

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 25 SEPTEMBER 2014 at 5:30 pm

P R E S E N T:

Councillor Chaplin (Chair)
Councillor Riyait (Vice Chair)

Councillor Alfonso

Councillor Cutkelvin

Councillor Kitterick

In Attendance

Councillor R. Patel – Assistant City Mayor (Adult Social Care)
Councillor Dempster – Assistant City Mayor (Children's Services)
Councillor Cooke – Chair, Health and Wellbeing Scrutiny Commission

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29. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dawood and Willmott.

30. 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.

Mr Parkinson also declared an Other Disclosable Interest in Item 9 on the agenda, Voluntary Community Sector Preventative Services (Adult Social Care), as he was Chief Executive and an honorary ambassador of the service.

31. MINUTES OF THE PREVIOUS MEETING

AGREED:

that the minutes of the previous meeting of the Adult Social Care Scrutiny Commission meeting held on 14th August 2014 be confirmed as a correct record, subject to the following amendments:-

- a) The fourth bullet point in minute 27, "Work Programme" be amended to read:-

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

Matters Arising from the Minutes

- a) Minute Item 23, Review of Housing Related Support for Substance Misuse Services

The Chair asked that the Director for Care Services and Commissioning (Adult Social Care) submit a report to a future meeting of the Commission on the 'Dear Albert' social enterprise project, and the provider be invited to attend that meeting.

- b) Minute Item 27, Work Programme

The Chair stated it was hoped the Deputy City Mayor would re-schedule a briefing on the Better Care Together project to enable Scrutiny Commission members to attend.

32. PETITIONS

In accordance with Council procedures it was reported that no petitions had been received by the Monitoring Officer.

33. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Chair agreed to take the following question at the meeting:

- i) Mr P. Fitzgerald asked the following question:

The Leicester Lesbian, Gay, Bisexual and Transgender (LGBT) Centre, and its predecessor Gayline, has provided information, advice, guidance and support to LGBT people in Leicester, Leicestershire and Rutland for almost 50 years. Our trained and experienced staff and volunteers have developed a unique understanding of the ways in which realizations of sexual orientation and gender identity can impact to the detriment of sense of health and well-being. Today we provide a range of services tailored to the needs of an LGBT population which is as diverse as the populations of Leicester, Leicestershire and Rutland themselves. Among our LGBT populations we find extremely vulnerable people; two of our volunteers are users of adult social care services.

"Where have you sourced your information on Lesbian, Gay, Bisexual and Transgender Health and Social Care Inequalities and how has that informed your decision making?"

As the question had been accepted at late notice, it was not possible to provide a response at the meeting, and it was agreed that a written response would be provided within two weeks from the date of the meeting, and copied to Commission Members.

RESOLVED:

that the question received would be responded to with a written response within two weeks from the date of the meeting, and copied to Commission Members.

34. OPERATION OF THE WINTER CARE PLAN OVER THE WINTER OF 2013/14

Jane Taylor, Emergency Care Director, Leicester, Leicestershire and Rutland Clinical Commissioning Group (CCG), delivered a presentation on the operation of the Winter Care Plan 2013/14. The document is attached to the minutes for information. A letter from the Deputy City Mayor was also distributed at the meeting in response to the recommendations in the Winter Care Plan Scrutiny Review, and is attached to the minutes for information.

Councillors observed that due to a recent mild winter there were not many cases of flu, and the system had not been stretched. The Emergency Care Director said the service was confident it would have coped. She added that the expectation of a harsher winter made the preventative work all the more important such as vaccinations and messages about the Norovirus being circulated all the time. The resilience of services and key triggers was also important to understand in ensuring services are well equipped.

Cllr Cooke said the Joint Scrutiny Commission (Health and Adult Social Care) needed to consider all services that have a responsibility to winter care not just the CCG and University Hospitals of Leicester (UHL) such as the Council's services. This would give greater context as to how successful the care planning was for the winter of 2013/14, and highlight any areas that may need improving or building upon.

The Chair informed the meeting that information on how the Council's services coped with Winter Care in 2013/14 would be brought to the next meeting of the Adult Social Care Scrutiny Commission.

The Emergency Care Director reported the Government had provided early indications in July of winter funding, and all plans had been approved. She added that this year the service had better resilience and could expect to have an additional 30 beds. She said that work behind the scenes had improved patient flow and improved stability, and the service was better able to deal with variations, which could be shown looking back on performance figures for the year.

The meeting was asked to note there were increased pressures on the service from 111 telephone calls and on the East Midlands Ambulance Service, which

needed to be managed and communicated appropriately.

Mr Philip Parkinson said it had been about a year since the Urgent Care Centre had come into its own, but he had received positive messages about the service and in particular the triage had been helpful in ensuring the Accident and Emergency service was dealing with patients that actually needed to be there. It was mentioned that there were still problems around hospital staff not being aware of patients care plans. The Assistant City Mayor for Adult Social Care informed the meeting that there was some work ongoing around this, which would include working with patients families to avoid people not being in hospital if not appropriate.

The Chair said the response from the Deputy City Mayor contained a significant amount of information on communications and befriending, and she asked that he be invited, and more information on the topic including statistics on winter deaths be brought to the next Scrutiny Commission meeting. The Chair said there would also be value in further discussions on communication issues and asked for a meeting with the Assistant City Mayor and officers to take this further.

The Chair thanked the Emergency Care Director for the presentation.

RESOLVED:

1. the Council's evaluation of winter care 2013/14 and statistics relating to excess winter deaths be brought to the next Scrutiny Commission meeting.
2. the Deputy City Mayor be invited to the next meeting; and
3. a meeting between the Chair, Vice Chair and the Assistant City Mayor be arranged to discuss communication issues.

35. LEICESTER AGEING TOGETHER (BIG LOTTERY BID)

The Director for Care Services and Commissioning (Adult Social Care) submitted a report to provide the Adult Social Care Scrutiny Commission with an overview of a successful bid to the Big Lottery *Ageing Better: Fulfilling Lives* fund to develop a programme to tackle loneliness and isolation amongst older people in the city. Led by Vista and supported by Leicester City Council, the programme in Leicester would be named *Leicester Ageing Together*, and would bring in nearly £5 million over five years working with 17 charities to deliver 23 projects which would start in April 2015.

The Assistant City Mayor Adult Social Care outlined the purpose of the programme which was to:

- reconnect older people to communities
- reduce the impact of health conditions on loneliness
- improve services and their coordination
- reduce the negative impacts of poverty on isolated older people.

The geographical communities of Evington, Latimer, Thurncourt and Spinney Hills had been chosen by older people in Leicester for the programme, and a

detailed delivery plan would be submitted to Big Lottery in December. Members believed there were other areas in the city that could have been considered for the programme and requested evidence as to how the areas had been identified. It was suggested that Mr Paul Bott, Chief Executive, be asked to attend the next Scrutiny Commission to provide further information and to talk about the bid.

Members asked for information on plans for the sustainability of the programme, what lessons had been learned as a city council from the pilot to ensure best value for the city when linking funding to the project. Members also suggested the programme be linked to the Deputy City Mayor's response, as Chair of Leicester Health and Wellbeing Board, to the development of a 'good neighbours /winter buddy' scheme in the Winter Care Plan, and that the Deputy City Mayor be invited to a future meeting of the Scrutiny Commission to talk about provisions for the scheme for 2014/15. It was agreed the pilot would be revisited, and asked for an agenda item at the next Scrutiny Commission meeting.

RESOLVED:

1. the 'Leicester Ageing Together' Big Lottery Bid be included as an agenda item at the next Scrutiny Commission meeting.
2. Mr Paul Bott and other VCS providers be invited to the next meeting; and
3. the Deputy City Mayor be invited to a Scrutiny Commission meeting to talk about the provision a 'good neighbours / winter buddy scheme' for 2014/15.

36. DEVELOPMENT OF EXTRA CARE HOUSING

The Director for Care Services and Commissioning (Adult Social Care) submitted a report to provide the Adult Social Care Scrutiny Commission an overview of progress towards developing two 50 – 70 bed, Extra Care Housing schemes in the city in partnership with Registered Social Landlords, via a procurement exercise. The report was presented by the Assistant Mayor for Adult Social Care. The Scrutiny Commission Members were asked to note the recommendations in the report.

Details for the two schemes, and the sale of discounted land by the Council were outlined in the report. Discussions had taken place with six Registered Social Landlords in the city, who had confirmed the schemes would be possible within the financial envelope.

Members were informed Scheme 1 would make use of £1.25 million of Capital monies allocated to Adult Social Care for 2014/15 and Scheme 2 would use Housing 'Right to Buy' Capital Receipts. Leicester City Council would contribute to the overall cost of each scheme, and would be in excess of £7 million. An options appraisal to determine the suitability of available Council land/sites across the city was detailed at Appendix 1 to the report, and had highlighted that the former Queensmead School site in Braunstone and Tilling

Road / Butterwick Drive in Beaumont Leys were the preferred options.

In response to questions, the Director for Care Services and Commissioning (Adult Social Care) provided the following information:

- Wolsey have 63 units, and Danbury Gardens have 58. Abbey Mills will have 50 units, where the Council will have nomination rights and will cater for a range of vulnerable adults.
- There are two different models of delivery, with Danbury Gardens having an on-site care provider, with separate care packages for each person and facilities. It offers shared ownership flats or people can rent. Wolsey has self-contained flats, no food provision is offered, there are no on-site care providers, but individuals have access to domiciliary care support as needed. The facility has shared facilities for example a large lounge to enable people to arrange activities.
- The Council has rights to nominate who it believes needs to be housed in these facilities, though people have to be on the housing's Choice Based Lettings system. Those with the highest need will be offered a place.
- The affordable rent would be lower than residential care, with a charge towards concierge and security services.

The Lead Commissioner for Supported and Independent Living said the two new schemes would be communicated to the media in the near future, and Members were invited to go and visit the existing schemes to see the freedom and support that people had.

Members asked if the land at the former Queensmead school could have been sold at a higher price. The Adult Social Care Business Transitions Manager explained that if the ex-school land had been released for general purpose the monies from the sale of the land would have been paid back to the Government. By using the land as a long-term lease, the Council gained the benefit of using the land and not paying a fine to the Government.

RESOLVED:

that the Adult Social Care Scrutiny Commission note:

1. the release of the Adult Social Care Policy Provision of £1.25 million for the development of Extra Care Housing.
2. the use of Housing Capital receipts for the development of a second Extra Care Housing scheme; and
3. the sale of land at the former Queensmead School site (Braunstone) and at Tilling Road (Beaumont Leys), at a discounted price for the purposes of Extra Care Housing, with detailed terms to be submitted to the Executive for formal approval in due course.

37. VOLUNTARY COMMUNITY SECTOR PREVENTATIVE SERVICES (ADULT SOCIAL CARE) - UPDATE

The Director for Care Services and Commissioning (Adult Social Care) provided an update on the Voluntary Community Sector Preventative Services.

Members were informed that looking at services going forward, procurement exercises had commenced in August 2014 on five services areas, including Advocacy, Information, Advice and Guidance, Older People, Dementia and Mental Health. The remaining service areas included Carers, HIV, AIDS, Sensory and Visual Impairment. All services would be procured and in place by 1st April 2015.

Members were informed there was some grant funding available for social inclusion activities, for example, cinema afternoons, coffee mornings etc. to prevent isolation.

The Chair asked that a brief report be provided at the next Scrutiny Commission meeting, to contain a timeline of procurement activities and numerical information.

RESOLVED:

1. that an update report on procurement activities, including timeline and numerical data be brought to the next Adult Social Care Scrutiny Commission meeting.

38. CLOSURE OF DOUGLAS BADER DAY CENTRE UPDATE

The Director for Care Services and Commissioning (Adult Social Care) submitted a final report on the closure of Douglas Bader Day Centre, to provide an update on the support given to existing service users to secure alternative services. The report was presented by the Adult Social Care Business Transitions Manager.

The meeting was informed the building had been secured by a Guardian Service pending a decision being made about the future of the building, which had been placed back into the Corporate Portfolio as it was no longer required by Adult Social Care.

Of the 45 service users, 25 had found alternative provision that met their needs, 17 were in the process of exploring options and agreeing their support plan, and 3 had their support planning in progress.

Of the 17 staff members, 6 had taken voluntary redundancy, 6 had been offered jobs elsewhere, 4 had been made compulsory redundant and 1 was dismissed (not related to the closure programme).

It was reported that staff contracts had ended on 4th September 2014. Service users at Hastings Road had been visited, and everyone was very relaxed and settled, and none were unduly distressed during the move. Members were informed there were no plans to review Hastings Road.

RESOLVED:

1. that the report be noted.

39. INDEPENDENT ADULT SOCIAL CARE COMMISSION - UPDATE

The Assistant City Mayor for Adult Social Care informed the meeting that Mike Kapur had agreed to be the Chair of the Independent Adult Social Care Commission, which would also include Liz Kendall MP, and a Department of Health representative.

The Chair asked that a list of Commission members be provided to the Adult Social Care Scrutiny Commission. The Assistant City Mayor for Adult Social Care asked officers to provide a paragraph on each member of the panel to be circulated.

RESOLVED:

1. that officers provided information on each member of the panel to Scrutiny Commission Members.

40. LEICESTER CITY COUNCIL ADULT SOCIAL CARE PEER CHALLENGE - 12-14 MARCH 2014

The Director of Adult Social Care and Safeguarding submitted a letter which outlined findings and conclusions from the peer review of the Council's Adult Social Care.

The Scrutiny Commission was informed the peer review looked at three key areas, as follows:

- The impact of personalisation
- Managing provider quality
- Supporting the acute care agenda.

The letter gave feedback and was a largely positive reflection. It was acknowledged that identified areas for development were helpful to consider and were being built into future areas of activity.

Philip Parkinson, Healthwatch Leicester City, said the staff at the department could take real credit following the peer review, and showed the department had a full and thorough understanding of the city it served, and highlighted the good relationships it had with colleagues and others. He stated that Healthwatch were eager to work with the department especially around the personalisation agenda. This view was echoed by Scrutiny Commission Members.

RESOLVED:

1. that a meeting be arranged by the Council's Adult Social Care Services and Healthwatch to consider how they might work together.

41. THE IMPACT OF THE PROVISION OF ADAPTATIONS TO HOMES ON ELDERLY PATIENT DISCHARGES FROM HOSPITAL

The Chair said the agenda item had been brought to the meeting following an item at a previous meeting on discharges from hospital and recent national reporting of this being a real issue across the country.

The Director Adult Social Care and Safeguarding presented a briefing note on delayed discharges nationally relating to equipment and adaptations, following a report by Age UK, which called for houses to be built to lifetime standards.

The meeting was informed that it was not a local problem as Leicester had contractual arrangements and assurance processes in place and worked closely with hospitals. It was reported that out of 40,000 discharges, the service could only identify one delay as a relative was not available to take delivery of equipment. The Director added that a range of organisations contributed to contract arrangements, for example, there could be a mix between equipment and adaptations that required coordination.

The Director informed that major adaptations were delivered separately and predominantly through the disabled facilities grant. Other alternative arrangements would be offered, and the patient would stay in different accommodation until adaptations were installed. For major adaptations, discussions took place between social care and landlords / housing, whilst minor adaptations were arranged through social care.

The Chair noted the issue of major adaptations might be of interest to the Housing Scrutiny Commission as an area for review. Councillor Alfonso agreed to raise the item of discussion with the Chair of Housing Scrutiny Commission.

RESOLVED:

1. that the briefing note be noted; and
2. that major adaptations be raised with the Chair of the Housing Scrutiny Commission as a possible work programme item.

42. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

The Commission received its current work programme, and noted that;

1. Following a briefing of the proposed private residential care fees, it was agreed it would not be a good time to do a review and instead explore this further following implementation. A letter would be sent to Alistair Jackson, Chief Executive of the Leicester Quaker Housing Association (LQHA) who raised the issue at the Adult Social Care Scrutiny Commission meeting on 26 June 2014, and the situation would be explained to him.
2. The Assistant City Mayor for Adult Social Care would be meeting with the LGBT centre in October 2014, regarding issues the community faced in accessing care services.
3. A visit would be arranged for Members of the Adult Social Care Scrutiny

- Commission to visit Danbury Gardens.
4. An agenda item on the Winter Care Plan has been included for the meeting on 20th November 2014.

RESOLVED:

1. that the Scrutiny Support Officer be asked to update the Commission's work programme, and circulate it to all members of the Commission.

43. CLOSE OF MEETING

The meeting closed at 7.18pm.

NHS

Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group

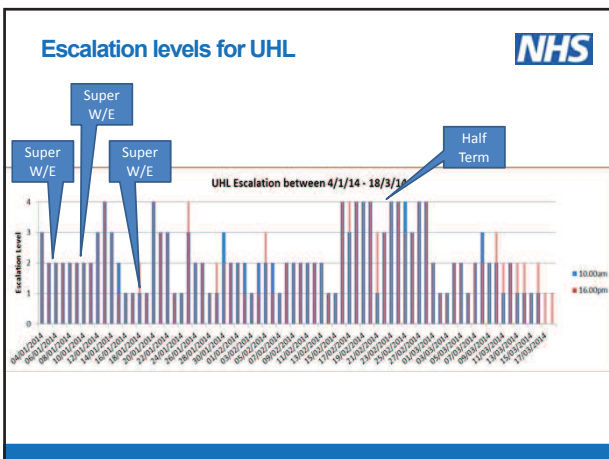
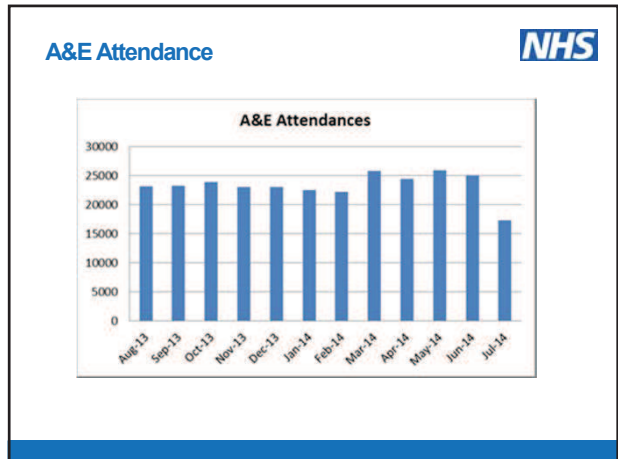
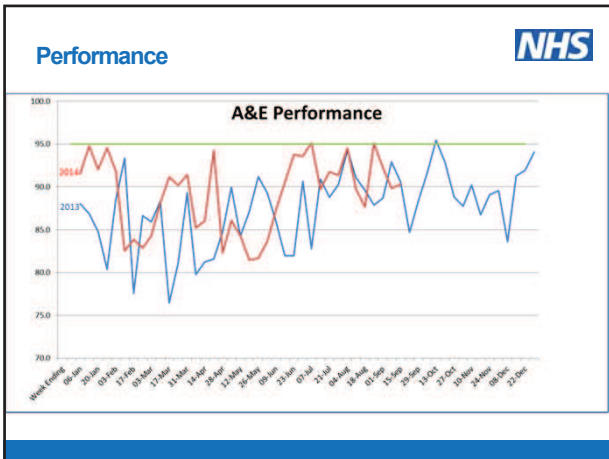
**Adult Social Care Scrutiny
Commission
Review of Winter 13/14**

1

NHS

Winter Preparation 13/14

- Escalation tool – twice daily reporting
- Winter preparedness – Flu, bank holiday planning, communication strategy
- Community bed capacity – 24 beds+ City ICS Beds
- Additional University Hospitals of Leicester (UHL) capacity - Medical Admissions Unit and discharge ward beds continued
- GP - ambulance conveyance – additional crews to enable earlier conveyance to hospital
- Discharge transport capacity – Additional Arriva crews to support discharge
- Winter awareness campaign – communication strategy for public and staff.
- Additional staffing at UHL to support 7 day working



NHS

Learning

What went well?

- Surge and capacity group co-ordinating preparation and response
- Better management of internal incidents
- Super weekends
- Bed co-ordinators within the community
- Plans enabled us to increase resources quickly and sustainably particularly over Christmas and New Year.

Learning**What didn't go so well?**

- Ability to close the extra capacity after March
- Add hoc planning stresses other areas of the system
- Allocation of winter funding too late – October
- Delayed transfers of care – reducing flow
- Escalation plans not as linked with partners as they could be to support mutual aid.
- Lack of bed capacity at times of high inflow
- Weekend telephone calls inconsistent

Learning**What could be done differently?**

- Review of shift patterns to match capacity and demand
- Need to manage pressure all year round not just winter
- Tighten organisational actions within the Capacity and Demand management plan
- Review pathways to support discharge
- Earlier allocation of winter funding

Preparation for 14/15

Revision of the Capacity and Demand Management plan
Exercise testing of the revision

Winter allocations completed at the end of August:

- Mental Health triage in A&E and Urgent Care Centre
- Increase support for the Single Point of Access
- Local Authority – 7 day working to support health
- East Midlands Ambulance Service training to support falls assessment and conveyance avoidance
- UHL - 7 day services
- Primary Care – support for care homes, long term conditions, care planning

Focus on key areas within the urgent care delivery plan

- Admission Avoidance – optimising support within the community
- Ambulatory care
- Reablement pathways to support discharge

Winter specific

- Flu / Norovirus
- Capacity and demand modelling
- Communication

Please ask for: Councillor Rory Palmer
Tel: 0116 4540002
Our ref: 1397rphj
Date: 15th April 2014



Councillor Lucy Chaplin
Members Services
Town Hall

E-mail: lucy.chaplin@leicester.gov.uk

Dear Councillor Chaplin,

Thank you for meeting with the City Mayor and Executive recently to present the conclusions and recommendations of your review on the Winter Care Plan.

I would like to thank you and members of the Adult Social Care and Health Scrutiny Commissions who participated in the review. The Winter Care Plan is an important multi-agency plan and it is important that it is reviewed and strengthened on a rolling basis. Your scrutiny review has made a useful contribution to that work.

I set out below a response to each of your recommendations on behalf of the Executive:

1.2.1. The Executive, Health & Wellbeing Board and council officers to meet with health professionals in emergency care to make greater links to determine how the Council can be more involved in winter care in the future.

The City Council is actively engaged as a key partner in discussions on winter care and winter preparedness on a continual basis. These discussions take place via the Health & Wellbeing Board, the Urgent Care Working Group, Better Care Fund Implementation Group and the Joint Integrated Commissioning Board.

You will be aware of the two extraordinary meetings of the Health & Wellbeing Board I have called in recent weeks to discuss specifically the Urgent Care/ A&E Improvement Plan. Developing robust and effective plans for the winter period – as well as discussing performance during the recent winter – has been central to these discussions. The Health & Wellbeing Board has discussed on a regular basis urgent care and winter plans.

1.2.2. More investment needs to be put into raising awareness amongst the public to be good neighbours (through a winter buddy scheme) during the winter.

As I said when I attended one of your review meetings I think good neighbourliness in our communities can make an important contribution to protecting the welfare of vulnerable people during periods of bad weather.

OFFICE OF THE DEPUTY CITY MAYOR
Rory Palmer

7th Floor, B Block, New Walk Centre, Welford Place, Leicester, LE1 6ZG
TELEPHONE: (0116) 4540002 deputymayor@leicester.gov.uk www.leicester.gov.uk

I know that many vulnerable and elderly people value significantly the reassurance and practical help that can be provided by neighbours checking on them during periods of bad weather.

I will be asking council officers to develop some proposals for how the council could support the development of a 'good neighbours/ winter buddy' scheme.

1.2.3. Future Council reports (particularly those related to Adult Social Care and Health & Wellbeing) to include a section entitled 'Winter Care Plan Implications' to assess the impact of changes of provision on winter care planning to be administered by the Public Health Team.

In our view it is not necessary to add a further section to council reports. If a council report is considering a policy proposal that will have implications for vulnerable people or for service delivery during the winter period this should be clearly evident throughout the main body of the report.

Where there is a specific implication that may need to be identified in a report there is already a 'Other Implications' section that could be used to provide commentary on winter planning implications.

1.2.4. City Council's Social Services Team to make links with Age UK to help address the increase of calls received by them during their out of hours.

The City Council has good links with VCS providers including Age UK. These providers can contact the City Council's emergency teams out of hours. As part of the Better Care Fund work we will be extending the core hours offer into weekends and evening periods. This links to the plans for integrated unscheduled/ non-elective care teams in the city.

1.2.5. All agencies to make better use of channels of communication such as social media, JC DeCaux poster sites and ward community meetings to signpost and get messages out to local people, especially to elderly and vulnerable people, and those who do not visit GP's and hospitals on a regular basis. This should extend further than the CCG's 'good neighbours' and 'community volunteers' schemes.

I agree that effective communication is important in helping people prepare for winter from a health point of view and to be able to secure the most appropriate care and support if needed during the winter period.

As you know there was no national flu vaccination campaign this year, however we took the decision locally to implement a campaign to help maximise take-up.

A specific recommendation of the Urgent Care Improvement Plan is that public information campaigns for winter 2014/15 are jointly planned between health partners and the local authority. I think this is a useful step forward in making better use of resources and the communication channels available to us.

I have made my own observations at the recent Health & Wellbeing Board meetings on urgent care that some of the current communications messages around health care options are not as clear as they need to be.

1.2.6. All agencies should work with Voluntary Care Sector Community Groups to include them in winter care planning so that they can take an active role in the wider community by helping people to understand possible pathways to care and being good neighbours.

VCS groups in the city have an important role to play in this area, including those that are service providers and those that are not. HealthWatch are playing an active role via the Health & Wellbeing Board and other channels in work relating to the Urgent Care Improvement Plan.

I agree that all organisations involved in winter care planning should engage with VCS groups for the reasons that the commission identifies.

1.2.7. Public Health Team, Adult Social Care Services and CCG to submit data and questions to the 'Hackathon' initiative to ascertain ward level data around excess winter deaths. This needs to include more information on possible pockets of inequalities around housing, pollution, rising fuel costs, mental health and isolation issues so that more can be done to identify vulnerable groups and measures taken to reduce the possible effects during the winter period.

Adult Social Care submitted data to the recent Hackathon event. The council will be providing data and questions to support future Hackathon events. We make use of a wide variety of data sources and are constantly analysing data trends to inform our understanding of health trends and to health inequalities.

1.2.8. A post winter review is conducted to evaluate the effectiveness of the performance of the winter care plan. This should include Commission members with a final report coming to the joint commission again in late spring/early summer 2014.

I am advised that this review is taking place, led by the Urgent Care lead from the Leicester City Clinical Commissioning Group. I agree that it would be helpful for this review to be presented to the Joint Adult Social Care and Health Scrutiny Commission.

Thank you again for leading this review. If you would like to discuss the responses to your recommendations further please do not hesitate to contact me.

Yours sincerely



Rory Palmer
Deputy City Mayor, Chair of Leicester Health & Wellbeing Board

CC City Mayor and Executive
Deb Watson, Strategic Director, Adult Social Care and Health

