensure the provider has a suitably skilled registered manager and that the owner has passed a 'fitness to provide' assessment.

In granting a home a contract with Leicester City Council (LCC), it is expected that the home will provide a service that complies with all aspects of that contract. This includes having appropriately trained and knowledgeable staff undertaking relevant tasks, including management.

Inspection Regimes

CQC are responsible for inspection of care homes. A process of unannounced compliance visits is undertaken. An inspection visit had been completed in April 2014, published in May 2014. This had identified some compliance issues with medication management. It had not identified some of the concerns that were observed after CQC and LCC visited the home as a result of the specific safeguarding alert.

LCC operates a Quality Assurance Framework, as previously described to Scrutiny. Part of this initiative was to ensure that all staff in city homes were issued with cards describing how to alert the Council or CQC to any concerns that they may have. It was this information that had been used by a whistleblower. To this end, the steps taken by LCC, to try and ensure that people with concerns are able to raise them easily, were beneficial in highlighting a concern.

It should be noted that inspection and quality assurance processes will not in themselves prevent wilful acts of mistreatment, which was the basis of this safeguarding case.

Safeguarding Learning

The Local Safeguarding Adults Board, whilst not yet a statutory requirement, already operates an Adult Review and Learning Sub-Group to the board. This group arranges for reviews of serious safeguarding issues, whether within a single agency or across multiple agencies. A review and learning framework is in place, with a range of methodologies available depending on the presenting issues. Given the nature of the concerns and the number of organisations that had contact with the care home, the Review and Learning Group have received a request to conduct a formal learning process, so that any opportunities to improve arrangements and minimise the risk of this type of issues arising can be understood and action plans

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developed. All actions are overseen by the safeguarding board arrangements, which has an independent Chair in place.

The timing of a review will be agreed with Leicestershire Police, in light of the potential for criminal prosecutions.

Appendix D

Executive Decision Report

Review of Housing Related Support Substance Misuse services

Decision to be taken by: Councillor Rita Patel Decision to be taken on: 15th August 2014 Lead Director: Tracie Rees

Useful information

- Ward(s) affected: All
- Report author: Mark Aspey
- Author contact details: 2378
- Report version number: V1

1. Summary

- 1.1 Approval was given by the Assistant Mayor for Adult Social Care (ASC) in February 2014, to consult on a proposal to remodel Housing Related Support services for substance misuse, to offer a more appropriate service model.
- 1.2 This service provides 24 bed based units of accommodation located at Heathfield House; with no provision of housing related floating support.
- 1.3 A statutory consultation exercise ran for a 6 week period from 19th February to 1st April 2014, which sought views on a proposed mixed model of floating support and accommodation based support.
- 1.4 This report presents the findings of the consultation and the details are included at Appendix 1.
- 1.5 As a direct result of consultation the proposed model has been changed to include greater flexibility over the length of time individuals can stay in the accommodation based service, increasing it from the proposed 6 months to up to 12 months; and negotiation with providers regarding the numbers of beds.

2. Recommendations

- 2.1 The Executive is asked to support the recommendation to procure a mixed model of accommodation based and floating support, as detailed in option 3.
- 2.2 Scrutiny is asked to note and comment on the proposals.
- 2.3 To note that the original proposal has been changed following the consultation exercise.

3. Supporting information including options considered:

Background information

3.1 Both local and national evidence shows appropriate housing related support is integral for people achieving and maintaining recovery from substance misuse.

3.2 This is echoed in the Council's Homelessness Review 2012 which concludes that, "Appropriate and sustainable housing is a foundation for successful rehabilitation of drug and alcohol users. Stable housing provision and housing support are crucial to sustaining employment, treatment, finances and family support and is a major resettlement need for those leaving prison, structured treatment and residential rehabilitation".

3.3 Nationally, 75% of single homeless people have a history of problematic drug misuse, and the local needs analysis indicates the need for housing related support for those starting structured treatment for approximately 220 people per year.

4 Current and previous provision

4.1 Accommodation based services were originally provided at Evesham House, providing temporary accommodation based support for people with an alcohol dependency (6 beds) and Heathfield House, providing temporary accommodation based support for people with a drug dependency (24 beds). With the focus on recovery and the development of community services since the original accommodation based was created and with the budget reduction of £53,609pa, it was necessary to review the current arrangements.

Evesham House

4.2 Evesham House closed in January 2014 ahead of the planned review, due to the impact of the Housing Benefit cap. The residents were moved to independent accommodation and they all received floating support from the Action Homeless until their contract expired (Action Homeless, provided the support at Evesham House) on 31st March 2014, from this point on Action Homeless have provided ad hoc support through their other support service (Engage), which is provided for clients leaving the service. Of the 6 residents, 5 are still maintained their tenancies and 1 is in hostel accommodation.

Heathfield House

4.5 Heathfield House is owned and operated by Midland Heart comprising of 24 selfcontained units for people who require short-term supported accommodation for adults recovering from drug/alcohol addiction. This contract was due to expire on 31st March 2014, but a waiver was granted until 31st March 2015, pending the outcome of the review. However, this cannot be extended further.

Review process

4.6 A review of the current delivery model highlighted a number of weaknesses:

- Access arrangements and eligibility criteria are unclear and providers decide who will be placed in the scheme
- There is no provision for early support to enable services users to maintain their existing housing provision
- There is no support following the end of the placement to ensure services users are able to maintain a new tenancy
- The contracts are not outcome focused so it is difficult to determine the impact the services have longer term
- There is no pathway or 'move on' provision and services users become entrenched in the services remaining there for periods of 2 years or more
- There is duplication of services being delivered by community drug and

alcohol treatment

Proposed new model

4.7 In response to the outcome of the review, a mixed model of floating support and accommodation based support is proposed. The key elements of the proposed new service are:

- Mixed provision with some accommodation based support and floating support to those living in the community
- A minimum10 bed accommodation in a substance free environment
- Accommodation based support for up to 6 months before 'move on'
- Floating support to assist those that 'move on' and others that have substance misuse related housing needs in the community

4.8 The new model will provide capacity for between 96 and 152 service users per year, which is substantially more than the 24 places provided at Heathfield House. The needs analysis findings referenced in 3.3 indicate an estimated need of 220 users per year but it is not intended for this provision to meet this need in isolation. The needs will be met through a number of service areas which in addition to this specialist provision include general provision for housing related support and temporary accommodation which has been procured following the homeless review. Mainstream drug and alcohol community support services will also support this need.

4.9 The key differences between this proposal and the current services are:

- It will cater for both drug and alcohol users
- It will increase capacity from 30 service users up to 152 service users
- It combines floating support to assist users moving on and others with housing needs not referred to the accommodation unit. Floating support is housing related support delivered to people in their own homes to help people who are at risk of losing their home due to their use of drugs and/or alcohol; and support people to ensure success and sustainability for those who are moving into a new home
- The accommodation unit would have a reduced number of beds and a shorter period of stay. However the shorter stay should lead to increased numbers of adults using the service and the inclusion of a floating support service which would offer early intervention and support for 'move on'
- Referrals for accommodation support should be for adults that are in contact with community based drug and alcohol services (incl. those in H.M.P Leicester.
- Shift from outputs specification to outcomes focused recovery model

4.10 A six week targeted consultation exercise was undertaken with services users, providers and key stakeholders from February 2014 to March 2014 on the proposed new model - see Appendix 1.

Consultation findings

4.11 The consultation clearly indicates support for a dedicated Housing Related Support substance misuse service, with combined accommodation and floating support. However there was concern about the 6 month time limit, with most

respondents saying this was too short and inflexible and a 9 to 12 month limit was more appropriate.

4.12 Concern was also expressed about the reduction in the number of beds and respondents felt that 10 may not be enough. Therefore, the numbers of beds will be negotiated with the new provider, if additional beds are needed.

4.13 There is a project being developed through a social enterprise 'Dear Albert', which will support those who have already achieved abstinence. This could increase the availability of temporary accommodation for those with substance misuse issues, which does not rely on Council monies. However, this project is still in the early stages of development and it is not known when it will commence.

Conclusion

4.14 The consultation supports the proposal to have a dedicated Housing Related support service for substance misuse, which includes floating support and accommodation based support. However, in response to the consultation it is recommended that the proposed model of 10 beds with a maximum stay of 6 months is amended to lengthen the period of stay up to 12 months and the stipulation for 10 beds is negotiated with any future provider.

5. Options

Option 1

5.1 Do nothing and continue with the provision of accommodation based housing related support provided at Heathfield House. This is not an option, as the contract with the existing support provider cannot be extended beyond 31st March 2015.

Option 2

5.2 Procure the model that was detailed in the original consultation exercise, which comprises of a mixed provision of accommodation based and floating support services with a 10-bedded unit offering up to a 6 months stay. This model reflects local needs, and addresses the weaknesses identified through the review process.

<u>Option 3</u> This option takes into consideration concerns raised through consultation, making changes to the original proposal to reflect those concerns.

5.3 Procure a mixed model of floating and accommodation based support, offering temporary accommodation for up to 12 months. This model still responds to local needs, and addresses the weaknesses of the existing provision. A minimum 10 beds will be procured, with the provision of additional beds being negotiated with the new provider.

5.4 Depending on the numbers who may need accommodation based services for more than 6 months, this may have an impact on the overall numbers that can be supported with floating support services. However, this is likely to be mitigated if the opening of new services in the city operated by independent organisations as detailed in paragraph 4.13.

5.5 The service will be procured for a short term 15 month contract (with an option to extend) to bring the contract in line with the other substance misuse contracts. This will allow the recommendations arising from the spending review for substance misuse services. Although, a short contract presents a risk, potential providers will be made aware of the situation and they could consider partnerships arrangements for wider tendering process for substance misuse services.

5.6 To note there is ongoing discussion about the future use of Evesham House.

6. Details of Scrutiny

6.1 These proposals and consultation responses have been discussed within the Strategic Commissioning team ASC and with the Service Manager Hostels and Supported housing.

7. Financial, legal and other implications

7.1 Financial implications

In 2012/13 substance misuse services were funded from the Housing Related Support budget to the amount of £259,309. As part of the council's budget strategy the service was required to reduce expenditure to £205,700; a saving of £53,600. Some of the savings were realised in 2013/14 and the service was partly funded from the Housing Related Support Reserve. In the current year the service is being funded from the ring fenced Public Health Grant. The closure of Evesham House in 2014/15 means there will be a one-off underspend in the current year of £62,700. This money will be returned to Public Health to help fund health and wellbeing services. The service will be operating to budget next year when newly procured services come into effect.

	2012-13	2013 -14	2014 - 15	2015 - 16
Evesham	99,843	79,200	0	0
Heathfield	159,466	143,000	143,000	0
Proposed New Service	0	0	0	205,700
Total Spends	259,309	222,200	143,000	205,700
LCC Budget	(259,309)	(205,700)	0	0
One off Reserves	0	(16,500)		
Public Health Grant	0	0	(205,700)	(205,700)
Total Funding	(259,309)	(222,200)	(205,700)	(205,700)
Balance (+ or -)	0	0	(62,700)	0

Pritvish Morjaria – Accounting Technician – Adults and Housing – Tel 37 4012

7.2 Legal implications

7.2.1 Procurement advice will be available through corporate procurement and the

commercial team in legal services as Recommendations are developed for a future Report, so that the procurement of any services complies with the Contract Procedure Rules.

7.2.2 Legal advice on consultation principles has been disseminated through departments and this Briefing describes the steps that have been taken to date. Further advice on consultation has been provided to colleagues in Care Services and Commissioning.

Greg Surtees - Solicitor, Commercial, Contracts & Capital Team, Legal Services, Tel 37 1421

7.2.3 'Property advice will be available from the Property team of the Legal department as and when required. When considering the use of Council owned properties, if there is any suggestion that there should be a disposal (i.e. the transfer of the freehold or the grant of a lease for a term in excess of 7 years) then regard must be had to the requirement to obtain best consideration under section 123 of the Local Government Act 1972. Further advice will be given, as appropriate, once the preferred option has been identified.'

Alex Snowdon - Legal Executive – Tel 37 1411

7.3 Climate Change and Carbon Reduction implications

There are no implications associated with this report.

8 Equalities Implications

Information on the profile of actual and future potential substance misusers, for whom the reconfigured service is targeted, is based on statistics of users of accommodation at Evesham and Heathfield, and on the profile of those in the mainstream community drug and alcohol services. As the proposed floating support has not been provided to date, there are no estimates available as to the profile of those using this element of the service although it is assumed that they will reflect the profile of those in the treatment system. Take up of the proposed accommodation/floating support service for substance misuse will be monitored on a quarterly basis and profiles compared against that of those in the treatment system to ensure that the service is able to meet the potentially diverse needs of users reflective of the city's demographic profile.

The main protected characteristics identified within the above two information bases are: gender (with the greater proportion likely to continue being male); age (particularly younger and middle aged users); disability (people with substance misuse problems have significant emotional and mental health needs that need to be addressed and therefore need to be monitored); ethnicity (the current trend is a majority being White but there can be changes in social-economic outcomes and the service will aim to be accessible to and be able to address the cultural needs of the range of diverse communities resident in the city). The service currently monitors sexual orientation and will maintain an overview of this protected characteristic to determine whether there any changes arise over time.

There are a number of equality outcomes arising from the proposed reconfigured service incorporating housing accommodation and floating support: enabling a source of stable housing accommodation during the treatment period so that individual's recovery is not adversely affected – either through limited direct accommodation or support to maintain existing tenancies; enabling service users to maintain independent, sustainable living within their community by their not having to change location; the service having a broader reach for early intervention and support in terms of the numbers the service is able to directly support; as a result of its flexibility in providing early intervention and then after care, enabling more users to achieve successful recovery outcomes.

Irene Kszyk, Corporate Equalities Lead, ext. 374147.

9 Other Implications

None

10. Background information and other papers: 12.Summary of appendices:

Appendix 1 – consultation report

11. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

Yes/No

13 Is this a "key decision"? NO

Appendix 1

Consultation re:

Proposed new model for Substance Misuse housing-related support services

(17th February 2014 – March 31st 2014)

Findings report

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How to use this report

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How to use this report

This report collates the responses from a 6 week targeted consultation exercise that took place from February 17th $2014 - 31^{st}$ March 2014 and sought the views of key stakeholders in relation to the proposal for re-commissioning substance misuse specific housing related support service.

PART 1 – INTRODUCTION

Background of Service

Having somewhere to live that is safe and comfortable can help people recover from drug and alcohol problems. Housing related support offers people the opportunity to tackle their use of drugs or alcohol by providing them with support in their own home, or in residential accommodation.

The support that people might be offered could be:

- Help with somewhere to live
- Help with managing money and benefits
- Help with health issues like looking after medication
- Help to do practical tasks like cooking or cleaning

If people can get the right support they will hopefully find it easier to carry on with any treatment they may be having for alcohol or drug use. In Leicester, 30-40% of people referred to drug and alcohol treatment services say they need extra support with housing. Leicester City Council currently has a contract for housing related support with Midland Heart who provides support within Heathfield House(set up in April 2008) which is a is a dedicated 24-bed facility for people with drug problems that require supported accommodation for up to 2 years.

Why we are consulting?

In the light of reductions to funding available for Substance Misuse Housing-Related support and a reconfigured drug and alcohol treatment system around a recovery, focus a new proposal for substance misuse housing-related support has been developed. Through consultation we wanted to find out what people think of these proposed changes, their thoughts about any alternative changes and to know how people might be affected if the services were changed.

PART 2 - METHODOLOGY FOR THE CONSULTATION EXERCISE

The following methods were used to consult on the proposal:

For Residents directly affected

For those that live within the projects an individual approach has been undertaken.

• We wrote to residents of Heathfield house to arrange individual 1-1 interviews and provided them with a FAQ about the proposal to support understanding of the proposal.

• We asked for their views about the proposal and sought to understand the impact on them and explain the support which would be available to them in context of their individual needs.

• Additionally, we scoped out whether individual advocacy needed to be arranged for any service user to enable them to participate.

Focus Groups/Engagement with interested parties

• Three focus groups were organised to allow for detailed discussion on the option proposed.

- Focus Groups -
 - Staff from Heathfield House
 - Staff from other provider groups working in the substance misuse or a related field
 - Users from community based drug and alcohol services.
 - 1 x service users (Housing and Substance misuse)

The Public

Information was placed on the LCC Citizen Space website with an opportunity for views to be posted online.

In addition we asked VAL to circulate information to other VCS providers not currently involved or delivering these services – in order to get a wider perspective on impact.

Promotion of this opportunity across wider substance misuse treatment and relevant user groups and stakeholders was undertaken to increase access and allow for online response.

Letters detailing the proposal and consultation exercise were sent to Councillors for Stoneygate and Castle ward –the two wards in the vicinity of Heathfield House and to the 3 Leicester Members of Parliament detailing the proposals and offering briefings if required. No responses were received from members of Parliament or local Councillors

PART 3 – Responses and Findings

Responses

9 residents of Heathfield house were interviewed.

11 people responded to the online survey, of these:

A carer/family member of someone with drug/alcohol problems	1
Member of the public	3
Professional/volunteer working with someone with drug/alcohol	
problems	4
Other (Please state)	3

16 people attended the service user forum

10 people attended the stakeholder group.

Key findings

-There was a lot of general support for a dedicated housing related support service for people with substance misuse issues.

-Focusing on Recovery and combining accommodation with floating support had the support of most respondents.

-However concern was expressed across all the respondent cohorts about the 6 month accommodation limit. The consensus was that this was too short with anything from 9 months to 2 years being preferred.

-Views on the need for a substance free environment were mixed- a large majority of users at the user focus group were in favour of this as were those Heathfield residents who responded on this issue. However, those who took part in the web survey were split 50:50 on this.

-Only a minority (2) of the web-respondents thought the proposals would provide enough resources for this area.

-Web respondents were also split on the eligibility criteria-5 of the respondents did not agree that users needed to engaged with treatment services; there was overall support for this approach within the stakeholder and user focus groups.

-Move on issues was raised by a number of respondents. Move on schemes were seen as being important and there were calls for a protocol with housing options to provide a safety net, which is currently in place with LCC hostels.

-Some of the respondents within the user and stakeholder focus groups proposed different models including a two-stage model with smaller accommodation units

-Within the website respondent's questions were raised questions on whether this fitted with the overall LCC strategy on homelessness and changes recently made to hostels, eligibility criteria and floating support.

-Referral arrangements need to be clear and need to be robust.

-Would be good for post detox

-What about a smaller unit or units-doesn't have to be 10-bed

-What about the needs of women, young adults and eastern European clients.

-Peer led support needs to be embedded in the model

More detail about the consultation responses is contained in the HRS consultation analysis below.

Conclusion

From the consultation it has been established that there is clearly overall support for a dedicated housing related support service for substance misuse; and a mixture of floating support and accommodation has been welcomed. However, significant concerns were expressed about the 6-month residency limit and to a lesser degree the proposals capacity to respond to need.

HRS consultation analysis-.

1.The web survey-11 responses

1.1 Overall responses by agreement/not in agreement (comments summarised)

In agreement Not in agreement Did not respond

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
(11							
nent							
-agreement							
Agreement/Non responses)							
Agreement responses)							
greei							
A8 re							



	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
Non-Agreement Comments	 -There will be difficulties with move on for homeless. -Not clear how service will be affected by those using. -Do we need additional floating support-what about that recently commissioned across the city? 	Concerns about government motivation.	Too short for this group-move-on will have to be looked at very quickly. No quick fix. What about rent arrears? What will assessment criteria be? What role will housing options have? Could lead to cherry picking. 12 months more realistic although should aim for 6-9 months.	Floating support not enough-more accommodation /24 hour support needed.	Limits to those in treatment-what about those in aftercare.	What about those on a reduction plan or script. Needs awareness and procedure.	Need more than 10.Demand for floating support will be greater.
	-Not enough accommodation support-floating support not enough	People need	As long as required.		More detail needed on eligibility criteria- e.g. how far along the journey they should be before they are moved on.	Need to be realistic otherwise residents might lie. Need more info on how will deal with incidents	Where is the supporting evidence for 30 floating support? Why are these needed when other beds have been taken away? Probably not enough
	-We already have floating support-risk of duplication.	stability and period of reduction before they would benefit.	Not long enough for this chaotic group unless already making changes. Not enough for chaotic users.		Needs to take into account needs of homeless/those in temporary accommodation more.	Will affect harm reduction as residents will use unsafely elsewhere.	This service will marginalize and "out "people"-make them feel inferior-this needs evaluating. 10 too small

Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
-Will not support many that need it unless at high risk of eviction from LCC services.		Needs to be more flexible and negotiation around housing arrears needed.		If they are in treatment already what is the difference in the support provided by this and existing providers.	Success will depend on quality of staff. Must be real commitment to change from users. Those that need the service less likely to be in control of their use.	Need more accommodation.
		More support will be needed for those that are victims of abuse.			Need areas where use allowed and not allowed.	Unsure
		6 months only suitable for a minority.		Just window dressing-void in understanding of real issues.		Need to be given more information to decide.

1.2. Other comments (in respondents own words)

Clearly positive comments	Clearly negative comm	Comments where it is not clear whether positive or negative about the proposal.
there anything else the council shou uture of Housing Related Support for ssues?		Please feel free to make any further comments in relation to this proposal:
When used appropriately, supported a xcellent resource available for treatment ith some of the most vulnerable indiversest estriction with this proposal which with rovide intensive support and the proprese count that for many of these individed ven years may have been spent in hore nonths does not provide an adequate nese individuals and allow them to meet the a pace suited to them. urthermore, limited bed spaces (10) set umber of service users who may reque am aware of the need to drive down roposal is not exempt from that. How etter to invest our money in providing eriod of time as this initial investment when the individual is in recovery and apsing and re-presenting to treatment and ependence before they were adeque	ent services who are dealing viduals. There is a tight time Il make it difficult to effectively bosal needs to take into uals their last few months and stels, custody or sofa-surfing. 6 length of time to stabilise ove on into independent living eems unrealistic given the tire supported accommodation. budgets and of course, this vever, I would argue that it is g intense support for a longer t will make a better pay off independent, rather than t as they were ushered into	Whilst I agree with the proposal to withdraw funding from the current provision - I am not sure that I feel that all possible new avenues have been explored, surely this is the opportunity to do something totally radical around housing related support - not just more of the same old stuff.

Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	Please feel free to make any further comments in relation to this proposal:
	sin the community with easy access to drugs
Acceptance that people with substance issues are chaotic and should not be reprimanded with 'intentionally homeless' decisions or arrears from hostels, when at present, they get little more than token support to maintain tenancies and manage budgets. This is especially true for service users who are housed when the council has full knowledge they are dependant or problematic substance users. The housing of these individuals looks great on paper and in the figures. But there many individuals coming through the hostel system who are being 'set up to fail'. There needs to be a more hollistic approach to addressing substance misuse and housing, rather than the current approach when the only concerns before moving someone into a tenancy is their eligibility and arrears.	You might want to find out who has suffered injury. addiction, malnourishment diseases, accident and mental health disorders as a result of the described situations not being recognized. The bedroom tax has also probably not helped this group of people either.
Going around in circles - its all been done before, with specialist council housing related substance use teams in the past, that have now been swallowed up into mainstream services Nothing new	It goes no way to addressing the true problem and needs starting again with wider imput from people with real understanding. In industry the front line views are nearly always taken on new products at the planning stage. That is fact but nearly always lost in local govenment.
What their move on options will be in leicester and how / where they will be rehomed after successful treatment or in the event of a negative / unplanned exit from treatment.	
Service cannot have rigid time limits imposed on service users completing a planned programme of support. People are individuals and cannot be all treated exactly the same LCC should look at services that already exist and should ensure that new services are additional too not a replacement for existing services delivering the service should have some recognised substance use training which meetings minimum requirement to deliver harm reduction techniques	

Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	Please feel free to make any further comments in relation to this proposal:
I have already stated what needs to be considered. It is often difficult for services to provide support unless the people who need to be supported are happy for this. This requires specialist assistance and outreach and floating support is insufficient on its own. The volunteer services and student services have helped people but they also need support to do this. There is no job guarantee for them either. When the person who needs support with living is able to assess their own situation, it is better all round, there is less confusion and people know where they are and what they are doing.	
Review who and how these proposals are made. They show as normal a total lack of understanding of the real picture. Send the staff developing these and other proposals out on the streets and frontline that includes at every level from the very top. Then maybe things may improve in general and not be in rapid decline as has been the case in the last 5 years regardless of spending cuts.	

1.3. Key points from web survey:

- A majority said they were in favour overall however only 'focussing on recovery' and 'combining accommodation with floating support' had significant backing. Other areas were subject to much criticism.
- Most concern was expressed about the 6 months limit where most respondents thought this was not enough.
- Significant concern was also expressed about whether the proposal had sufficient resources to address the issues, the eligibility criteria and proposals to have a substance free environment.
- A repeated theme related to questions on whether this fitted with the overall LCC strategy on homelessness and changes recently made to hostels, eligibility criteria and floating support.

2 Views from 9 Residents at Heathfield house.

2.1Responses we can relate to key questions (with comments in repondents's own words where relevant).

Clearly positive comments	Clearly negative comments	Comments where it is not	No comments provided
that can be linked to this	that can be linked to this	clear whether positive or	that can be linked to this
aspect of the proposal	aspect of the proposal	negative about this aspect	aspect of the proposal.
		of the proposal.	

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
nt(9							
eme							
gree							
Agreement/Non-agreement(9 responses)							
t/Nc							
Agreement responses)							
reen							
Ag							
۲	I don't agree with		Some people	Floating support		Perhaps a no	you are halving the
Ier	the proposal		need motivating	is good. I want		tolerance approach is	beds, what about
uu			- 6 months	to get a flat		needed - I am flexible	fluctuation of people.
Commen ts			more	anyway. As		with people - it	
the C			support/more	long as you are		depends on the	

Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
		involvement. 2 years people think they have loads of time and they don't	getting the help that's all that matters.		person, it might need to be inflexible.	
		Knowing its 6 months will put you on your toes. There is no helping some people - they have to want to change. They need motivation for change needed.	Good re floating support - people lapse because they can realise they are on their own. (b)		Need to stay on top of people using.	
		If you know only 6 months going to have to get self in gear.	floating support is a good idea		Drug testing - think it would be that way.	
		It is a short length of stay. Taking drugs filled my day up - way a lifestyle that you become trapped			I agree that you can't use in the project - it's tough luck. If they want to it's up to them let them get on with it but not in the project.	

Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
		in. My				
		experience of				
		people involved				
		in drugs is they				
		think they are				
		ready but when				
		the				
		commitment				
		comes to it just				
		is not possible,				
		they cannot				
		keep up with				
		the				
		commitment.				
		They do not				
		keep up with				
		commitments;				
		people can't				
		adjust until they				
		are truly ready				
		to adjust.				
		6 months might			- a substance free	
		be a bit short -			environment	
		all on			important - if people	
		individuals -			are clean and doing	
		things could be			well and a person	
		hard. May be 6			moves in they can	
		month trial -			drag people down.	
		should be put				
		up to one year				
		then six months				

Overall Agreeme	nt Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
		rehabilitation				
		I don't think 6 months is long enough don't know what to say - seems a deadline/strict deadline - seems a deadline pressure. Don't agree it's not				
		enough time to settle and sort self out. People need to be given extra time				
		I think 6 months is a bit short to be honest - might not be an incentive to stay clean - 12 months better				
		sounds brilliant but 6 months is				

Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
		a bit tight				

2.2 Other comments (in respondent's own words).

Comments that are clearly	Comments that are clearly	Comments where it is not clear whether positive or
positive about specific aspects	negative about aspects of the	negative about the proposal, but may be positive about
of the proposal.	proposal.	the current HRS service.

Is there anything else the council should consider regarding the	What would be important to you about any new housing-related support service
future of Housing Related Support for people with substance misuse	
issues?	
Key worker No1 job is to make the person feel as if they are able to	Floating support is a good idea - a substance free environment important - if people are
cope with that one thing at that time. Think staff have been brilliant	clean and doing well and a person moves in they can drag people down.
here. Reason I have succeeded is the support structure has allowed	
me to concentrate on beating my addiction. Allow you to not worry	

Is there anything else the council should consider regarding the future of Housing Related Support for people with substance misuse issues?	What would be important to you about any new housing-related support service
about bills/other pressures. Up until now I never paid bills - not had to deal with everyday things. Needs to support people to be able to manage. I deal with stress by just bolting and this is what people like me do	
People need support to go forward - such as job search and housing.	Help with moving on, settling - giving support when changing
The government needs to think more - they are leaving people on the streets	People to help you keep on top of bills. People reminding you. Budgeting and getting registered with GP.
Heathfield has really stabilised me - to come in here you have to be clean. If heathfield wasn't here, I would still be in the hostel system and using	Being offered security - it is hard to change when you don't know what's going on/i.e. you don't feel settled and secure. Need to be focused on fighting your addiction 100%
	Proactive helping - courses. Getting people secure - to rely on themselves. Something to get them engaged - give them focus, give them food. Learning to eat and cook important skill to learn.
	Support 24/7 absolutely. Need them there so you can talk. Doors always open.
	Be good to have groups - CBT. Communication - interaction. Not being isolated - It would be good to separate the sexes .

2.3 Key points from the resident's survey

-Although not all questions within the proposal were asked directly responses clearly contain some support for some aspects of the proposal-in particular having a substance free environment and having floating support.

-Where voiced there was significant concern expressed about the 6 month limit in accommodation.

-there was a lot of general support for housing related support for people with substance misuse issues.

3 Focus groups(3 groups)

3.1Responses we can relate to key questions

Clearly positive	Clearly negative	Mixed comments about this	No comments provided
consensus/significant	consensus/significant majority	aspect of the proposal.	that can be linked to this
majority agreement that	disagreement that can be		aspect of the proposal.
can be linked to this aspect	linked to this aspect of the		
of the proposal	proposal		

	Overall Agreement	Focus on recovery	6 months	Combined floating support/ accommodation	Eligibility criteria	Substance free environment	Sufficient Provision
es')							
Agreement/Non-agreement(3 group 'responses')							
u, dno.							
nt(3 gi							
reemer							
Von-ag							
ment/f							
Agree							

3.2 Other key points from the 3 groups:

-Referral arrangements need to be clear and need to be robust.

- Move on schemes are important and there needs to be a protocol with housing options to provide a safety net which is currently in place with LCC hostels

-Would be good for post detox

-What about a smaller unit or units-doesn't have to be 10-bed

- -Floating support should include family if needed and or right for the client.
- -What about the need of women, young adults and eastern European clients.
- -Peer led support needs to be embedded in the model

Appendix E

Report to the Adult Social Care Scrutiny Commission

Date: 14th August 2014

Closure of Douglas Bader Day Centre Update

Lead Director: Tracie Rees

Useful Information:

- Ward(s) affected:
 - Spinney Hills Tracie Rees

- Author:
 - Author contact details

Ext 2301

1. Summary

- 1.1 This report provides an update on the actions needed to support existing service users attending the Douglas Bader Day Centre to find alternative services before the centre closes.
- 1.2 Appendix 1 provides an anonymised summary of the progress of individual service users moving to alternative provision. The provision of this information has been agreed by the Council's Information Governance service.
- 1.3 A two phase approach has been adopted to manage the closure process. Those in the first phase are individuals with less complex needs and who attend fewer days at Douglas Bader, whereas those in the second phase have more complex needs and attend for more days per week.
- 1.4 Appendix 1 details progress against a 7 step programme to support individuals to move to alternative provision. The criteria relating to each step is also included.
- 1.5 Appendix 2 provides a graph, which shows the movement from May to July against the 7 steps for each individual.
- 1.6 In terms of the 17 members of staff, all have now been issued with their redundancy notice. 6 have taken voluntary redundancy, 5 have been offered alternative jobs, including 'bump on' within the Council, 1 has been dismissed (not connected with the closure) and 5 staff are classed as at risk and being supported by HR to seek alternative employment opportunities.

REPROVISION PROGRESS – Report to ASC Scrutiny- Appendix 1

In order to track the progress of each service user moving on from Douglas Bader Day Centre a 7 step approach has been developed. Each step relates to a different part of the moving on process and these are explained below.

Step 1: Awaiting allocation – This is the beginning of the process and the person is waiting to be allocated a worker from care management.

Step 2: Allocated Social Worker – The person will have a named worker who will begin making contact with the service user to introduce themselves and explain the process of gathering information.

Step 3: Assessment meeting arranged – The worker has agreed a date, time and place to have the initial assessment meeting. This could be at the day centre or at the person's home. Family or carers may also attend if the service user chooses.

Step 4: Assessment in progress – The worker has made contact with the service user and is in the process of talking and gathering information to find out the service users' needs and check if they meet the eligibility criteria.

Step 5: Support plan in progress – A support plan has started and being developed based on the service users' needs and the outcomes the person wants to achieve.

Step 6: Explore options and agree final support plan – The service user is being supported to consider the different options available to them, visit different services and agree the final content of their support plan.

Step 7: Moved on and no longer attending Douglas Bader day centre – The service user has chosen the options that best suits their needs and have moved on to their new service or provision.

A dedicated care management team have been assigned to complete the reassessment process with each person, in order to manage their workload and capacity, the service users have been split in to two groups, 21 people in phase 1 and 24 people in phase 2. Now that the majority of phase 1 people are either being assessed or moving on, Care Management officers have been allocated to the individuals in phase 2. However, during the process some individuals have chosen to exercise their choice and control and ask for a review to take place earlier, in these circumstances this was undertaken by one of the locality care management teams.

DATE: 12 August 2014 (Data as at 24 July 2014)

Key:

Step 1	Awaiting allocation			
Step 2	Allocated Social Worker			
Step 3	Assessment meeting arranged			
Step 4	Assessment in progress			
Step 5	Support plan in progress			
Step 6	Explore options and agree final support plan			
Step 7	Moved on and no longer attending Douglas Bader Day Centre			

Service user NO	STATUS	STEP ON MOVING PLAN	NOTES AND TARGET MOVING DATE
Phase 1	·	·	
1	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the Voluntary sector
2	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the Voluntary sector
3	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the Voluntary sector
4	Service User	6	Alternative being explored
5	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the Voluntary sector
6	Service User	7	No longer attends the day centre
7	Service User	6	Alternative being explored
8	Service User	7	No longer attends the day centre
9	Service User	6	Alternative being explored
10	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the Voluntary sector
11	Service User	7	Moved on and no longer attends Douglas Bader Day Centre. Supported by the voluntary sector
12	Service User	6	Alternative being explored with future and taster trailed
13	Service User	6	Alternative being explored
14	Service User	6	Alternative being explored
---------	--------------	---	----------------------------------
15	Service User	7	Moved on and no longer
			attending Douglas Bader.
			supported in the community
16	Service User	7	Moved on and no longer
			attending Douglas Bader.
17	Service User	7	Moved on and no longer
			attending Douglas Bader.
18	Service User	7	Moved on and no longer
			attending Douglas Bader.
19	Service User	5	Support plan in progress
20	Service User	6	Alternative being explored
21	Service User	5	Support plan in progress
Phase 2		0	
22	Service user	7	No longer attends the service.
22		1	service user supported through
			a personal assistant on a direct
			payment
23	Service user	4	Assessment in progress
23	Service user	4	Assessment in progress
24	Service user	4	Assessment in progress
26	Service user	4	
20		7	Assessment in progress
21	Service user	1	Moved on and no longer
			attending Douglas Bader due to
00	0		terminal illness
28	Service user	4	Assessment in progress
29	Service user	4	Assessment in progress
30	Service user	5	Support plan in progress
31	Service user	5	Support plan in progress
32	Service user	5	Support plan in progress
33	Service user	6	Alternative being explored
34	Service user	7	Moved on and no longer
			attending Douglas Bader
35	Service user	6	Alternative being explored
36	Service user	2	Allocated social worker (health
			funded)
37	Service user	7	Moved on and no longer
			attending Douglas Bader.
			supported by the voluntary
			sector
38	Service user	2	Allocated social worker (health
			funded)
39	Service user	7	Moved on and no longer
			attending Douglas Bader.
			Taking part in activities in the
			community
40	Service user	4	Assessment in progress
41	Service user	2	Allocated social worker
40			
42	Service user	4	Assessment in progress

43	Service user	5	Support plan in progress
44	Service user	7	Moved on and no longer attending Douglas Bader. supported by the residential care provider
45	Service user	6	Alternatives are being explored

REPROVISION PROGRESS – Report to ASC Scrutiny- Appendix 2

Stago	Description		Jun-	Jul-
Stage	Description	14	14	14
1	Awaiting allocation	16	0	0
2	Allocated social worker	0	16	3
3	Assessment meeting arranged	3	1	0
4	Assessment in progress	16	8	8
5	Support plan in progress	1	4	6
6	Explore options and agree final support plan	4	7	10
7	Moved on and no longer attending Douglas	5	9	18
/	Bader Day Centre	5	9	10
		45	45	45



- Moved on and no longer attending Douglas Bader Day Centre
- Explore options and agree final support plan
- Support plan in progress
- Assessment in progress
- Assessment meeting arranged
- Allocated social worker
- Awaiting allocation

Appendix F1

Report to the Adult Social Care Scrutiny Commission

Date: 14th August 2014

Elderly Persons Homes Update

Lead Director: Tracie Rees

Useful Information:

• Ward(s) affected:

New Parks, Western Park, Latimer, Eyres Monsell Tracie Rees

Author contact details Ext 2301

1. Summary

• Author:

- 1.1 This report provides an update actions for supporting residents living in the Council's Elderly Persons Homes that are due to be, or have been, closed. Of the three homes due to close in Phase 1, only Herrick Lodge remains open. There are 4 permanent residents in Herrick Lodge. One resident recently moved to another home.
- 1.2 All residents have now moved from Elizabeth House and Nuffield House and these homes are now closed. Both homes have been deregistered with CQC. Elizabeth House closed on 15th April 2014 and Nuffield House closed on 4th June 2014 and the property guardian service is now in place at both sites.
- 1.3 Appendix 1 provides an anonymised summary of the progress of individual residents moving to alternative accommodation. The provision of this information has been agreed by the Council's Information Governance service.
- 1.4 The information details progress against the 7 steps in the "My Moving Plan" process. A total of 26 residents have now been supported to move to other accommodation. Anonymised information detailing the residents' experience of their new home has now been collated and a separate report is to be presented to the Scrutiny Commission at this meeting.
- 1.5 Consideration is still being given to the disposal of Elizabeth and Nuffield House and no decision has yet been made. However, they will be disposed of in the most appropriate manner depending on the market conditions.
- 1.6 The procurement exercise to sell Abbey House and Cooper House as going concerns is on track in accordance with the table below.

	Activity	Duration	Start	Finish
1	Receipt of Tender	complete		
2	Review and Evaluate -	complete		
3	Presentation to Panel	complete		
4	ASC Lead Member Update		w/c 11/08/14	
5	Executive Update		w/c 18/08/14	
6	Issue intention letters		ТВС	

7	TUPE transfer / legal formalities from report date CQC registration	Approx 3 months	TBC	
8	Contract start date		твс	

- 1.7 Once the sale of Abbey House and Cooper House is complete then the evaluation of phase I can be completed. This will include an overview of the closure process, the availability of alternative placements, the 7 step moving process, the sale of Abbey House and Cooper House and the outcome for residents. The evaluation is due to take place during December 2014 for reporting early 2015. It is likely that Herrick Lodge will not be part of this evaluation at that stage. Subject to the judicial review outcome and subsequent timescales, an evaluation will take place at an appropriate time.
- 1.8 This will be the last summary of this kind. Future reports will focus on Herrick Lodge, subject to the outcome of the judicial review, and the sale of Abbey House and Cooper House.

PHASE 1 REPROVISION PROGRESS – Report to ASC Scrutiny- Appendix 1

DATE: (Data as at 1 August 2014)

Key:

Step 1	Deciding who needs to be involved in your moving plan
Step 2	Meeting to look at what is most important to you in a new home
Step 3	Your social worker carries out a new assessment of your needs
Step 4	Meeting to review your moving plan and agree what will happen next
Step 5	Planning your move
Step 6	The day you move
Step 7	After you move

RESIDENT NO	STATUS	STEP ON MOVING PLAN	NOTES AND TARGET MOVING DATE
1	Resident	Step 7	Moved to home of choice. 4 week review complete. Resident settling in.
2	Resident	N/A	Deceased.
3	Resident	Step 7	Moved to home of choice. 4 week review complete and resident has settled in well.
4	Resident	N/A	Deceased.
5	Resident	Step 7	Moved to home of choice. 4 week review completed and resident has settled in well.
6	Resident	Step 7	Moved to nursing care. 4 week review complete. Resident settled well.
7	Resident	Step 7	Resident has moved to home of choice. 4 week review has taken place and resident is now settled.
8	Resident	n/a	Deceased
9	Resident	Step 7	Resident moved. 4 week review complete and resident has settled.
10	Resident	Step 7	Moved to home of choice. 4 week review has taken place and resident has settled in well.
11	Resident	n/a	Deceased

12	Resident	Step 1	Awaiting involvement from relative
13	Resident	Step 4	Assessment complete. Has not yet identified homes to visit.
14	Resident	Step 4	Assessment complete. Has not yet identified homes to visit.
15	Resident	Step 4	Assessment complete. Has identified some homes for consideration.
16	Resident	Step 7	Moved to home of choice. Awaiting 4 week evaluation.
17	Resident	Step 7	Moved to nursing care. 4 week review complete.
18	Deceased	n/a	Deceased
19	Resident	Step 7	Moved to new home.4 week review complete. Resident has settled.
20	Resident	Step 7	Moved to home of choice. 4 week review complete and resident has settled well.
21	Resident	Step 7	Resident moved. 4 week review due soon. Resident is in process of settling in.
22	Resident	Step 7	Has moved to home of choice. 4 week review complete and resident settled in well.
23	Resident	Step 7	Resident has moved and is settling in. 4 week review complete.
24	Resident	Step 7	Resident has moved and settled well. Unable to complete 4 week review.
25	Resident	Step 7	Has moved to home of choice. 4 week assessment complete. Resident has settled in well.
26	Resident	Step 7	Resident has moved to new home and is settling in. 4 week review complete.
27	Resident	Step 7	Resident has moved. 4 week review complete. Resident is settling in.
28	Resident	Step 7	Has moved to home of choice. 4 week review taken place. Resident settling in well.
29	Resident	Step 7	Has moved to home of choice. 4 week review complete. Resident settled in well.
30	Resident	Step 7	Moved to nursing care. 4 week

			review complete.
31	Resident	Step 7	Moved to home of choice. 4 week review complete.
32	Resident	Step 7	Moved to home of choice and has settled in well. 4 week review complete.
33	Resident	Step 7	Moved to home of choice and has settled in. 4 week review complete.
34	Resident	Step 7	Moved to home of choice. Resident is settling in better. 4 week review complete.
35	Resident	Step 7	Moved to home of choice. Resident is settling in better. 4 week review complete.

The following diagram shows an overview of how residents have progressed through the various steps of the moving plan process in the past few months.



Appendix F2

ASC Scrutiny Commission

Date: 14th August 2014

Evaluation of EPH Residents Moving Under Phase I

Lead Director: Tracie Rees

Useful information

- Ward(s) affected: New Parks and Westcotes
- Report author: Tracie Rees
- Author contact details: Tracie.Rees@leicester.gov.uk
- Report version number: 1.2

1. Summary

- 1.1 The report updates the Scrutiny Commission on the perceptions of residents four weeks after their move from Elizabeth House and Nuffield House.
- 1.2 Elizabeth House closed on 15th April 2014 and Elizabeth House close on 4th June 2014. Herrick Lodge is still open pending a legal challenge.
- 1.3 A number of questions were posed to residents by their Social Worker as part of a planned follow up review, approximately four weeks after the move. Family members also attended the review meeting in some cases.
- 1.4 This report summarises the overall findings from residents' interviews. Appendix A shows whole extracts from individual interviews, which were undertaken. The information has been redacted to prevent individuals from being identified and to remove reference to confidential and sensitive health data in order to maintain compliance with the Data Protection Act 1998 (Amendment 2003).

2. Recommendations

- 2.1 The Scrutiny Commission is recommended to:
 - a) Note the positive findings from resident responses four weeks after moving
 - b) Note the reasons for any dissatisfaction identified at this stage and the mitigating actions that have been undertaken

3. Supporting information including options considered:

- 3.1 On 15th October 2013, the Executive made a decision to close Elizabeth House, Nuffield House and Herrick Lodge as part of Phase I, of the Elderly Persons Homes Re-provision Process.
- 3.2 Elizabeth House and Nuffield House have now closed, and all residents have been supported to move to new homes. Herrick Lodge is still open to four permanent residents as part of Phase I, pending the outcome of a legal challenge. In making a decision to close the homes in Phase I, the Executive made it clear that an evaluation of Phase I would be needed before any decision to proceed to Phase II is made.
- 3.3 This report updates the ASC Scrutiny Commission on the results from interviews

carried out as part of the formal four week review process for residents who have moved from Elizabeth and Nuffield House. A separate report will be submitted at a later date for residents that have moved out of Herrick Lodge.

Person Centred Change

- 3.4 It can be concluded from these interviews that that the process of sensitively supporting residents to move has been successful and that this is apparent from the overall findings and from the individual interview extracts in Appendix A.
- 3.5 A person centred approach was developed to support the re-provision process, aimed at reducing the anxiety that those involved would naturally feel. The approach was based on working with each resident and/or those who are important to them, to develop an individual moving plan. The moving plan was updated at key points. Residents and relatives were supported throughout the process by a dedicated social work team which provided continuity of support. The approach can be summarised in seven key steps and was explained to residents and families in a user friendly leaflet.

Step One	Deciding who needs to be involved in the moving plan
Step Two	A meeting to look at what is most important to each resident about moving to a new home
Step Three	A reassessment of each individual's needs, undertaken by a social worker
Step Four	A meeting to review an individual's moving plan following the reassessment of needs
Step Five	Planning the move day and developing a checklist of actions to make sure the move goes smoothly
Step Six	Making sure that everything the resident has asked us to put in place has been arranged on the day of the move
Step Seven	Putting in place the checks residents asked for in the weeks following the move and then carrying out a formal review of each residents' needs four week after moving

Profile of residents who took part in the interviews

- 3.6 A total of 25 residents were supported to move from Elizabeth House and Nuffield House.
 - 19 people took part in the questions prior to moving
 - 20 took part in the questions after moving
 - 1 person moved before the interview questions were drawn up. The person moved quickly due personal reasons (They did however take part in the second interview)
 - 1 person did not agree with answering questions after moving
 - 1 person did not participate due to health reasons
 - 1 person did not participate due to being in hospital
 - 2 people who were supported to move have since died.

Methodology and Evaluation Approach

- 3.7 Before each resident moved, they were asked by their Social Worker to answer 5 key questions about their current home. The same questions were asked at the four week review in relation their new home.
- 3.8 During both sets of interviews people were also asked about the nature of any concerns they had.
- 3.9 Prior to moving, people were asked whether everything they said they had wanted in their moving plan had been put in place.
- 3.10 After moving people were asked to describe the extent to which they felt they were settling in.
- 3.11 Of the 20 residents who told us their views 4 weeks after moving, 8 moved to homes in the independent and voluntary sector, and 12 residents moved to vacancies in other council homes.
- 3.12 The overall results of this exercise are shown in the table in part 3.15 of the report.
- 3.13 Evaluating a qualitative exercise like this is not a straightforward process. For the purposes of this evaluation, advice from the Corporate Research and Intelligence Team has been that there is no standard measure. Whilst it is helpful to report overall findings in numerical terms this should be considered in the context of the responses people have given, both positive and negative. Responses indicating dissatisfaction should be subject to an impact assessment and measures to mitigate the issues raised.
- 3.14 On this basis the report shows:
 - Overall responses to questions before and after moving
 - An analysis of concerns prior to moving
 - An analysis of concerns post move and mitigating actions where dissatisfaction has been noted.
 - Information on how responses were scored by those who moved to council homes versus those who moved to homes in the independent sector.
 - Whole extracts from customer interviews so that people can understand the individual context in which responses were given. These are verbatim extracts which have been redacted to prevent individuals from being identified, and to remove reference to confidential and sensitive health data in order to maintain compliance with the Data Protection Act 1998 (Amendment 2003)

Phase One Residents		ure 2	Hon 3	nes:	Find 5	ings 6	froi	m Re 8		ents 10	11	12	13	14	15	15	17	18	19
What do you think of your room		-	-							1.0						10		10	
I really like my room, it is great						5	-												
l think my room is quite nice						_								13	14				_
My room is ok		1																	_
l do not like my room		-	_												_				
Not answered			_												_				
What do you think about your food and drink																		-	_
The food and drink is great							6		1		10								
The food and drink is quite nice								7	1			11			_				
The food and drink is ok			2	3															
I don't like the food and drink															_				
Not answered									-						_				-
Do staff where you live now help you to feel safe, see	cure a	ind o	om	forta	able														
I feel very safe, secure and comfortable																			18
I do not feel safe secure and comfortable enough		1																	
l do not feel safe secure and corriortable at all																			
Not answered		1																_	_
What do you think about the care you get from staff?								_											
The staff are real y great and meet all my needs										9					14			-	+
The staff are quite good on the whole						5				3	10							_	_
The staff are ok															_				
l don't like the staff																			_
Not answered		1													_				
Do you feel able to make day to day choices at home i										1									
I can make all sorts of choices												11			14				
					4		6												
I can make some choices																			
		1																	
I feel as though thave limited or no choice at home Not answered				3															
I feel as though thave limited or no choice at home Not answered Have the things you said you wanted in the moving pl	an be		put																
I feel as though thave limited or no choice at home Not answered Have the things you said you wanted in the moving pl All the things I wanted are in place	an be		put									11							
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I feel as though thave limited or no choice at home Not answered Have the things you said you wanted in the moving pl All the things I wanted are in place Most of the things I wanted are in place Some of the things I wanted are in place None of things I wanted are in place None of things I wanted are in place Not answered How are you settling into your new home?		en j	2					7			-	11							

Headline Conclusions from questions asked before and after the move

- 3.16 Residents have successfully made the transition to new homes. This is evidenced by both this analysis which indicates relatively high levels of satisfaction and the fact that all placements have remained stable.
 - Perceptions about residents' individual rooms are almost the same overall with 'quite nice' being the most popular response
 - Perceptions about food and drink show that most people rated this as 'quite nice' The top score for food 'really great' is lower overall than previously.
 - All residents felt very safe secure and comfortable at four weeks apart from one. (This resident found it quite difficult to adjust to their new home initially due to a long-standing health condition). The situation has since improved. One resident did not answer the question but there is no evidence to suggest any issues of concern with this resident.
 - The most popular response regarding the care received from staff show that 'staff are quite good on the whole. Fewer people described staff as 'really great' following the move. However, as the residents are getting used to new staff, and have left homes where they have known staff for many years, this is not surprising. It is pleasing however that the lowest rating was 'quite good on the whole'.
 - Perceptions of the level of individual choice are similar following the move. Levels of individual choice can fluctuate due to health and needs. (Some relatives, representing residents did not answer this as they felt they did not spend sufficient time in the home during visits to make a judgement.

How people felt about their moving plans

- 3.17 We took the opportunity to ask everyone prior to moving if everything they said they wanted in the moving plan had been put in place.
- 3.18 The ability to find accommodation that meets individual aspirations, whilst meeting individual assessed need can be subject to constraints for example the type of home required, and also vacancies available in the home of choice.
- 3.19 Out of 17 people who answered the question:
 - 10 people said everything they wanted was in place
 - 7 people said they had most things they wanted in place

Residents' concerns prior to moving

3.20 We asked people about any concerns they had prior to moving. This was to assess how people were feeling shortly before the move and the nature of their feelings.

Out of 19 people:

- 9 residents told us that they had no concerns at all
- 2 people said they felt sad about leaving but were looking forward to moving all the same
- 2 residents said that they did not really feel they could answer the question

- until they had moved
- 2 residents said they had concerns about one or two practical things.
- 4 residents said they felt nervous about moving or did not want to move

How people felt they were settling in after four weeks

- 3.21 We asked residents how they felt they were settling in four weeks after moving.
 - 9 residents described themselves as having settled in
 - 9 said that they were settling in
 - 2 said that they were not fully settled in

Residents who said they were not fully settled in at four weeks were monitored closely and recent updates show that they are much more settled currently.

Residents' concerns after moving

- 3.22 We asked people about any concerns they had having moved. This was to assess how people were feeling and to assess any negative impacts from moving that required mitigation.
- 3.23 Out of 20 people:
 - 12 had no concerns at the four week review
 - 8 told us about their concerns

How residents' concerns were addressed

- 3.24 One person did not like the location of their room because they had to use a lift to get to it. Following the review the person was moved to a ground floor room
- 3.25 One person found it annoying that the mirror in their room was too high. The mirror was moved shortly afterwards
- 3.26 One person wanted to put more pictures up as they found the room a bit bare. This was arranged shortly afterwards
- 3.27 One person mentioned a specific health matter which was not related to the move or accommodation and appropriate advice was given by the social worker
- 3.28 One person wanted their relative to get out and about more, and this was reported to the home manager for action. The resident has had a couple of trips out and arrangements have been put in place for weekly trips out.
- 3.29 One person said they wanted to get out and about more. This was referred to the home manager for action and arrangements have been made for trips out.
- 3.30 One relative mentioned about a staffing issue, this has been referred to the home manager.
- 3.31 One person's concern was that they weren't settling in well. Since the interview, indications are that the situation has improved.

How scores were allocated across the sector

3.32 The following table shows how scores were allocated by residents. Twelve residents chose placements in council homes and eight residents chose homes in the independent sector.

Distribution Of Scores Per Sector								
Response	Private	Council						
What do you think about your room?								
Room is great	37.5%	16.5%						
Room is quite nice	50%	83.5%						
Room is ok	12.5%	0						
I do not like my room	0	0						
What do you think about the food and	drink?							
Food is great	50%	16.5%						
Food is quite nice	50%	58.5%						
Food is ok	0	25%						
Don't like the food	0	0						
Do staff where you live now help you fe	eel safe, secure a	nd comfortable?						
Feel very safe, secure and comfortable	100%	83%						
Not enough	0	8.5%						
Not at all	0	0						
Not answered	0	8.5%						
What do you think about the care you	get from staff?							
Staff are great	50%	41.5%						
Staff are quite good on the whole	50%	50%						
Staff are ok	0							
Don't like the staff	0							
Didn't answer	0	8.5%						
Do you feel able to make day to day ch	oices at home?							
All sorts of choices	62.5%	50%						
Some choices	25%	33.5%						
Limited choices								
No choices								
No able to answer	12.5%	16.5%						
How are you settling in to your new ho	me?							
Settled	62.5%	33.5%						
Settling	37.5%	50%						
Not yet fully settled		16.5%						
Not at all settled								
Not answered								

Headline conclusions from the analysis

- 3.33 The table shows that the perceptions of residents who have moved are very similar, regardless of the provider.
- 3.34 It is pleasing to note this, particularly given the concerns some families raised during the consultation about independent sector provision.

Extracts from interviews at 4 weeks

- 3.35 To get a real flavour of how individuals have made the transition to new homes, it is important to look at the extracts which give an insight into life 4 weeks after the move and the overall positive feelings which are evident.
- 3.36 It is pleasing to note the value some residents and families placed on the support they received throughout the process which can be seen in the interview extracts.

Learning from the process of person centred re-provision

- 3.37 The approach designed for this re-provision was based on previously successful work undertaken by Leicester City Council staff to support people with severe learning disabilities to find new homes and leave NHS long stay hospital accommodation in the light of a national directive from the Department of Health. It is based on working closely with residents and their families to manage the process of change whilst at the same managing the workforce change that arises from decommissioning services.
- 3.38 A lessons learned exercise with those working on the EPH re-provision project will be undertaken next month, but it is worth sharing some of the success factors that are already apparent.

Success factors

- 3.39 A project team was set up to oversee the work on re-provision and agreed that a dedicated social team allocated exclusively to the project, should be put in place to support residents and families. Regularly present in the residential care homes, they formed effective relationships with residents and families, so that trust could be built with those affected by change. Residents and families could therefore talk to the same worker throughout the process, without the worry of talking to different officers, or feeling they were being passed around the system. The continuity of approach has proved extremely beneficial to residents and their families.
- 3.40 Managers and front line workers in the homes have long-standing relationships with residents and their families. Their positive attitude and practical support in supporting people to view homes, listening to residents and relatives and providing on-going emotional support was a key success factor. Staff maintained a professional approach in supporting residents, despite being affected by changes to their own employment and dealing with their own emotions at seeing residents move on to new accommodation.
- 3.41 Despite a long period of uncertainty about the future of the homes, staff remained professional and continued to deliver a good quality service through a difficult time. They were supported by their managers and were given the opportunity to raise their concerns in a supported environment. Support from AMICA was also made available. Senior managers and HR staff helped individuals to shape their own redeployment plans, to help them come to terms with the changes affecting them. Out of 57 staff affected 40 were redeployed, 7 took voluntary redundancy, 4 gained other roles independently, 3 left the authority and, 3 were made redundant.
- 3.42 The project team spent quite a lot of time planning the detailed approach to re-

provision so that there was a clear understanding of what was needed to achieve good practice. Workshops were held with members of the project team and front line staff to develop processes that would be helpful to customers and ensure a consistent approach. An example of this is the moving plan process and its associated communication materials and management tools. A very clear and simple process meant that residents and their families knew what to expect, and how staff would endeavour to match their new accommodation as closely as possible to things they said were important.

- 3.43 Quality assurance, independent of the project team was also put into place during the course of the project to check that residents and families were being appropriately supported. This was undertaken by a senior member of staff and included, observation of meetings with social workers and residents/families and sampling of assessments, support plans, and moving plans.
- 3.44 Six staff commendations have been received from the families involved, and no complaints have been made.

4. Details of Scrutiny

4.1 Anonymised information on resident progress on the seven stages of the My Moving plan process has been reported on a monthly basis to the Adult Social Care Scrutiny Commission.

5. Financial, legal and other implications

5.1 **Financial Implications**

There are no direct financial implications in relation to this report

Rod Pearson – Head of ASC Finance- Tel 374002

5.2 Legal implications

There are no direct legal implications in relation to this report

Kamal Adatia- City Barrister and Head of Standards Tel 371401

5.3 **Climate Change and Carbon Reduction implications**

There are not direct implications arising from the report.

5.4 Equalities Implications

Meeting the equalities needs of individuals who are moving, is a key requirement of the moving plan process and is mainstreamed throughout the seven stages of the process through a person centred planning approach.

Angela Hepplewhite- Business Transition Manager

Ext 2304

5.5	Other Implications	
	None	
6.	Background information and other papers:	
	N/A	
7.	Summary of appendices:	
	Appendix A – Individual Interview Extracts (anonymised)	
8.	Is this a private report?	
	(If so, please indicated the reasons and state why it is not in the public interest be dealt with publicly)?	to
	Yes	
9.	Is this a "key decision"?	
	Yes/No	
10.	If a key decision please explain reason	

Appendix A- Individual Interview Extracts

Residents who have moved out of Elizabeth House and Nuffield House

Perceptions after 4 weeks

As part of the 'My Moving Plan process' a review of each resident is carried out about four weeks after moving. Part of the review covers perceptions about settling in. The following are anonymised extracts of conversations which social workers have had with individuals who have moved at their four week review.

The conversations took the form of a structured interview. They give a picture of the well- being of some residents who have moved. During the course of interviews, some statements were made about specific on-going health issues. These are not included. Statements have been anonymised so that individuals or their representatives cannot be identified in line with Data Protection.

A further review will be carried out six months after each resident has moved.

RESIDENT 1	Moved to a Council home
Resident comments	My room is nice and really warm. I keep it clean, the staff help me to do so, and that's why I like it. The food is alright but the last place was better because there was more choice and it tasted better. The staff keep me clean and I like them, they make me feel safe. When I need help, the staff do everything I need but this is very rare. I like to choose my meals, clothing and where I sit during the day and I particularly like to sit in the small lounge with my pet. I can go to the kitchen hatch and ask for food or snacks when I want to Everyone has been very helpful with my move. I am settling into my new home but prefer my last place.
Relative(s) comments	
The resident rated their new home as follows:	I really like my room it is great The food and drink is ok I feel very safe, secure and comfortable The staff are really great and meet all my needs I can make all sorts of choices I am settling in to my new home
Do you have any concerns/what happened to the concerns you have raised?	I have no concerns
Notes	
Action taken where any concerns were raised	

RESIDENT 2	Moved to a Council home
Resident comments	It's alright. The food is alright it's hunky-dory. I enjoy breakfast. I have Weetabix with hot milk and bread and jam. Of course, the staff help me to feel safe, secure and comfortable. They are alright the staff. I can tell staff what I want. I am settling in alright I think
Relative(s) comments	There a regular opportunities for X to make choices throughout the day.
The resident rated their new home as follows:	The resident rated their new home as follows: I think my room is quite nice The food and drink is quite nice I feel very safe, secure and comfortable The staff are quite good on the whole I can make some choices I am settling in to my new home
Do you have any concerns/what happened to the concerns you have raised?	I don't like the lift.
Notes	
Action taken where any concerns were raised	The provider stated that a downstairs room was being decorated for this resident. Following this interview, a check was made to see if x had moved to a downstairs room. This has happened and the resident reports being really happy now.

RESIDENT 3	Moved to a private home
Resident comments	I love my room as it has great views to the garden, so open and nice. I can see birds, squirrels and it is decorated to my taste. The room is also very light and spacious with en suite. The bed is very comfortable and I sleep better here and wake up late, whereas at my previous home, I used to wake up early, sometimes as early as 5.00 in the mornings. I see this as home.
	I like the food here and I eat well. I can have my tea in my room. I feel the staff make me feel very safe, secure and comfortable living here. The care is very good and all the staff are very nice and I have no complaints. They are all polite and helpful. I feel I am able to make my own choices.

Relative(s) comments	We are very pleased with the room. It is a lot bigger than the room at the previous home. X can sit in their room and enjoy the privacy. My relative has told me, "I love it here. You've done me proud."
	All the things in the moving plan have been put in place.
The resident rated their new home as follows:	I really like my room it is great The food is great I feel very safe, secure and comfortable The staff are really great and meet all my needs I can make all sorts of choices I have settled in to my new home
Do you have any concerns/what happened to the concerns you have raised?	All my concerns were sorted out. Initially I was quite scared and worried about moving. But since moving here, I have no regrets, as I love living here. No current concerns raised.
Notes	The question about settling in has not been directly answered, but a positive response is implicit from the overall tone of the interview.
Action taken where any concerns were raised	No action required.

RESIDENT 4	Moved to a private home
Resident comments	Resident had a relative and a representative speaking on
	their behalf due to their needs.
Representative's	X is sleeping well at the home and seems to have settled in
comments	well. X has always enjoyed food and drink and will occasionally say that tea isn't nice but is eating well.
	X relies on staff a lot to feel safe and secure.
	The social worker noted that x seemed alert and well.
	X makes choices through non- verbal communication and is responding well to staff.
	X is involved in activities and is supported to sit with other residents and play games. Although not engaging in the games x likes to sit with other residents and be spoken to.
	X likes to wear flowers in her hairs, and sit at the window and read.
	X is able to have visitors and carers who take time to get to
	know her. It is difficult for x to recognise people due to the size of the home and different staff but this has not seemed
	to bother as much as family, previous care staff and the
	assessing worker thought it would.

The resident rated their new home as follows:	I think my room is quite nice The food and drink is quite nice I feel very safe and comfortable The staff are quite good on the whole I can make some choices I have settled in to my new home
Do you have any concerns? What happened to the concerns you have raised?	No, concerns were about the home closure. X is doing well at the new home.
Notes	The question about choice was not ticked, but comments indicate that the resident does exercise some choice.
Action taken where any concerns were raised	

RESIDENT 5	Moved to a Council home
Resident comments	I am happy enough with my room but I am going to change rooms soon because the carers say it can be a bit cramped with furniture and equipment. The carers seem to have no problem and I am quite happy with my room but a larger room would be better. I'm not worrying about it. The cook gets me tripe every couple of weeks and she specially got me some cheese and biscuits. The sandwiches are better here, the bread is better. I can't grumble. There is decent stuff at night and the cook is very obliging. I get soup, which I love and could eat all the time, pork dripping on toast and even a tin of John Smiths. You can't fault the cooks. I surely feel safe. I wear my lifeline, which is very good actually. The staff are good and know what I want and need. I ring the buzzer in the morning and the staff come about 15-20 minutes later. This gives me enough time to get ready and into the dining room for breakfast. Like anywhere, there is good and bad but most are good, brilliant. One lady (carer) does not seem to talk to me all the other carers do but one particular lady does not seem to talk to me. It's not a problem. I am still settling in so I am sometimes reluctant to ask for things or tell staff but the longer I am there the more used to them I will become. (This issue was reported to the home manager.)
	I can make day to day decisions. If I could, I would go home but I know this is no longer an option. I can choose my meals and what trips I want to go on. When I ask I get the things I want and need. I cannot fault the support we got from staff, helping me to move and the emotional support. The move had been much better than I thought but it was difficult emotionally. I have had some visits from staff where I used to

	live and the new manager is really lovely too. I am upset about my other home closing though. I am still getting used to things. I have only been here for five weeks. The weeks have soon gone. The staff have been very welcoming and all of my visitors have felt welcomed. Staff bought my relative a bouquet of flowers and a cream cake on the day of the review because it was a special birthday. The lounge can be very noisy, but I don't want to move to the upstairs one because that's too quiet.
Relative(s) comments	 X could do with more space and I am happy to hear they are moving. You need to speak up this is the time to say if you are not happy with something. I wrote to the Leicester Mercury and MP, I was disgusted with the decision, but I am pleased with the support we have had since.
The resident rated their new home as follows:	My room is quite nice The food and drink is great I feel very safe, secure and comfortable The staff are quite good on the whole I can make all sorts of choices I am settling in to my new home
Do you have any concerns/what happened to the concerns you have raised?	No
Notes Action taken where any concerns were	Issue of carer not speaking to X was reported to the home manager for follow up.
raised	

RESIDENT 6	Moved to a Council home
Resident comments	My room is big enough but I would have liked a bigger room. The mirror above my sink is too high so I cannot see when I wash my face. I have told staff it is too high. I sleep well and it is always warm enough for me. The food is alright passable. I get enough to eat and when I do not want something that is on the menu and I can ask for something different and the cook will prepare it.
	The staff are good and I admire what they do. I do feel nervous when I am on my own but I wear a call bell and this

Relative(s) comments The resident rated their new home as follows:	makes me feel a little better. I only have to ask if I need anything from carers. The carers are all pretty much the same and I do not have any particular favourites. They come and chat to me when they have the opportunity. They are all good and I admire them for the help they give to people. I make daily choices. I ask for help when I want it. I always choose what I would like to eat and wear. If there are day trips, I am given the opportunity to go and I like going to the allotments or into town. I am not all the way settled yet I am on and off when it comes to that. Some days there are trips out so that is a good day and on others, there is not much going on so they are bad days. Sometimes I feel fed up but it's nothing to do with the staff but the weather might impact or I might not be well. I am still settling in. Staff bring bowls of fruit round as a snack and there is always crisps and chocolate available. I have had a dinner a couple of times and the vegetables are put in large bowls in the middle of the table so residents can help themselves (where possible). I think my room is quite nice The food and drink is quite nice I feel very safe secure and comfortable
TOHOWS:	I feel very safe secure and comfortable The staff are really great and meet all my needs I can make all sorts of choices I am not yet fully settled in to my new home
Do you have any concerns/what happened to the concerns you have raised?	None apart from my mirror being too high. It has helped a lot that some residents from the old home moved here too (relative).
Notes	Although the resident indicated that the food is "quite nice" the comments do not reflect this, as it is described as "all right, passable." For this reason, it has been reported as "OK" in the evaluation report.
Action taken where any concerns were raised	The project team has made a follow up check and can confirm that the mirror has been moved to the correct height for the resident. We have undertaken a follow up check to see if this resident is feeling more settled now. There is evidence that the resident is feeling happier now and has made some friends

RESIDENT 7	Moved to a private home
Resident comments	My room is suitable, the food and drink is quite nice,
	sometimes they give us big portions, I have told staff but they just say to each as much as I can but I don't like waste. The staff will help me sometimes to wash and dress, they keep

	an eye on me. I can get up whenever I choose too. The staff help me sometimes when getting ready in the morning. I got my en suite ground floor bedroom, as I wanted. I am also able to look at the birds and plants out of my window and will be able to sit outside in the summer or for a walk through my patio door that opens up in the grounds. I sometimes think I might be moved again. I do like it here but also liked it at x and was not expecting to move from there. I have settled into my new home I am looking forward to going to Skegness, I get on well with residents and staff but like to come in my room and read, I enjoy my own company too.
Relative(s) comments	
The resident rated their new home as follows:	My room is ok The food and drink is quite nice I feel very safe, secure and comfortable The staff are quite good on the whole I can make all sorts of choices I have settled in to my new home
Do you have any concerns/what happened to the concerns you have raised?	No
Notes	
Action taken where any concerns were raised	

RESIDENT 8	Moved to a Council home
Resident comments	The food and drink is very nice. The staff are very, very nice.
Relative(s)	Although X can't remember their bedroom, X has said to us
comments	that they really like it. We have no concerns about it as long
	as X is happy. X would like more cups of tea. They don't get
	as many drinks as they used to. We feel there are more staff
	around than when X first moved here. The staffing levels
	were low and seem to be lowered over weekends as well.
	We feel that staff seem a bit more 'visible' now. We see that
	X feels all right and that is the main thing. We are worried
	that X and friend aren't always sitting together any more,
	although we do feel that the situation is improving and they
	have been sitting together more, more recently. We have no
	concerns about the staff. They all seem friendly and OK. We
	don't feel able to answer the question about whether X can
	make choices, as we aren't around when choices are being
	offered. We have witnessed staff checking with X that they
	are OK. Most issues have been sorted out. When Xfirst

	moved they were offered an upstairs bedroom, however, we thought this may not be the best place for X and they were moved to a downstairs room. We are happy if X is happy and we just hope that things continue to go well and that X remains settled.
The resident rated their new home as follows:	I really like my room, it is great The food and drink is quite nice I feel very safe, secure and comfortable The staff are really great and meet all my needs Can't answer the question about making own choices I have settled into my new home
Do you have any concerns/what happened to the concerns you have raised?	Most of my concerns were sorted out. I have no concerns now.
Notes	
Action taken where any concerns were raised	The issues of tea, staffing and sitting with a friend were discussed and addressed in the review meeting. Choices were also discussed and the home manager assured that the resident is offered choices throughout the day.

RESIDENT 9	Moved to a private home
Resident comments	Relative answered questions on resident's behalf
Relative(s)	The room has en suite facilities and plenty of space. There is
comments	a comfortable mattress and a TV in the bedroom and the
	resident can listen to music, which they like. The bedroom
	also has a nice view and is in a nice location. I have sampled
	the food and it is very nice. There is a good variety menu
	wise and always choices. Staff have a very good interaction
	with the resident – they sing, laugh and chat, give face-on
	contact and are very patient. Staff are also very friendly to
	me – they have created a nice atmosphere in the home and
	it is a pleasure to visit. This is also positive for the resident.
	There were a few little issues to start with but these have all
	been addressed. The resident always looks well presented
	and staff always seem to respond with kindness and
	patience. I cannot comment on personal care as I am not
	around then. Staff give the resident choices, but have to
	anticipate choices a lot going on knowledge of likes and
	dislikes/reactions. It is early days with the placement but it
	seems all right and resident appears relaxed. It will take time
	to fully settle. Resident had developed very strong
	relationships with staff at the previous home because
	resident had known them so long. It will take time to feel as
	settled with new staff.

The resident rated	I really like my room, it is great
their new home as	The food and drink is great
follows:	I feel very safe, secure and comfortable
	The staff are really great and meet all my needs
	I can make some choices
	I am settling in to my new home
Do you have any	Current concerns:
concerns/what	1) Need opportunities to get out and about. It has been
happened to the	raised as an issue with home manager.
concerns you have	2) Health issue that is being dealt with.
raised?	3) Finance issue, advice given by social worker.
	All have been raised and discussed.
Notes	
Action taken where	
any concerns were	
raised	

RESIDENT 10	Moved to a Council home
Resident comments	Relative answered on behalf of the resident
Relative(s) comments	The room is a bit small, although X has everything they need in it at present, I am clearing the house up and X wanted to keep a cabinet that has been passed down from the family. I will juggle the furniture to see how to make it fit. X has never complained to me about the food and X seems to enjoy it and has enough. Plenty of crisps and fruit are available which X can snack on. I would know if X had not settled or did not like it. X seems to have settled without any problems and has adapted fine. I am not sure if staff are always here checking up on residents in the lounge, but there never seem to be any problems. All of X's needs are safely being met and staff seem fine. Another resident who moved from the home is always next to X and keeps an eye on things. There are some times recently when I have noted that X is tired during the day because they have been allowed to stay up late till about 1am. I do think that it's a bit late, but will keep an eye that it does not happen all the time, because I know X should be able to stay up if they wish. However, I don't want X getting into a routine of sleeping during the day all the time. I think X is fine and doing well and having fun because otherwise X would become quite withdrawn. X joins in the activities with others such as Bingo.
The resident's relative rated their new home as follows:	I think my room is quite nice The food and drink is great/quite nice I feel very safe, secure and comfortable The staff are really great and meet all my needs I can make all sorts of choices I have settled into my new home
Do you have any concerns/what happened to the	I have no concerns.

concerns you have raised?	
Notes	The resident had ticked both "great" and "quite nice" on the question about food. The comments indicate that the perception is closer to "great" and it has been recorded as such in the evaluation report.
Action taken where	
any concerns were	
raised	

RESIDENT 11	Moved to a Council home
Resident comments	[My room] is OK. The bed is good. I'm not sleeping too bad. There is nothing I don't like about the room. [The food and drink] is OK. No problems with it. I think you get a choice. You get enough food and drinks. [The staff] are all right. I have to get up when I'm told. I'm my own boss. I have settled in to my new home. It's not too bad.
Relative(s)	It is a smaller room. X can no longer keep their cabinet in the
comments	room. X doesn't seem to be sleeping too badly. X didn't settle for the first few days. I'm unsure [about the food] as not been around at meal times. It looks quite nice. X is eating and drinking well (better than at previous home) so this is a good sign. The staff seem very nice. I think they are supporting X well. I feel positive about the staff from what I have seen. I don't feel I can fully reflect on it as not generally around when staff giving support. However from what I have seen and from observing other staff with residents they do seem to be very nice.
	I am not always around to witness choices. X is always asked what they would like to eat/drink. Staff always seem ready to please people.
	There were initial things that didn't work out (can't state them here) but generally in terms of choice of home and how X is settling in, things have worked out all right.
	We are very happy with how X has settled in and we have peace of mind about x's wellbeing. We couldn't have hoped for anything better.
The resident rated	I think my room is quite nice
their new home as follows:	The food and drink is quite nice
	I feel very safe, secure and comfortable The staff are quite good on the whole I can make some choices

	I have settled in to my new home
Do you have any concerns/what	Most of my concerns were sorted out.
happened to the concerns you have raised?	(Relative): This is rather a loaded question as I didn't particularly have any concerns. The move had essentially been OK for X. It was daunting sorting out the bedroom. But X has not been left on their own and is settling well. There have been no major concerns.
	 There are a few minor concerns: 1) X's pictures still need putting up in bedroom. X is not bothered about them but it would make the room feel more homely. 2) Need to clarify money arrangements.
Notes	Need to check that the pictures are now up.
Action taken where	Checked with home manager regarding choice/getting up in
any concerns were	the mornings. They advised that X is given a choice of when
raised	they would like to get up.
	Checked re the current concerns:
	 Manager will get the handyman on the case re the pictures
	2) Explained the money arrangements.

RESIDENT 12	Moved to a Council home
Resident comments	Resident did not wish to take part in this interview despite encouragement from staff, and family member. The resident was very comfortable in the communal area and wished to stay there.
Relative(s) comments	Relative reports x saying that bedroom is nice and bright.
	Relative said that bedroom it is lighter and slightly bigger. Staff have advised that they moved the furniture to exactly where x wants it. This helps x find their way around the room.
	X has told me that X does not feel they get as much choice over food as she used to get at X house. I am not sure whether this is true. X does always seem to have custard creams and tea beside which is good. Staff advised that X is eating well and is putting on a bit of weight. Staff stated that there is always choice on the menu but x has quite specific tastes.
	I feel that x should answer the question on how safe secure and comfortable they are feeling. I do know there was a spot of bother with a member of staff. X thinks the member of staff said that she was going to do something for X and never came back to her. X does not like this member of staff. I think a senior member of staff has looked into this.

	 Staff I have met are generally nice but I would prefer X answers this question, as I am not here all the time. I have seen staff interacting ok with X when I have been visiting. I think x should answer the question on choices because I am not around enough to see This is the home that X wanted which means I can continue visiting regularly as it is within walking distance. We are both happy about this. I find the home quite cramped when I visit. It is less spacious than the last home. X does not like to use the visitors lounge when x visits. X seems to have adapted ok to the busier environment though. I feel that everyone has been very helpful. X is beginning to settle but the move has been difficult for X. Initially X looked quite drawn, but X seems a lot brighter in recent visits. I feel it is going to take time for X to feel fully settled.
The relative rated the new home as follows:	The room is quite nice The food and drink is quite nice I do not wish to answer the question on how safe x feels I do not wish to answer the question on how x feels about staff I do not wish to answer the question on choices X is settling into the new home
Do you have any concerns/what happened to the concerns you have raised?	I have no issues at this time –
Notes	The social worker popped into the lounge to ask x how they were doing. X said ' I'm alright I suppose' Staff report that x has been saying that she is not settling. But say that although x states this, there are no specific issues. X is finding their way round the home and seems happy and health is stable. Although no concerns were raised, the issue about a "spot of bother" has been classed as a concern in the evaluation
Action taken where	report.
Action taken where any concerns were	Regarding the comment made about a spot of bother with staff. A check was made with the home manager to
any concerns were	Stan. A GIGGN was made with the norme manager to

raised	determine whether there is an issue here.
	Another resident mentioned that he felt that a member of staff had spoken to x in a rude way and reported this to the senior on duty. It appears that the member of staff had asked x to wait a few minutes but neither x nor the member of staff felt there had been any rudeness.

RESIDENT 13	Moved to a private home
Resident comments	My room is alright. It's comfortable. It's very nice. The food and drink is great. I have no problem with it. I like having a cup of tea. I feel safe and secure and I have no complaints or problems with the staff. They are very nice. They are always there for me and ready to help. If I have a problem, I can ask and they always help me. If I want to make choices, I can do. I have no complaints – if I did I would tell staff. I am enjoying having a cigarette with a friend in the home. The place is clean.
Relative(s) comments	X is very happy with their bedroom. I have never been here during meal times, but I have noticed X has put on weight since X moved here. I think this is a sign that X is enjoying their food. I think everything has gone quite well and I am not worried about anything. All the things we requested in the moving plan have happened, for X to move quickly, a smooth transition and minimal fuss. I am very happy with how things have gone and feel that X is settling in well and have no concerns
The resident rated their new home as follows:	I think my room is quite nice The food and drink is great I feel very safe and comfortable The staff are really great and meet all my needs I can make all sorts of choices I am settling in to my new home
Do you have any concerns/what happened to the concerns you have raised?	All my concerns were sorted out. I have no concerns at the moment. If I have, I would raise them with staff. Otherwise I'm all right. People here make you feel comfortable Resident The environment is much busier and X found this hard initially but issues have been addressed. There was one resident who used to inadvertently upset X but X is more used to that person. I now feel that X has started to settle well now and is looking well.' – relative
Notes	
Action taken where	

any concerns were	
raised	

RESIDENT 14	Moved to a Council home
Resident comments	I did want a big bedroom with a double wardrobe so that all
	I did want a big bedroom with a double wardrobe so that all my clothes could fit in, as in my previous home. However, I understand that there were no bigger rooms available at the time, but I am happy with my bedroom, it is just because I was used to having a bigger room. There are alternative food choices here, if there is something that I am not keen on. No complaints. If I am happy or worried about something I do say so now; I did initially hold back a little but I don't care and will say how it is if something not quite right. The agency staff are not always good, there is room for improvement with them because they do not always know all my needs like the permanent staff do. I am quite verbal about choices and needs, although I do negotiate certain things because I understand that others here are more dependent on staff. For example, I know I must wait some times to get assistance for support in the morning. All of my needs are being met, there is nothing I am not happy with.
Relative(s) comments	
The resident rated their new home as follows:	I think my room is quite nice The food and drink is quite nice I feel very safe and comfortable The staff are quite good on the whole I can make all sorts of choices I have settled in to my new home
Do you have any concerns/what happened to the concerns you have raised?	No
Notes	
Action taken where any concerns were raised	It is not clear why the resident is concerned about not having a double wardrobe as they have had one from the start. This is being looked at.

RESIDENT 15	Moved to a private home
Resident comments	Represented by a relative
Relative(s)	I feel that X's bedroom is really nice. It has everything they
comments	want -it is newly built is clean and pleasant and has en-suite
	facilities. I am very happy with it. It is a lovely room. I have

Do you have any concerns/what happened to the concerns you have raised?There was a discussion regarding a specific health issue going ok and I feel that X is set well into the new home.
not visited at meal times but have asked X how dinner w and X said it was lovely. I have been chatting to other residents who were talking about just having had a lovel lunch. I think x gets offered drinks regularly. Staff are thi about building a shop/bar. X likes a beer. X was asking f beer last time I visited. Staff are going to look into this. I that X does feel safe and comfortable. X seems to get ou well with the staff already. The atmosphere is positive ar everyone staff wise seems to know what they're doing. > generally seems happy when I visit and there do not app to be any issues with support from staff. However I cann say for sure as I am not there all the time. [An appropriat member of staff is now generally supporting X in the mornings and that seems to be working. Above all it feel a home that is appropriate for X. We did not want X to m at all X does not feel that there has been any major issue The new home has turned out to be a good home- it is w run and clean.The resident rated their new home as follows:The room is really great The food and drink is great I feel very safe, secure and comfortable The staff are quite good on the whole I cannot say how much choice x can make on a day to d basis

	Moved into private home
RESIDENT 16	
Resident comments	I like having my ensuite bathroom and toilet. I enjoy the meals provided here. I feel safe and happy. I like all the staff, they are very friendly, there are no concerns. They help me with everything, like getting washed and dressed. I have settled into my new home I do not miss my last home
Relative(s) comments	
The resident rated	The room is quite nice
their new home as	The food and drink is quite nice
follows:	I feel very safe, secure and comfortable

Do you have any concerns/what happened to the concerns you have raised?	The staff are really great and meet all my needs. I can make all sorts of choices I have no concerns
Notes	
Action taken where	
any concerns were	
raised	

RESIDENT 17	Moved to a Council home
Resident comments	I like my room very much. It is a nice room. It is upstairs and I use the lift, sometimes on my own and sometimes with help. If I want help, there is always someone if I need them. The meals are fair, not marvellous but to the same standard as the last place. I always have enough to eat and there are drinks through the day and tea is always available. The staff are very good indeed. I have no particular favourites, but I see some more than others and I naturally prefer them. I don't get as much help as I used to because they encourage me to do as much as possible for myself, there is always someone with me, though. I rarely get to choose my own meals and there is less on offer. I choose my own clothes and am always asked if I would like to go out to the shops. The staff help me do this. I am still able to spend time with my friend who I see rather a lot of and the home has a nice lounge and conservatory I can sit in when I want to. I can have my hair done once a week which is rather nice and works well. I am settling in very well and am finding my way around. There are nice people. The room is fine. Two of the staff from the previous home
comments	visited last week which really meant a lot.
The resident rated their new home as follows:	I think my room is quite nice The food and drink is OK I feel very safe and comfortable The staff are great. I can make some choices I am settling in to my new home
Do you have any concerns/what happened to the concerns you have raised?	I have no concerns.
Notes	The question about staff has been ticked as quite nice but the resident describes them as very good indeed. So this has been reported as staff are really great.

Action taken where	The lack of meal choice was queried by the social worker
any concerns were	and it was confirmed that choice is offered, however, it is
raised	offered in a different way than the resident is used to. It has
	been suggested that the staff wait until the resident is sat at
	the table to ask them.

RESIDENT 18	Moved to a private home
Resident comments	I have a lovely view out of my bedroom window. I do not feel worried and I am quite settled here. It would be nicer if my relative could come and see me more often as this place is nearer than my own home. Staff are fine, one or two agency workers don't seem to like me but I don't care. There are no concerns it's just the way they look at me sometimes. I was worried initially about moving to a new home because I really liked my old home and was used to all the staff there and they knew everything about me.
Relative(s) comments	
The resident rated their new home as follows:	 I think my room is quite nice The food and drink is quite nice I feel very safe, secure and comfortable The staff are quite good on the whole I can make all sorts of choices I have settled into my new home
Do you have any concerns/what happened to the concerns you have raised?	I have no concerns I have settled into my new home.
Notes	
Action taken where any concerns were raised	Resident's perceptions re agency workers discussed by home manager and social worker, and this is not an area of concern.

RESIDENT 19	Moved to a Council home
Resident comments	My room is nice but I wish it was a bit bigger. If it was slightly
	bigger, I would be able to have my recliner chair in my
	bedroom. I have a TV in my room. I watch Songs of Praise
	every Sunday in there. The food is rather good. I love
	Sunday dinner with roast beef, roast potatoes and Yorkshire
	puddings. I don't like the mash potatoes but never have. The
	staff are very good but feels they could do with more staff
	because it can sometimes feel short. I like to go out a lot and
	sometimes can't because there is not a staff member to take
	her. I could not go to church because there was not a staff
	member to take me. Staff make me feel safe and always call

Relative(s) comments The resident rated their new home as follows:	the doctor or district nurse if I need one. Staff look after me, they are very good. I like one carer because she is like a mother, and she's my baby. Sometimes washing gets lost but when I tell someone, they sort it out for me. My room is kept nice and clean, and staff help me whenever I need something. I ask if I can help fold towels and serviettes and this keeps me busy and I feel I am helping staff and residents. I choose my dinner and If I don't want what's available I will ask for a salad. I visit my brother who lives in another home and choose to go to church when staff are available. I do have to wait sometimes if I want my puzzle or if I want to go out. I have never liked waiting. Some staff give me a cuddle. I have always liked a big hug. My room is quite nice I feel very safe, secure and comfortable The staff are quite good on the whole I can make all sorts of choices
Do you have any concerns/what happened to the concerns you have raised?	Yes (relating to specific ongoing health concerns). Also, I would like to go out to church more and I wanted a larger room for my recliner chair.
Notes	
Action taken where any concerns were raised	The resident was in a small room for a few days but is now in a larger room which can accommodate the chair. There is also a recliner chair in the lounge for this resident.
	Staff are currently looking at options for helping this resident go to church more often.

RESIDENT 20	Moved to a Council home
Resident comments	My room is clean and I have family photos up. It has recently been redecorated and has a nice view. I have no problems with the food and drink. The staff don't talk to me and there is a resident I don't like. The staff are quite nice. I don't know what I'm doing. I am offered choice regarding meals, clothes and activities. I don't feel that I have fully settled in to my new home and can't say whether I feel happy.
Relative(s) comments	X gets on well with some of the staff. There are no concerns about the staff and X is developing good relationships with them. X benefits from a regular routine and too much choice can confuse/upset X. Generally, everything has gone exactly as X planned/wanted. However, there are not a lot of opportunities for X to interact with other residents and it can get very quiet. X brightens up and appears much more them

	colf when one particular staff member is around	
	self when one particular staff member is around	
The resident rated	ated I think my room is quite nice	
their new home as	s The food and drink is quite nice	
follows:	I do not feel safe, secure and comfortable enough	
	The staff are quite good on the whole	
	I can make some choices	
Do you have any	I am not settling very well.	
concerns/what		
happened to the		
concerns you have		
raised?		
Taiseu :		
Notes	This resident has a long-standing health condition, which can	
	cause anxiety and confusion and has been closely monitored	
	since moving.	
Action taken where	A recent report shows that the resident is becoming 'much	
any concerns were	more settled' The resident is interacting well with residents at	
-	•	
raised	meal times, and going to the shops with staff.	

Appendix G

Adult Social Care Scrutiny Commission Briefing Note 14th August 2014

Intermediate Care Unit: Design Development Timeline

The Adult Social Care Scrutiny Commission considered the report on developing an intermediate care and short term beds unit at the meeting on 26th June 2014. It was suggested that it could be useful for the Commission to receive plans for the development, before it progressed too far, to enable Members to review the scheme.

A timeline for the development phase of the scheme is noted below:

- Develop Brief by August 2014
- Feasibility Study from September to October 2014
- Outline Design from November to December 2014
- Detailed Design from January to February 2015
- Tender Production March 2015
- Tender Period mid -April to mid-June 2015.

The feasibility study is a stage of the RIBA plan of works which is the construction process the property team follow to deliver construction projects. The project has undertaken site studies to develop the project prior to appoint the design team. The project is feasible, but it is at a very early stage, therefore the feasibility study that the designers will undertake will identify what is feasible, the risks, the options available and the potential costs.

It is suggested that there are two key periods for Commission members to receive the plans in development:

- After the outline design stage, so between 22nd December 2014 and 9th January 2015. There is a planned Scrutiny meeting on 8th January 2015.
- After the detailed design stage, so between 2nd March 2015 and 6th March 2015. There is a planned Scrutiny meeting on 5th March 2015.

Adult Social Care Scrutiny Commission

Work Programme 2014 – 2015

Meeting Date	Торіс	Actions Arising	Progress
26 th Jun 2014	 VCS Preventative Services – Update on the findings of the consultation and proposals Elderly Persons Homes – Update Intermediate Care Facility – Options for developing the facility Adult Social Care Commission – Update Douglas Bader Day Centre – Update 	 Consider if it is possible that some services can be grant aided and the procurement process be proportionate to the level of the contract value to be awarded. The progression of the procurement process comes back to a future meeting. Plans for the new building including the cost of the building across its whole life, sustainability options and the way services would be delivered at the new facility to be brought to a future meeting. Scoping doc re the issues raised about residential care fees to come to the next meeting. Notes of the ASC Commission to be shared with scrutiny and a further update of the work of the ASC commission to come to a future meeting. An article explaining the benefits of using personal assistants to be included in Leicester Link. Updates on the progress of users to be continued at each meeting. 	
14 th Aug 2014	 Hospital Transport for Patients – impact of long waits on care Fosse Court Care Home – status and position of residents Douglas Bader Day Centre – Update Elderly Persons Homes – Details of the four week review feedback of moved residents Intermediate Care Facility – Key milestones ASC Peer Review – Findings Work Programme 		

Appendix H

Meeting Date	Торіс	Actions Arising	Progress
25 th Sep			
25 th Sep 2014			
20 th Nov			
2014			
8 th Jan			
2015			
5 th Mar 2015			

Adult Social Care Scrutiny Commission

Forward Plan 2014 -2015

Торіс	Detail	Proposed Date
Care Act 2014	What does it entail? What are the implications on local services	12 th Aug 2014
Better Care Fund	Update on preventative elements of the plan	12 th Aug 2014
Better Care Together 5 Year Plan	Briefing (Jointly with Health Scrutiny)	Sept 2014
Independent Living Support Spending Review	Progress and findings of the review	Sept 2014
Adult Social Care Commission	Update on progress	Nov 14/Jan 15
Care Quality Commission	Update on CQC working and how we can work more closely with them. (Jointly with Health Scrutiny)	
Contracts, Commissioning & Procurement	Systems for joined up working with Health (Jointly with Health Scrutiny) Issues facing VCS in relation to contracts and tendering	
Lack of Support for Carers	Impacts on health and wellbeing of carers (Jointly with Health Scrutiny)	
LGBT Community	What issues do this community face in accessing care services?	
Befriending Service	What support does the service receive? How are volunteers recruited?	
Internal Day Care for People with a Learning Disability Review	What is being changed and what will the review involve?	Later in 2014

Outstanding 2013 – 2014

Winter Care Plan	Response from the Executive and CCG to the report recommendations and Evaluation of last winter's care.	Cllr Patel
Alternative Care for Elderly People	Response from the Executive to the report recommendations	Cllr Patel

Dementia Care for Elderly People	Verbal updates on progress of objectives to come to the commission when appropriate. Further work to be completed by officers to look at more sophisticated demographic data of dementia sufferers.	Tracie Rees
Non-statutory Support Services	Agreed to receive an update on the take-up of the Leicester for Care Service at the appropriate time.	Tracie Rees
Domiciliary Care	Response from the Executive to the report recommendations	Cllr Patel