

Leicester  
City Council

## **MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION**

**DATE: THURSDAY, 25 SEPTEMBER 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.

for the Monitoring Officer

#### **Officer contacts:**

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### Further information

If you have any queries about any of the above or the business to be discussed, please contact **Julie Harget, Democratic Support** on **0116 454 6357** or email [julie.harget@leicester.gov.uk](mailto:julie.harget@leicester.gov.uk) or call in at City Hall.

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## **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 THE PREVIOUS MEETING**

**Appendix A**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 14 August 2014 are attached and the Commission is asked to confirm them as a correct record.

### **4. PETITIONS**

The Monitoring Officer to report on any petitions received.

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

The Monitoring Officer to report on any questions, representations or statements of case.

### **6. OPERATION OF THE WINTER CARE PLAN OVER THE WINTER OF 2013/14**

Jane Taylor, Emergency Care Director, Leicester, Leicestershire and Rutland will deliver a presentation on the operation of the Winter Care Plan over the winter of 2013/14.

### **7. LEICESTER AGEING TOGETHER (BIG LOTTERY BID) **Appendix B****

The Director of Care Services and Commissioning (Adult Social Care) submits a report that provides 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.

### **8. DEVELOPMENT OF EXTRA CARE HOUSING**

**Appendix C**

The Director for Care Services and Commissioning (Adult Social Care) submits a report that provides the Adult Social Care Scrutiny Commission with an overview of the progress towards developing two 50 – 70 bed, Extra Care Housing Schemes in the city.

The commission is asked to note the recommendations set out in Section 2 of

the report.

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

The Director of Care Services and Commissioning (Adult Social Care) will give a verbal update on the Voluntary Community Sector Preventative Services.

**10. CLOSURE OF DOUGLAS BADER DAY CENTRE UPDATE** [Appendix D](#)

The Director of Care Services and Commissioning (Adult Social Care) submits a report that provides an update on the closure of the Douglas Bader Day Centre and the support given to existing service users to secure alternative services.

**11. INDEPENDENT ADULT SOCIAL CARE COMMISSION - UPDATE**

The Assistant City Mayor for Adult Social Care, will provide a verbal update on establishing the Independent Adult Social Care Commission.

**12. LEICESTER CITY COUNCIL ADULT SOCIAL CARE PEER CHALLENGE - 12-14 MARCH 2014** [Appendix E](#)

A letter from the Corporate Director; Adult Social Care, Health and Public Protection, Nottinghamshire County Council is attached. The letter outlines the findings and conclusions of the peer review.

The commission is asked to note and comment on the findings and conclusions.

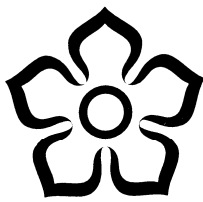
**13. THE IMPACT OF THE PROVISION OF ADAPTATIONS TO HOMES ON ELDERLY PATIENT DISCHARGES FROM HOSPITAL** [Appendix F](#)

The Divisional Director, Adult Social Care and Safeguarding submits a briefing note with regard to the local perspective on a national report about Delayed Discharges relating to Equipment and Adaptations.

**14. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME** [Appendix G](#)

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

**15. ANY OTHER URGENT BUSINESS**



Leicester  
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# Appendix A

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

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

P R E S E N T:

Councillor Chaplin (Chair)  
Councillor Riyait (Vice Chair)

Councillor Alfonso  
Councillor Cutkelvin  
Councillor Dawood

Councillor Kitterick  
Councillor Willmott

In Attendance

Councillor Cassidy – Member for Fosse Ward  
Councillor Connelly – Assistant Mayor (Housing)  
Councillor Dempster – Assistant Mayor (Children, Young People and Schools)  
Philip Parkinson – Interim Chair, Healthwatch Leicester (Standing Invitee)  
Councillor Rita Patel – Assistant City Mayor (Adult Social Care)

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**16. APOLOGIES FOR ABSENCE**

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

**17. DECLARATIONS OF INTEREST**

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

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

Councillor Dawood declared an Other Disclosable Interest in agenda item 9, “Closure of the Douglas Bader Day Centre – Update”, in that the Centre was in his ward and he had discussed its closure with the Assistant Mayor (Adult Social Care).

In accordance with the Council’s Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective people’s judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

## 18. MINUTES OF PREVIOUS MEETING

### RESOLVED:

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

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

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

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

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

“... and what the LQHA understood was being proposed

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

Mr Jackson then made the following comments:-

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

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

## **19. PETITIONS**

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

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

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

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

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

It was noted that a small number of patients discharged from hospital to receive a social care package were reliant on hospital transport. However, it was

difficult to quantify the impact of poor performance of the transport service on these people, as different elements of the package could be provided by a wide range of providers and thus was not easily captured. As such, much of the evidence available was anecdotal. Officers could only capture information about the impact on care packages, although it was recognised that problems with patient transport services could affect people in other ways, such as getting to outpatient appointments. The impact of problems with patient transport services was only one of a number of issues that affected how well acute care was working.

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

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

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

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

The following points were then made in discussion:-

- Arriva Transport Solutions was a big company, but did not seem to be able to deliver the service required;
- It would be useful to know if the cases reported by the local press were



exceptions, or represented a general experience;

- There was a lack of information available on the causes of the problems and the standards expected of the service. Without this information, it would not be possible to assess whether the service had improved. For example, it was stated that the company had failed in three of five standards, but no information was provided on what any of these standards were;
- Three months was a long time to wait for service improvements to be made;
- It was not known if the contract for patient transport services was a stand-alone contract, or one of a number of contracts being run by the provider;
- At least some of vehicles being used for patient transport were just ordinary cars, which could be difficult for some people to use. This raised the question of whether the transport provided was fit for purpose;
- Even if patients got to hospital on time for appointments, they did not know when their return transport would be available, so could have a long wait. This also raised the question of whether enough drivers were being employed;
- It would be useful to receive a further report on these problems, particularly in relation to delays caused by transport being late;
- When Arriva Transport Services advertised vacancies for drivers, the posts were at minimum wage. This could affect who would apply for these posts;
- Patient transport services drivers would be aware of the problems with the service, so some lack of courtesy could be due to frustration;
- It was not known if the service provider had any kind of tracking system for the vehicles used. Using such a system could help ensure that timings were improved;
- People had made reports to Councillors of cars arriving late, (even when satellite navigation systems were used), and on the wrong day. Some of these people had not complained to the service provider as there could be some embarrassment about needing to use patient transport;
- The CCG should procure this service with a provider experienced in the provision of a service of this nature. If such a provider was not available, the service should be returned in-house; and
- Anecdotal evidence showed that, on occasions, patients had to stay in hospital longer than needed when transport to return them home did not arrive.

RESOLVED:

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

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

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

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

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

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

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

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

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

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

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

meeting was held the provider advised that the home would close.

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

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

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

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

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

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

**RESOLVED:**

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

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

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

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

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

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

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

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

- It was difficult to say how effective the current contract had been, as it only specified that activity levels should be monitored. This would be rectified under the new contract, which would require outcomes to be monitored;
- The current 'ad hoc' service described in the report was a service available for all substance misusers, not specifically for those users who had left

Evesham House. This service was 'Engage' and was a harm reduction model;

- Floating support would be used to try to ensure that service users did not reach a point at which their tenancy could fail, (for example, working with housing officers to consider what housing stock was available). At present, the service was accommodation based, so that kind of support was not available and this could lead to tenancy breakdown;
- Care would be taken to ensure that a service user did not move on from accommodation-based support until they were ready to do so; and
- Floating support would not be 24 hour support.

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

He further advised that:-

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

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

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

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

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

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

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

RESOLVED:

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

Commission are aware of the film to be shown at the Phoenix Cinema on 20 September 2014 about the movement around self-help for substance misuse.

#### **24. CLOSURE OF THE DOUGLAS BADER DAY CENTRE - UPDATE**

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

The Director advised the Commission that:-

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

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

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



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

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

**RESOLVED:**

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

**25. ELDERLY PERSONS' HOMES**

a) Progress with Moves to Alternative Accommodation

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

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

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

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

b) Evaluation of Residents Moving under Phase 1

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

The Adult Social Care Business Transition Manager advised the Commission that it was recognised that moving out of elderly persons' homes would be hard for some residents, so the Council had aimed to use a process under which residents understood what was happening at each stage. The report submitted drew together comments received before residents moved, at the point of moving and after they had moved. As could be seen from the report, there had been no placement breakdowns.

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

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

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

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

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

**RESOLVED:**

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

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

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

- Two key points had been identified at which it would be helpful to have input from the Commission. Although there was a short period for input at these points, they fell at times at which meetings of the Commission were scheduled;
- If required, additional briefings could be provided for Members; and
- Architects had been secured through a framework contract to develop an early design.

RESOLVED:

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

## **27. WORK PROGRAMME**

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

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

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

RESOLVED:

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

**28. CLOSE OF MEETING**

The meeting closed at 7.57 pm

# Appendix B

## Adult Social Care Scrutiny Commission

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Date: 25<sup>th</sup> September 2014

**Leicester Ageing Together (BIG Lottery bid)**

Lead Director: Tracie Rees

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**City Mayor**

## Useful information

- Ward(s) affected: all
- Report author: Bev White
- Author contact details: 4542374
- Report version number: 1

### 1. Summary

1.1 To provide the ASC 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.

1.2 The bid was led by Vista and supported by Leicester City Council. The programme in Leicester will be named *Leicester Ageing Together*.

1.3 The bid will bring in nearly £5m over five years to deliver 17 projects starting in April 2015.

### 2. Main report:

2.1 Leicester City Council was one of 30 local authority areas invited to bid for between £2m and £6m of Big Lottery Funding to implement innovative initiatives to combat loneliness and isolation amongst older people in the City. The bid had to be developed in conjunction with a local Voluntary and Community Sector (VCS) organisation and a partnership across a number of VCS providers was brought together to create an Advisory Board to develop the bid. The City Council is part of the Board.

2.2 The aim of the BIG Lottery *Ageing Better: Fulfilling Lives* Fund funding programme is that, as older people become less socially isolated, they will be more active, healthier and happier for longer, more able to access services and informal support within the community, and with the wider public appreciating better the positive role that older people can play in their communities.

2.3 The programme is looking for projects that can meet all five of its funding outcomes:

1. Older people are less isolated
2. Older people are actively involved in their communities with their views and participation valued more highly.
3. Older people are more engaged in the design and delivery of services that help reduce their isolation.
4. Services that help to reduce isolation are better planned, co-ordinated and delivered.
5. Better evidence is available to influence the services that help reduce isolation for older people in the future.

2.4 Vista is the lead organisation for the Leicester bid. As we are now through to the final stages, there is a high likelihood that the bid will be successful, and will see Leicester receive approximately £5m to pilot projects that improve the lives of older people. The programme and projects would run for five years from April 2015.

2.5 The bid includes project proposals, working with 17 other charities to tackle social isolation and loneliness amongst older people in the city; and focusses on priority geographical and demographic communities where there are more people at risk of loneliness and isolation, and projects that target specific communities that are most at risk. These are:

**Geographic priorities:** Latimer, Thurncourt, Evington and Spinney Hills wards  
**Communities of interest priorities:** African Caribbeans, people with hearing loss, people who are housebound.

2.6 As part of the bid, the *Ageing Better Together* work also includes looking at coordinating community and recreational transport more effectively, and working with the Leicester, Leicestershire Economic Partnership (LLEP) to use the funding to match fund work on developing older people's skills, inclusion in economic activity and employment, linking with the national Princes Trust programme *PRIME – Princes Initiative for Mature Enterprise* (for people age 50+).

2.7 A briefing prepared by Paul Bott, Chief Executive of Vista – who is leading the Leicester Ageing Together work, is attached at Appendix A. It is suggested that Paul Bott be asked to attend a future Scrutiny Commission meeting to provide further detail on behalf of the Advisory Board.

2.8 In addition, it should be noted that as a result of a review of the Adult Social Care VCS preventative services a good neighbour service for older people is in the process of being procured. A substantial element of this service will be for befriending, which is an identified gap within the city. The contract will be to the value of £63k (annually) and will commence on 1<sup>st</sup> April 2015 for a minimum of two years.

### 3. Background information and other papers:

BIG Lottery Fulfilling Lives: Ageing Better website:

<http://www.biglotteryfund.org.uk/global-content/programmes/england/fulfilling-lives-ageing-better>

### 4. Summary of appendices:

Appendix A: Press briefing Leicester Ageing Together



## **EMBARGOED To 8th SEPTEMBER 2014 –by the BIG LOTTERY FUND**

Leicester Ageing Together is a partnership, led by Vista working across the different communities in our city.

It's a great opportunity for local organisations across Leicester to join together and work collaboratively to provide intergenerational activities, sharing skills and experiences to improve the lives of isolated people over the age of 50.

We are delighted to have been awarded £4,950,784 Big Lottery Funding. This money means that older people will now have a much better network of support at their local level, making it easier for them to join together and feel part of the community again.

The programme will run for 5 years from April 2015, and Vista will work with 17 partner charities to deliver a range of projects

In coordinating this older people from across the communities of Leicester told us that to be effective Leicester Ageing Together needs to

- reconnect isolated people to their local communities - changing individual and community attitudes, widening opportunities to participate in community life via a range of coordinated learning opportunities, community development, and intergenerational activities;
- mitigate the impact of isolating barriers of poor health and poverty by improving take-up of services;
- promote the engagement of older people in service design and delivery via pilot projects, influencing and advocacy.

Older people in Leicester determined that this work should be targeted in four wards, plus citywide targeting of people from BME communities, and disabled people.

Leicester Ageing Together has been older person led from the start and this will continue through the leadership of our Older Persons Board. Older people will be involved in delivery; providing outreach, advocacy, befriending, learning opportunities, community organising. Older people will be at the heart of learning how to deliver better services to



isolated older people as volunteer community researchers and as a voice for change through our Learning Network.

Our ward-based work focuses on enabling communities to identify and integrate isolated older people, helping them cope with life circumstances that contribute to isolation.

This coordinated work focuses on reducing the impacts of language barriers, poverty, and health conditions (including mental and emotional health). Alongside this we will support older people to promote change in how services are planned and delivered.

We will:

- improve the coordination of and access to existing health services, including piloting social prescribing with GP surgeries within the targeted wards, working with the CCG to fund the extension of these pilots across the City;
- Support older people to identify gaps in services, developing new services themselves, and encouraging change in existing services;
- Pilot more user-responsive service models;
- Use the Learning Network to research what works, and share that information through an online presence, promoting to specific communities and through events and influencing how services are run by supporting older volunteers to act as peer advocates and be voices for change.

We will deliver learning opportunities, information and advocacy support across the city to people unable to get out and about and the dispersed African Caribbean community, as these groups are less likely to benefit from a place-based approach.

Older people told us that a programme that doesn't include the whole community would not work, that there needed to be more opportunities to bring generations together to change perceptions of ageing.

Our partners include community development and young people's organisations, schools, providers of residential care and sheltered housing, local businesses, and primary healthcare providers.

We are using this opportunity to build a legacy from the outset and this programme has been the catalyst in identifying, with the City Council, that Leicester will become an Age Friendly City.

It is envisaged that the evidence and learning from this programme will shape future provision across the city.

**Paul Bott**  
**September 2014**



## Adult Social Care Scrutiny Commission

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### Development of Extra Care Housing

Date: 25<sup>th</sup> September 2014

Lead Director: Tracie Rees

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**City Mayor**

## Useful information

- Ward(s) affected: All
- Report author: Tracie Rees
- Author contact details: 37 2301
- Report version number: 1.0

### 1. Summary

- 1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an overview of the progress towards developing two 50 to 70 bed, Extra Care Housing schemes in the city.
- 1.2 One scheme will make use of £1.25m capital monies awarded to the Adult Social Care (ASC) Department for 2014/15, as a contribution towards the development of an Extra Care Housing scheme in partnership with a local housing provider. The development is likely to cost in excess of £7m.
- 1.3 To make the scheme viable it will also be necessary for the Council to sell land at a discounted price. In return for the £1.25m and discounted land, the Council will receive up to 100% nomination rights into perpetuity. Informal discussions have taken place with a number of Registered Social Landlords (RSL's) in the city, who have confirmed that it would be feasible to develop an Extra Care Housing scheme if the Council could make a financial contribution of £1.25m and discounted land. There will be no revenue costs associated with this scheme.
- 1.4 An options appraisal has been completed to determine the suitability of available Council land/sites across the city as detailed at Appendix 1.
- 1.5 The second scheme will make use of Right to Buy Capital Receipts from the sale of the Council's Housing stock, together with discounted land to develop a further Extra Care scheme in the city. The Affordable Housing Programme 2014 to 2018 was approved by the Executive in April 2014.
- 1.6 Approval has been given to use Right to Buy Capital Receipts monies (in the region of £1.2m) as a contribution to the development of an Extra Care Housing Scheme in the city, in partnership with a local RSL. Again it will be necessary for the Council to give discounted land in return for up to 100% nomination rights into perpetuity. Again, there would be no revenue implications for the Council.
- 1.7 Extra Care Housing provides self-contained flats and is essential to meet the growing needs of vulnerable people in the city, such as those with a learning disability, mental ill health and older people. Demand for this type of accommodation is detailed in the ASC Independent Living and Extra Care Housing Strategy.

### 2. Recommendations

- 2.1 The ASC Scrutiny Commission is asked to note:

- a) The release of the ASC Policy Provision of £1.25m for the development of Extra Care Housing
- b) The use of Housing Capital Receipts for the development of a second Extra Care Housing scheme
- c) 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.

### **3. Supporting information including options considered:**

- 3.1 Investment in Extra Care Housing is essential to maximise the independence of vulnerable people, to address the historic over reliance on residential care, reduce costs and to prevent unnecessary admission and re-admission to hospital.
- 3.2 The ASC Independent Living and Extra Care strategy 2013-16 shows a shortfall in the supply of specialist Extra Care accommodation for vulnerable and older people and projects the requirement for an additional 288 flats by 2016.
- 3.3 Leicester already has Extra Care Housing schemes at Danbury Gardens and the Wolsey Building and a further development by ASRA at Abbey Mills is due to open later this year. In terms of demand, there were 140 expressions of interest for 50 flats at Abbey Mills which shows a ratio of 2.8 people for every flat. Abbey Mills is also an example of where the Council has contributed capital monies in return for nomination rights to 50 flats into perpetuity.
- 3.4 The first scheme will be part funded from £1.25m that has been allocated from the ASC Capital Programme for 2014/15, which will be used in conjunction with discounted Council land. Initial discussions with six local RSL's, has shown that there is interest for this type of development.
- 3.5 The second scheme will be part funded from Right to Buy Capital Receipts or grant monies from the Homes & Communities Agency, depending on the most advantageous option. Again, the Council would receive up to 100% nomination rights into perpetuity. The Executive has already approved the Affordable Housing Programme 2014 to 2018 in April 2014. The decisions about the spend is delegated to the Assistant Mayor for Housing.
- 3.6 The Conditions relating to the use of Right To Buy Receipts are:
  - The receipt must be spent within 3 years to provide new affordable homes;
  - The monies can be spent directly by the LA in providing HRA new affordable housing or can be used to facilitate other partners providing the new affordable homes;
  - No more than 30% of the cost of the new homes will come from the right to buy receipts;
  - Any monies not spent within the 3 year period must be returned to CLG together with interest at a punitive rate (4% above base rate).

The use of Housing Right to Buy capital receipts for this purpose has been approved by the Assistant Mayor for Housing.

- 3.7 The scheme/s would provide between 50 to 70 self-contained flats, built to 'Life Time Home' standards with a dementia friendly design. A proportion will be built to accommodate wheelchair users and cater for a mixed client group of various ages. The Council will receive nomination rights of up to 100% of the flats, subject to agreement with the partner organisations. ASC would oversee the nomination rights to ensure the balance of tenants with the appropriate level of support.
- 3.8 An options appraisal exercise (Appendix 1) has been undertaken across a range of available Council sites/land in the city, which highlighted the former Queensmead school site in Braunstone and Tilling Road/Butterwick Drive in Beaumont Leys to be the most suitable sites to support this type of development when judged against the given criteria. Appendix 2 details the criteria used to assess the suitability of the land/sites. The 2 Extra Care Housing schemes would provide up to 140 flats on the available land, whereas the same land space for general housing would only provide 80 houses or bungalows.
- 3.9 Negotiations are at an advanced stage for the sale of the first phase of the Queensmead site to Nottingham Community Housing Association for the development of 20 affordable homes (33% of the site) and 'in principle' approval has been given by the Executive for additional land on the remainder of the site to be sold at a discounted price for support further affordable housing. The provision of Extra Care Housing as described within this report would be within this remit.
- 3.10 The criteria for selecting the sites, shows that Tilling Road and Queensmead provide the most advantageous options. Also Tilling Road is adjacent to the proposed ASC Intermediate Care and Short Term Beds facility and there would be benefits accruing from this. Similar to Queensmead, approval is requested 'in principle' to sell the land at Tilling Road at the discounted price to support the Extra Care Housing proposals.
- 3.11 An Pre Qualifying Questionnaire (PQQ) to seek a partner organisation will be advertised in October 2014, with an award of contract due by January 2015. Once the preferred partner/s have been agreed then a report will be submitted to the Executive to approve the sale of the land at a discounted rate.

#### **4. Details of Scrutiny**

4.1 The ASC Capital Programme 2014/15 report was presented to Council on 20<sup>th</sup> March.

4.2 The Affordable Housing Programme 2014 to 2018 was presented to Executive April 2014. This has also been presented to the Housing Scrutiny Commission 9<sup>th</sup> July 2014.

## **5. Financial, legal and other implications**

### 5.1 Financial implications

This report seeks approval for the release of the Policy Provision of £1.25m for Extra Care Housing.

The 2014 to 2018 Affordable Housing Programme has been approved by the Council's Executive and contains recommendations for further funding of £1.2m for Extra Care Housing from Right to Buy Receipts. Other funding may also be available from the Homes and Communities Agency.

**Rod Pearson – Head of Finance for ASC & Housing - 37 4002**

### 5.2 Legal implications

It is recommended that legal advice on this procurement is taken prior to placing an advert in the OJEU, to confirm whether the Council will procure works or a works concession, and then to settle the terms of the procurement.

**Greg Surtees, Legal Services – 37 1421**

The Council is under a duty to dispose of land for the best consideration reasonably obtainable (other than a lease for less than 7 years), under s.123 of the Local Government Act 1972. The Council is permitted to dispose of land for less than best consideration under the provisions of the 2003 General Disposal Consent. This gives local authorities consent to the disposal of land within specified circumstances i.e. where the authority considers that the purpose for which the land is to be disposed of is likely to contribute to the achievement of the promotion or improvement of economic, social or environmental well-being. In each case it is a condition that the undervalue must not exceed £2 million. If this is exceeded, then a specific consent from the Secretary of State will be required. The Council will also need to act with regard to its general fiduciary duty in land and property disposals, and consider the disposal on the basis of evidence as to how these objectives will be met. Any sale documents should include appropriate provision relating to the future use of the property to ensure sustainability of the well-being objectives.

**John McIvor, Regulatory & Property Team, Legal Services - 37 1409**

### 5.3 Climate Change and Carbon Reduction implications

The development will be subject to planning policy CS2 on climate change and flood risk, and retained policy BE16 that will require on-site renewable energy. These policies will act to minimise the carbon dioxide emissions.

**Mark Jeffcote, Environment Team (x37 2251)**

#### 5.4 Equalities Implications

An EIA has not been carried out the present time as this report is looking at a possible site for extra care housing, however as the procurement process is underway an EIA covering all the protected characteristics will need to be undertaken and equality issues will need to be incorporated throughout the procurement exercise and process. Human Rights principles need to be embedded throughout the process, based on the FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy.

The Extra Care Scheme should help to promote independent living and well-being and living in the community.

**Sukhi Biring, Equalities Officer, Corporate Equalities - (37) 4175**

#### 5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

#### **6. Background information and other papers:**

ASC Independent Living and Extra Care Commissioning Strategy 2013 to 2016  
Affordable Housing Programme 2014 to 2018

#### **7. Summary of appendices:**

Appendix 1 – Extra Care Sites Options Appraisal  
Appendix 2 – Extra Care Sites Options Appraisal Scoring Approach

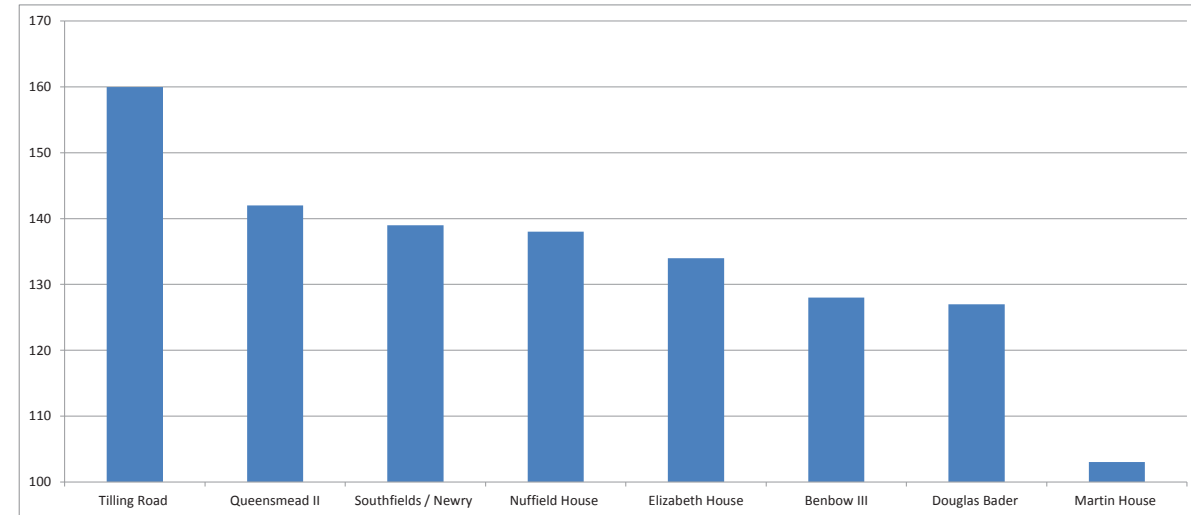


Property		Benbow III	Douglas Bader	Elizabeth House	Martin House	Nuffield House	Queensmead II	Southfields / Newry	Tilling Road	
1	<b>Shape and size of site</b> Comments	8637 m <sup>2</sup> of regular shape remaining for Phase 3 development.	4359 m <sup>2</sup> of regular shape.	3864 m <sup>2</sup> of regular shape. Site has considerable slope from East to West.	6147 m <sup>2</sup> without the cottage. Irregular shape.	4234 m <sup>2</sup> of regular shape.	Approx 11337 m <sup>2</sup> left after Phase 1 development. Somewhat irregular shape but large enough to provide suitably shaped site for Extra Care.	Southfields 6525m <sup>2</sup> . Newry 5772m <sup>2</sup> . Both regular shape.	12568 m <sup>2</sup> . Somewhat irregular shape but large enough to provide suitably shaped site for Extra Care.	
		Initial score	5	5	3	3	4	5	5	
		Weighting	5	5	5	5	5	5	5	5
		Weighted score	25	25	15	15	20	25	25	25
2	<b>Location</b> Extent of existing Extra Care provision in local area	Comments								
		Initial score	5	3	5	5	5	5	5	
		Weighting	2	2	2	2	2	2	2	
		Weighted score	10	6	10	10	10	10	10	
3	<b>Ease of access</b> Main roads and bus routes/stops	Comments								
		Initial score	3	4	3	5	3	4	5	
		Weighting	5	5	5	5	5	5	5	
		Weighted score	15	20	15	25	15	20	25	
4	<b>Distance to nearest GP</b>	Comments								
		Initial score	2	5	2	2	3	3	3	
		Weighting	3	3	3	3	3	3	3	
		Weighted score	6	15	6	6	9	9	9	
5	<b>Distance to nearest pharmacy</b>	Comments								
		Initial score	2	1	2	3	4	1	5	
		Weighting	2	2	2	2	2	2	2	
		Weighted score	4	2	4	6	8	2	10	
6	<b>Access to adult social care support facilities</b>	Comments								
		Initial score	0	0	0	0	0	0	0	
		Weighting	2	2	2	2	2	2	2	
		Weighted score	0	0	0	0	0	0	0	
7	<b>Access to leisure facilities</b>	Comments								
		Initial score	3	5	5	0	3	3	4	
		Weighting	4	4	4	4	4	4	4	
		Weighted score	12	20	20	0	12	12	16	
8	<b>Site environment</b> Neighbouring use and noise	Comments	Residential area. Limited local services.	Located in a mixed area with residential blocks / housing adjacent and commercial / industrial in the locality. Close to Malabar Rd facilities.	Residential area reasonably close to the Aikman Avenue shopping area and leisure / community facilities	Residential area close to existing facilities for older people and the Allandale Rd / Francis St shopping area. Very quiet with pleasant grounds.	Residential area reasonably close to Narborough Road shopping facilities. Quiet area with pleasant grounds including mature woodland.	Residential area. Limited local services.	Residential area, close to local shops and facilities.	Residential area in close proximity to services at Home Farm Square. Adjacent land likely to be future ASC Intermediate Care / short term residential care development.
		Initial score	2	1	3	4	4	4	2	
		Weighting	5	5	5	5	5	5	5	
		Weighted score	10	5	15	20	20	20	10	
9	<b>Availability / other interest</b>	Comments	The first phase of Benbow was provided by an RSL putting in infrastructure and affordable housing. Potential for remainder to be sold for private housing but no market interest. Recently funding approved for RSL to build a second phase comprising 17 units. Remainder of site available.	Existing Day Centre due to close Autumn 2014 and Health and Safety Training Section actively looking for alternative location	EPH closed April 2014. Due to be sold at auction in September 2014.	Existing Day Centre closed Dec 13 but occupiers of first floor office accommodation would need to be relocated. Property being marketed for sale.	EPH closed June 2014. Likely to be sold at auction later in the year.	Former school site, now cleared and recently an RSL has been funded to provide a first phase of development on the site of 20 houses. Required to be completed by March 2015. Remainder of site available for development, assumption would be sale for housing (affordable or market).	The Southfield site is currently vacant and has been through school closure process. It is currently not being looked at for future school provision. The Newry is occupied by S BSS (Secondary Behavioural Support Service) and use may require their relocation. Formal school closure would also be needed.	Site identified for future residential development. This scheme may act as a catalyst for such development by providing the 20% affordable housing element.
		Initial score	4	3	4	3	4	4	2	
		Weighting	3	3	3	3	3	3	3	
		Weighted score	12	9	12	9	12	12	6	
10	<b>Restrictions on development</b>	Comments	Site has had outline consent for residential development, 47 units in phases II and III in total. Underground holding tank on frontage to be incorporated as part of green space.	None known although parking is known to be a particular issue in that area.	None known.	Site in conservation area with known TPO's. Tenant with secure tenancy in the Cottage.	Known TPO's on site.	The development would need to link into first phase above and pay a share of infrastructure costs.	Existing user in the Newry.	None known. Possible need for highway upgrade.
		Initial score	4	3	5	2	4	4	4	
		Weighting	3	3	3	3	3	3	3	
		Weighted score	12	9	15	6	12	12	12	

Property		Benbow III	Douglas Bader	Elizabeth House	Martin House	Nuffield House	Queensmead II	Southfields / Newry	Tilling Road
11	<b>Site Valuation</b>	Restricted Information	Restricted Information	Restricted Information	Restricted Information	Restricted Information	Restricted Information	Restricted Information	Restricted Information
	Comments								
	Initial score	5	4	3	1	2	4	4	4
	Weighting	2	2	2	2	2	2	2	2
	<b>Weighted score</b>	<b>10</b>	<b>8</b>	<b>6</b>	<b>2</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>8</b>
12	<b>Deliverability risks</b>	Main risk is whether there will be sufficient land left in phase III, and if so whether it will be the right shape for the development as second phase design and layout not yet in place.	Requires closure and demolition of existing day centre and former four storey care home currently on site.	Requires demolition of existing EPH facility.	Requires closure and demolition of existing Day Centre and office accommodation. May also require negotiations with secure tenant if Cottage is to be included.	Requires demolition of current EPH facility	Need to link with phase I development for which design and layout not yet determined.	Part occupied site. Demolition required.	Site is currently classed as open space but again not thought to be a significant issue in this case.
	Comments								
	Initial score	3	3	4	3	4	3	2	4
	Weighting	4	4	4	4	4	4	4	4
	<b>Weighted score</b>	<b>12</b>	<b>12</b>	<b>16</b>	<b>12</b>	<b>16</b>	<b>12</b>	<b>8</b>	<b>16</b>
<b>Total</b>		<b>128</b>	<b>127</b>	<b>134</b>	<b>103</b>	<b>138</b>	<b>142</b>	<b>139</b>	<b>160</b>

Tilling Road	160	0
Queensmead II	142	18
Southfields / Newry	139	21
Nuffield House	138	22
Elizabeth House	134	26
Benbow III	128	32
Douglas Bader	127	33
Martin House	103	57

Critical Criteria	
Sites included in original appraisal but later ruled out as they failed to meet critical criteria:	
<b>Herrick Lodge</b>	Failed criteria for <b>Ease of Access</b> Minimum standard of 3 - scored 2
<b>John Ellis</b>	Failed criteria for <b>Ease of Access</b> Minimum standard of 3 - scored 2
<b>Conduit Street</b>	Failed criteria for <b>Site Size</b> Minimum standard of 3,864 sq. m - Only 2,112 sq. m including private ownership)
<b>Ashton Green 1</b>	Due to uncertainty over the nature and timings of the development, it proved impossible to score any criteria with any reliability



## **EXTRA CARE Land Options Appraisal scoring approach**

1. **SHAPE AND SIZE OF SITE;** 3864m<sup>2</sup> was selected as the minimum site size ASC were comfortable with. So sites above that size of regular shape with no other site considerations e.g. slopes would score well.
2. **LOCATION;** extent of existing extra care provision in the local area. Lower score given if other extra care provision is nearby.
3. **EASE OF ACCESS;** slightly subjective. Assess plans for distance to nearest bus stop/route and also proximity of main roads e.g. ring road.
4. **DISTANCE TO NEAREST GP;** measure provided. Suggest;
  - <than 200 mtrs= 5 points
  - <than 400 mtrs= 4 points
  - <than 600 mtrs= 3 points
  - <than 800 mtrs= 2 points
  - >than 800 mtrs= 1 point
5. **DISTANCE TO NEAREST PHARMACY;** same as above
6. **ACCESS to ASC SUPPORT FACILITIES;** what other ASC facilities are nearby. Higher score given if other facilities are nearby.
7. **ACCESS TO LEISURE FACILITIES;** measures provided for nearest facilities if within a reasonable distance. Should enable a somewhat subjective assessment of what's around/ how relevant it is?
8. **SITE ENVIRONMENT;** neighbouring use and noise. Lower score given if near to noisy area, higher score given for residential area.
9. **AVAILABILITY / OTHER INTERESTS;** any known current and future use.
10. **RESTRICTIONS ON DEVELOPMENTS:** conservation area or other planning restrictions.
11. **SITE VALUATION;** obtained from Investment Division. Working on the logic that sites of lowest value should score highest (the assumption being that higher value sites would offer potential better capital receipts for LCC if not used for Extra Care) the following scoring scale was applied:

- Up to £100k = 5 points
- Between £101k and 300k= 4 points
- Between £301k and £500k= 3 points
- Between £501k and £750k= 2 points
- Over £750k = 1 point

**12. DELIVERABILITY RISKS;** are there any factors impacting on the use of the site e.g. demolition of current building. Higher score given to vacant and cleared site, lower score given to occupied sites requiring demolition.

**Overall, each section was given a weighting of importance, the higher the weighting the more important it is to the scheme.**

# Appendix D

## Adult Social Care Scrutiny Commission

Date: 25th September 2014

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### Closure of Douglas Bader Day Centre Update

Lead Director: Tracie Rees

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## Useful Information:

- Ward(s) affected: Spinney Hills
- Author: Tracie Rees
- Author contact details Ext 2301

### 1. Summary

- 1.1 To provide an update on the closure of the Douglas Bader Day Centre and the support given to existing service users to secure alternative services.
- 1.2 The centre closed on 22<sup>nd</sup> August 2014 and 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 The information details progress against a 7 step programme to support individuals to move to alternative provision. The criteria relating to each step is detailed in Appendix 1.
- 1.4 A graph at Appendix 2 shows movement from May to August against the 7 steps for each service user.
- 1.5 The majority of service users have been supported to find alternative services that meets their needs.
  - 25 service users have found alternative provision that meets their needs (Step 7)
  - 17 service users are in the process of exploring options and agreeing their support plan (Step 6)
  - 3 service users have their support planning in progress (Step 5)
- 1.6 There are 7 service users being supported by the Community Inclusion Team who provide a person centered approach to enable individuals to make decisions about their care, employment, training, volunteering and social inclusion needs. The team's role is to support individuals to achieve and maximise their independence by taking an enablement approach.
- 1.7 As the majority of staff had left, it was not practical to keep the centre open beyond the end of August. Therefore, 13 service users have been moved to Hastings Road on a temporary basis whilst trial taster sessions are underway before their final support plan is agreed.
- 1.8 The following information provides a sample of the comments received from service users as part of the consultation process to close the centre:
  - I need somewhere where I can socialise and someone to help me find something I want to do

- I will have nowhere to go that meets my needs  
Help me find another service because I enjoy the company
- I need a reason to get up in the morning and Douglas Bader gives me that

The following information provides a sample of the comments received from service users after they have moved to alternative provision:

- Everything is fine and I am enjoying the activities especially arts and craft
- It took me a little time to settle, but I am much happier now
- I got the support I need and am enjoying my new day centre
- No problems with my new service and I am very happy
- I can still see my friends

1.9 In terms of the 17 members of staff; 6 have taken voluntary redundancy, 6 have been offered jobs elsewhere, 4 have been made compulsory redundant and 1 was dismissed (not related to the closure programme).

2.0 The building is secured by a Guardian Service, pending a decision being made about the future of the building.

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.

**DATE: 12 August 2014 (Data as at 4 September 2014)**

**Key:**

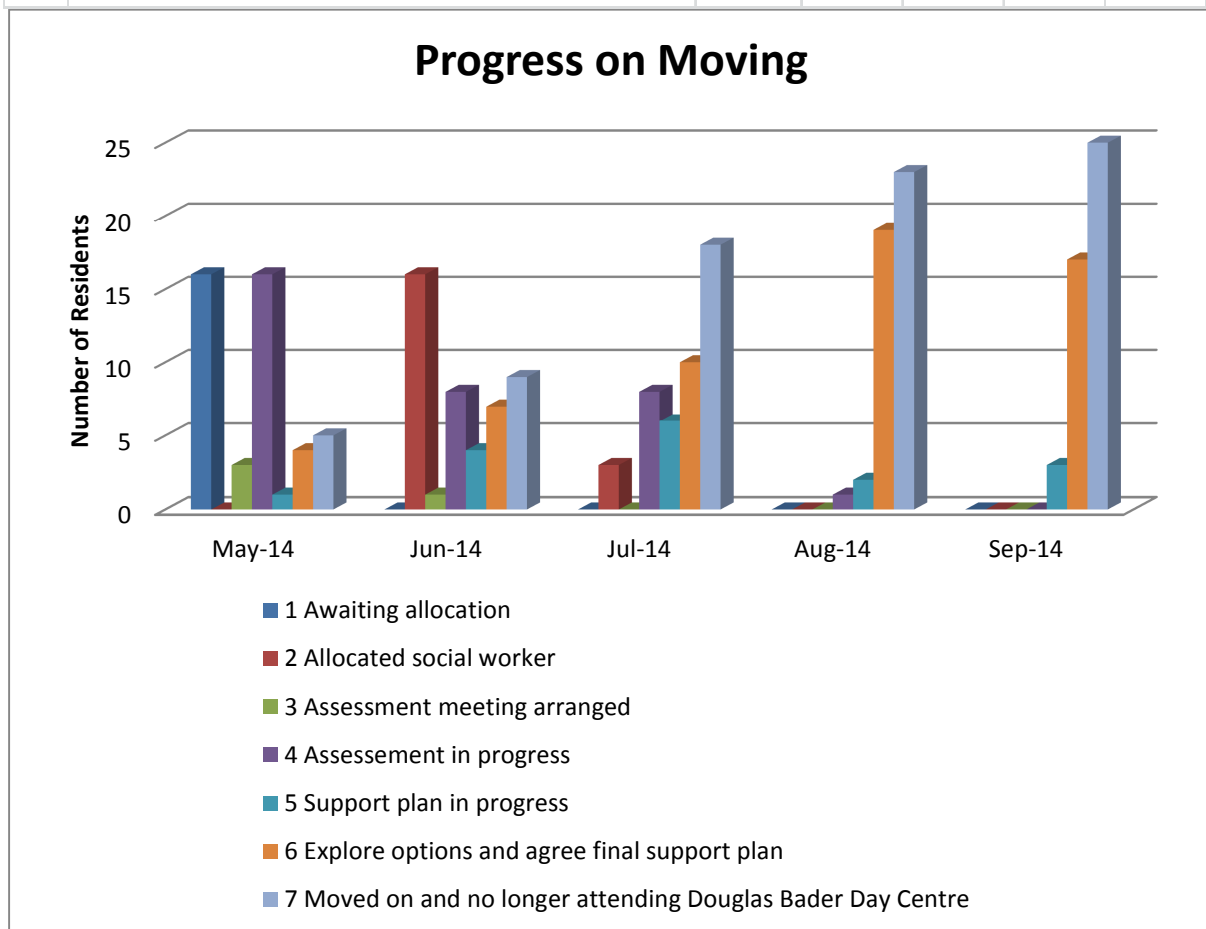
<b>Step 1</b>	Awaiting allocation		
<b>Step 2</b>	Allocated Social Worker		
<b>Step 3</b>	Assessment meeting arranged		
<b>Step 4</b>	Assessment in progress		
<b>Step 5</b>	Support plan in progress		
<b>Step 6</b>	Exploring options and agree final support plan		
<b>Step 7</b>	Moved to alternative provision		
<b>Service user NO</b>	<b>STATUS</b>	<b>STEP ON MOVING PLAN</b>	<b>NOTES AND TARGET MOVING DATE</b>
1	Service User	7	Moved to Mosaic



2	Service User	7	Moved to Age UK
3	Service User	7	Moved to Mosaic
4	Service User	6	Alternative being explored. Delay due to family circumstances
5	Service User	7	Moved to Mosaic
6	Service User	7	Moved to Extra Care provider
7	Service User	7	Moved to Mosaic
8	Service User	7	Moved to The Resource Centre
9	Service User	7	Moved to East West community project
10	Service User	7	Moved to East West Community Project
11	Service User	7	Moved to East West Community Project
12	Service User	7	Moved to East West Community Project
13	Service User	6	Alternative being explored with the Community Inclusion Team
14	Service User	6	Alternative being explored with the Rowans organisation (brokerage)
15	Service User	7	Moved to community based services
16	Service User	7	Moved to community groups
17	Service User	7	Moved to Santosh Day Centre
18	Service User	7	Moved to Mosaic
19	Service User	6	Alternative being explored with Community Inclusion Team
20	Service User	6	Alternative being explored with Community Inclusion Team
21	Service User	6	Alternative being explored with Community Inclusion Team
22	Service user	7	Support provided by a Personal Assistant
23	Service user	5	Support plan in progress. Delay due to service user on holiday
24	Service user	6	Explore options and agree final support plan. Delay due to service user in hospital
25	Service user	5	Support plan in progress
26	Service user	6	Explore options and agree final support plan
27	Service user	7	Terminal illness – no longer needs assistance to find alternative support
28	Service user	6	Explore options and agree final support plan.
29	Service user	6	Explore options and agree final support plan.
30	Service user	6	Explore options and agree final

			support plan. Supported by the Community Inclusion Team
31	Service user	6	Explore options and agree final support plan.
32	Service user	5	Support plan in progress
33	Service user	6	Alternative being explored for Direct Payment
34	Service user	7	Supported by a residential care provider
35	Service user	6	Alternative being explored
36	Service user	7	Moved to Mosaic
37	Service user	7	Moved to Age UK
38	Service user	7	Moved to Mosaic but has since died
39	Service user	7	Moved to community based services
40	Service user	7	Moved to East West Community Project
41	Service user	7	Moved to Homefield Day Centre
42	Service user	6	Explore options and agree final support plan
43	Service user	5	Support plan in progress. Service users in respite care for 2 weeks
44	Service user	7	Supported by a residential care provider
45	Service user	7	No longer eligible for day services

Stage	Description	May-14	Jun-14	Jul-14	Aug-14	Sep-14
1	Awaiting allocation	16	0	0	0	0
2	Allocated social worker	0	16	3	0	0
3	Assessment meeting arranged	3	1	0	0	0
4	Assesment in progress	16	8	8	1	0
5	Support plan in progress	1	4	6	2	3
6	Explore options and agree final support plan	4	7	10	19	17
7	Moved on and no longer attending Douglas Bader Day Centre	5	9	18	23	25
		45	45	45	45	45





This matter is being dealt with by:  
**David Pearson**  
Reference: DP/KA  
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4<sup>th</sup> April 2014

Ms D Watson  
Leicester City Council  
B87 New Walk Centre  
Welford Place  
Leicester  
LE1 6ZG

Dear Deb,

**Re. Leicester City Council Adult Social Care Peer Challenge – 12<sup>th</sup> – 14<sup>th</sup> March 2014**

I am writing to outline our findings and conclusions from the peer review. As you know the review team comprised of myself as the lead Director, Cllr Muriel Weisz (Chair of the Adult Social Care Committee in Nottinghamshire), Helen Jones (Director for Adult Assessment, Nottingham City Council) and Cathi Sacco (Programme Director - Care & Support Bill, Northamptonshire County Council).

You asked us to review the following issues:

1. Personalisation - To explore the extent to which approaches to personalisation in Leicester are achieving improved outcomes and a genuine move towards increasing independence. How can Leicester City Council accelerate this shift to improve customer experience and quality of life? How can Leicester City Council ensure that a personalised approach to carers genuinely results in carers receiving support and feeling supported in their caring role?
2. Provider Quality - To explore the effectiveness of Leicester's approach to driving up the quality of commissioned services. What improvements could be made in our approach to quality assurance?
3. Supporting timely hospital discharge and avoiding unnecessary admission to hospital. - To what extent is our work with partners effective in helping to alleviate pressure on the acute care system? Is there anything further that should / could be done to support the acute care agenda (resources permitting)?

In addition to this from our review we have identified some general themes which arise from the examination of the above.

We would like to thank you, your team, Cllrs Patel and Palmer and Andy Keeling for the openness with which you all approached the review. In particular, we would like to thank Adam Archer for the organisation and the arrangements, which were exemplary.

We had the benefit of access to the key documents and evidence prior to the review including your self assessment and this helped our focus in the range of meetings with yourself, managers, staff, partners, users, carers and providers.

As you know we allocated lead roles with the review team. Helen Jones led on the work with the acute Trust and other partners to manage the pressures on the hospital; Cathi Sacco led on personalisation and I took responsibility for provider quality. Cllr Weisz took an overview

of the issues emerging from our work across the three domains and focussed on the political aspiration and oversight of Leicester City's approach and performance in relation to adult social care.

As the general themes emerge from the detailed work, I will cover these at the end of this letter. However, in undertaking our review we were conscious of the context in which you, like most authorities, are operating with very significant reductions in the Council's budget at the same time as having to respond to increasing need and demand.

At the feedback meeting we were asked if we could advise on any area where greater value for money or savings could be achieved. We were conscious that as a Council you have commissioned some work from April to review aspects of value for money, application of eligibility thresholds and package sizes as part of a process to identify further significant savings. This will review issues such as thresholds for intervention as well as opportunities for efficiencies in internal processes. We have reflected on this request and we do not have any specific evidence other than the issues raised in the Council's own self assessment. However, we think the work the Council has commissioned is relevant and appropriate and should give the Council a picture of opportunities and cost pressures in the future. Our work did touch on areas that highlighted possible pressures as well as some approaches that might in the longer term help to mitigate escalating costs.

There are a few initiatives which set the context in which a savings plans can be developed.

A significant development is the planning you have undertaken with health colleagues on the Better Care Fund, which signals joint investment in services that are designed to keep more people with long term conditions in the community and out of hospital, mainly, the increasing number of older people over the age of 85. Of course, we know that the Better Care Fund will help with pressures but does not address all of them, particularly the rising number of adults under 65 with learning and physical disabilities where nationally there has been a greater level of increase in need and cost than has been the case for older people. We were struck by the strength of relationships with health colleagues, no doubt assisted by your role as Director of Public Health. This seemed genuine and purposeful and augers well for the significant challenges you all face over the next few years. The point in relation to financial sustainability is, whilst integrated commissioning and provision is not likely to deliver the level of savings required in the necessary timescales, it is clearly one mechanism by which health and local government can make best use of local resources.

We also make some comments about discussions with users, carers and the public about the social care offer taking account of the Care Bill and the Council's financial situation. On the one hand the Care Bill will expand the scope of Council's social care responsibilities whilst core funding is reducing. In this context we make some recommendations about reviewing the Council's vision for adult social care. Again, it is difficult to quantify any potential savings in this as, in the first instance, this would serve to help all parties to have common understanding of what the Council can and cannot fund in future

The third strand is to ensure that all the resources available in Leicester's formal statutory provision are sensitive to the needs of people who require or who may require social care and informal care and support is encouraged and, where appropriate, supported. The Deputy Mayor cited an extremely good example, in the suggestion that all leisure centre staff should receive some dementia awareness training. There are, of course, already examples of this in a vibrant City. The approach of building "community capacity" is to ensure that informal care from carers, neighbours, communities and the voluntary sector is encouraged alongside, where appropriate, mutual support. This is not an alternative to vital and essential statutory provision and funding but is a way of ensuring a balance of responsibility in the provision of support.

## **Personalisation**

### ***Strengths***

Leicester City Council had a strong and early drive to personalisation. An early adopter, the Council participated in national pilots and took a positive and progressive approach to personalisation. Mechanisms were established and resources identified to support people in having choice and control. Targets to drive up personalisation have been successful and the proportion of people receiving a personal budget and direct payments are high.

Today there is evidence of a continuation of that strong initial drive towards personalisation, and this has helped progress discussions and decisions related to changes in the Council's in-house services. The initial mechanisms to support personalisation have been redesigned based on lessons learnt and improvements are either planned or implemented. Opportunities are taken to further personalisation in service redesigns and re- procurement of services.

There is a strong and vibrant voluntary and private sector in the city. Leaders of the sector are keen to engage, are progressive in their thinking and take initiative to engage in order to support the people of Leicester. There is a particularly strong sense of commitment and progression from the city's carers' organisations.

There are a wide range of participation forums including those for carers, people in transitions and staff.

### ***Areas of Development***

The City Council could usefully clarify its approach and its policy on Personalisation in the current context of choice, quality and budget constraints. Data indicates the proportion of people who use services who feel they have control over their daily life is below average, as is the proportion of carers who feel satisfied with social services. This appears to counter the above average performance of the Council on quantitative measures of personalisation. It may be the difference can in part be explained in better understanding and managing expectations through appropriate dialogue with members, staff, service users and the public.

There are many 'good news' stories of personalisation told by staff. It may help accelerate the pace of change if these stories were better and more widely promoted with the support of the Council's communications service, demonstrating how the Council has helped improve the lives of individuals through choice, opportunity and empowerment. The examples of good news stories and the focus of personalisation seem to be primarily on younger adults. The Council might benefit from a further drive towards personalisation with older people, accompanied by renewed training and development to boost confidence.

Survey data indicates that the proportion of people who use services and carers who find it easy to access information about services was below the national and family average when last measured in 2012-13. The Council has a draft Information, Advice and Guidance Strategy but we believe that this work needs to be strengthened and that it needs to be delivered at pace. Strong and focused implementation of a robust information and advice strategy could be used to most effectively develop social capital, make best use of limited Council resources and manage demand whilst supporting people to support themselves.

Help for carers in both identifying carers and providing them with support can continue and be strengthened through maintained investment in carers' workers, and embedding and extending support through integrated initiatives with health.

## **Provider Quality**

### ***Strengths***

The Council introduced a Quality Assurance Framework in the autumn of 2013 which requires providers to undergo an annual assessment. Whilst the implementation is in its early stages it represents a positive step forward in ensuring the Council and providers engage in a process to understand the quality of what is being purchased by the Council. Since many of the organisations also provide to self-funders this extends to services which are also used by self-funders, it is to the benefit of a wide range of users of social care services. The intention is that the outcomes of the Quality Assurance Framework are made public so that service users and carers can use this information in making choices about provision.

The process of understanding and managing poor quality and risk is sound. Whilst it was not within the remit of the review to examine how this was managed in individual cases, there are appropriate processes in place across agencies including health and CQC. This includes a process for investigation, monitoring and review through the Safeguarding Adults Unit, involving collaboration and joint working with all the relevant partners.

Providers reported appreciating the guidance on falls and dementia and training that has been facilitated on tissue viability providing a good model of strategic support to quality. Whilst it is clearly providers' responsibility to fund and provide training for their staff, where there are particular areas of concern or likely risk, it does provide a way of ensuring consistent support and advice.

Leicester is a city which was described to us as one of "super diversity". We saw and heard strong evidence that approaches which promote equality and diversity in policies and service provision are embedded.

There was evidence of a strong and diverse voluntary sector who provide a range of service provision. They also referred to examples of innovative practice.

### ***Areas for Development***

It is commendable that Leicester City Council has implemented a Quality Assurance Framework. In future there are opportunities to join this up with the health service. We heard from providers that they would value more services being jointly commissioned. Clearly, the work arising from the Better Care Fund will increase the impetus for more joint commissioning and a joint approach to quality assurance will help to ensure consistency, help providers and lead to the possibility of sharing the costs of such a system. We were also impressed to hear and read about the telephone survey of over 600 service users, and clearly this is a key part of any quality assurance framework.

One of the ways of ensuring that services meet the outcomes of service users and carers and affords the appropriate safety, dignity and choice is for regular reviews with service users and carers. This is also an opportunity to assess whether needs have changed. The pressure on most assessment and care managers in local authorities is increasing given the demographic profile, pressures arising from activity in the health service and the increase in complex assessments in relation to safeguarding. There was some evidence that reviews are not always carried out in the expected timescales. The senior team are aware of this and concerned about it. This was also referred to in our meeting with service users. Our advice is to revisit the policy on annual reviews of existing service users needs to ensure it is one which is proportionate and according to need and is clearly communicated to service users so that expectations are aligned.



We heard evidence of greater attention to outcomes for service users and carers in the commissioning of services. We recommend that the authority continues to explore ways of developing commissioning for outcomes, recognising that the authority has to be aware of the cost implications of any change of approach in the current economic climate and these approaches take time to develop. There are approaches being developed by a range of local authorities and it may help the authority to explore these examples and their applicability to Leicester.

We explored the issue of fee levels in the climate of current national concern about wage levels, payment of travel time and zero hour contracts, and the impact of this on quality. We note that the Council no longer commissions 15 minute calls and this change is currently in transition. There is also further work taking place to ensure that provider's actual practice reflects commitments given in the tendering process. A review is being undertaken by the Scrutiny Committee on quality, covering these issues. We support the Authority's continued work in this area and with the residential sector in continuing to understand the actual costs of care in the Leicester adult social care market and the impact on quality. We suggest that it may help the authority to review its practice against the 'Top Tips for Directors Commissioning and Arranging Home Care services' guidance issued by ADASS at the end of 2013 and report on this formally to the Council.

Finally, in all these developments we found our discussion with provider representatives that they were keen to be involved and engaged in the co-production of strategies in order to "work with the Council to ensure that there is first class care and that we have services of which we are all proud of". This included further development of the Quality Assurance Framework as well as other measures. We appreciate that this may not be the view of all providers but our view is that the Council may benefit from further work with providers on these issues. We suggest this should include clear feedback on the suggestions that can and cannot be adopted.

## **Hospital Discharges**

### ***Strengths***

Leicester City Council is well regarded by partners in terms of their contribution to the acute hospital agenda. We found evidence of good working relationships between the CCG and the Local Authority that were reflected in the joined up planning relating to the Better Care Fund.

High level political engagement was also evident. Scrutiny has considered the Better Care and winter preparedness from a "whole council" point of view e.g. gritting. The Chair of the Health and Wellbeing Board had held health providers to account through a recent Health and Wellbeing Board, filmed and placed on the web.

We also found innovative and effective responses in place, including an effective reablement service, the hospital holding team and Brookside Court which all contribute to reducing delays in the pathway coming out of acute care. In addition there is a clear, shared perspective with health service partners about community integration in relation to primary care and how a risk stratification process will assist the identification of those citizens whose needs are most likely to contribute to acute pressures if not effectively managed in the community.

The next steps needed are well understood and articulated in the Better Care Fund work. The need to pay additional attention to preventing admissions as well as speeding up discharge is also understood strategically.

## ***Areas for Development***

Success in relation to timeliness of discharge seems to be measured primarily in relation to delayed transfers of care although partners have agreed a target focused on discharge timeliness from the point at which a patient becomes medically fit to discharge. It is sensible that this becomes the focus for measuring success, providing for further local ambition over and above the formal statutory framework.

Given the level of the pressures, the question must be asked as to whether the delivery timescale for the changes are ambitious enough and whether the Council has sufficient senior

leadership and other capacity for delivery of this agenda at the pace required for next winter and to deal with ongoing demand. The high level of commitment given by senior leaders to this is evident, but whether this is sustainable given other priorities is questionable.

It seemed there were achievable ambitions that hadn't yet been pursued for resource reasons. Examples included co-location with health partners and the management of public expectations (involving choice about remaining in acute care whilst waiting for a preferred residential home or to go home) which would need to be managed in order to protect acute care for those that needed it. As well as process change, integration involves significant cultural change and this requires resources to deliver and embed effectively

It would be useful to focus on how investment and disinvestment decisions are made. Brookside Court is an impressive intermediate care unit with very passionate staff and many stories about successful rehabilitation. However, three areas were identified during our discussions where additional funding could have made a difference to the speed of discharge.

Firstly, when the NHS moved healthcare intermediate care beds from the ground floor of Brookside Court to another facility, the GP cover commissioned for these NHS beds also transferred. This had the unintended consequence of removing convenient access to a GP for the social care unit at Brookside Court. Examples of how this had previously enabled rehabilitation and positive discharge home were given and it may be helpful to re-visit the arrangements for medical cover at Brookside Court. Secondly, we heard about delays caused by care managers being unable to respond quickly enough due to other operational priorities. Finally we heard that more therapists (occupational therapists and physiotherapists) in reablement, would mean therapy could start from day one and quicker progress be made through that pathway.

## **Overview**

### ***Strengths***

Like other authorities, Leicester City Council is grappling with significant budget reductions and major changes to its services. There are other national policy changes and the need to plan for the Better Care Fund and the implementation of the Care Bill. We saw many examples of good practice and focus on important issues, despite these pressures.

It was reported to us that over a number of years there had been rapid changes in political and senior leadership but we heard expressions of confidence in the current leadership. The investment in initiatives such as staff conferences was appreciated.

In all our dealings with Members, senior officers and staff we were struck by the passion and commitment to the City, its citizens and getting the best out of publicly funded services for and with the citizens of Leicester.

Whilst there were significant financial pressures there are plans in place, recognising that some decisions had been very challenging, and that there is more work to do in finalising what are currently outline plans for future years.

The planning arrangements with the health service and the depth of understanding and mutual respect we observed highlights the potential for implementing innovative approaches and transformation across health and local government.

### ***Areas for Development***

We suggest that it would be appropriate to review the vision for adult social care to balance choice quality and cost effectiveness, and to take account of the forthcoming Care Act.

As part of the development of the new vision we would encourage a dialogue between Members, staff, service users, carers and providers about building community capacity. This would be with the aim of improving quality of life but also balancing the responsibilities of the Council with those of citizens and other organisations.

The Council is undertaking a significant number of major change programmes. We suggest increasing the pace of change and identifying further capacity in relation to some key initiatives. In particular we would highlight the need to review capacity for the Information, Advice and Guidance Strategy, aspects of the plan for integration with health and clarification of the Council's particular approach to personalisation.

We also think there is a case for enhancing the Communications Strategy of the authority and increasing the corporate communications support to promote good practice in adult social care and helping to set expectations once a new vision has been developed.

Finally, I would like to say how much we appreciated our visit to Leicester. We would like to extend our thanks to all who gave their time to assist us in understanding the progress you have made and to suggest areas for development.

Yours sincerely,

*David Pearson*

### **David Pearson**

Corporate Director – Adult Social Care, Health & Public Protection  
Nottinghamshire County Council



## **Delayed Discharges relating to Equipment and Adaptations**

The report by Age UK highlights the delays resulting from people awaiting equipment and adaptations, prompting their call for all new homes to be built to lifetime housing standards.

At a national level, there are reportable delays for this reason, which Age UK has used to calculate the costs in the report. However this should be set in context.

In July 2014, in England there were 88,779 delayed bed days across acute and non-acute care settings, of which 3,599 (4%) were due to equipment / adaptations. Of this total, 527 (0.6%) delays were attributable to social care.

In Leicester, a snapshot at the end of June 2014 noted a total of just 1 delay for a city patient as a result of community equipment or adaptations.

There are a range of mechanisms in place to ensure that delays for this reason are minimised:

There is a Leicester, Leicestershire and Rutland Integrated Community Equipment Service in place, which supports the equipment provision needs for all three councils and clinical commissioning groups / NHS providers. There are stringent performance measures related to the delivery of equipment deemed to be essential for discharge, including same day delivery requirements. Leicester City Council hosts the contract lead role for this service. There are clear protocols in place regarding the responsible agency for ordering equipment.

Leicester has invested in equipment and minor adaptations as part of previous NHS transfers and now within the Better Care Fund. Additional winter funding has also been used to extend the operational hours of the equipment service. The council's reablement and crisis services have rapid access to a handypersons service to install equipment or minor adaptations. Both of these services are accessible to hospital staff who wish to make a discharge, including out of usual working hours.

Adult social care works closely with UHL, through daily teleconferences to ensure that any patients who may be delayed are discussed and steps taken to avoid this. In the event that major adaptations are deemed necessary to enable a return home, an offer of interim care in a setting outside of hospital, such as a care home, will always be made, to ensure that people are not staying in hospital for longer than necessary. As many elected members will be aware from constituency casework, major adaptations cannot be delivered quickly for a variety of reasons.

In summary, there is evidence to confirm that delays due to equipment and minor adaptations are not a problem in Leicester, significant assurances that services are working well to avoid such delays and systems in place to monitor this.

Ruth Lake  
Divisional Director, Adult Social Care and Safeguarding



## Adult Social Care Scrutiny Commission

### Work Programme 2014 – 2015

Meeting Date	Topic	Actions Arising	Progress
26 <sup>th</sup> Jun 2014	<ol style="list-style-type: none"> <li>1. VCS Preventative Services – Update on the findings of the consultation and proposals</li> <li>2. Elderly Persons Homes – Update</li> <li>3. Intermediate Care Facility – Options for developing the facility</li> <li>4. Adult Social Care Commission – Update</li> <li>5. Douglas Bader Day Centre – Update</li> </ol>	<ol style="list-style-type: none"> <li>1. 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. Progress of the procurement process to come back to a future meeting.</li> <li>3. 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.</li> <li>4. 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.</li> <li>5. 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.</li> </ol>	
14 <sup>th</sup> Aug 2014	<ol style="list-style-type: none"> <li>1. Hospital Transport for Patients – impact of long waits on care</li> <li>2. Fosse Court Care Home – status and position of residents</li> <li>3. Review of Housing Related Support for Substance Misuse</li> <li>4. Douglas Bader Day Centre – Update</li> <li>5. Elderly Persons Homes – Details of the four week review feedback of moved residents</li> <li>6. Intermediate Care Facility – Key milestones</li> <li>7. Work Programme</li> </ol>	<ol style="list-style-type: none"> <li>1. Letters to be written to East Leicestershire and Rutland CCG and Arriva Transport Solutions to inform of concerns raised at the commission meeting.</li> <li>2. Findings of the review of Fosse Court Care Home to come back to a commission meeting.</li> <li>3. A report on the 'Dear Albert' social enterprise project to come to the next meeting.</li> <li>4. The next report to include feedback from users that had moved on</li> <li>6. Session to be held for Members to see preliminary plans.</li> </ol>	

Meeting Date	Topic	Actions Arising	Progress
25 <sup>th</sup> Sep 2014	<ol style="list-style-type: none"> <li>1. Winter Care Plan:               <ol style="list-style-type: none"> <li>a) Progress / Response from Exec on report recommendations and evaluation of last winter's care.</li> <li>b) Progress / Response from CCG on report recommendations and evaluation of last winter's care.</li> </ol> </li> <li>2. Leicester Ageing Together – Update on Lottery funding</li> <li>3. Extra Care Developments</li> <li>4. Voluntary Community Sector Preventative Services (ASC) – Verbal Update</li> <li>5. Douglas Bader Day Centre – Update</li> <li>6. ASC Commission – Verbal Update</li> <li>7. ASC Peer Review – Findings</li> <li>8. Residential Care Fees – Possible review following a briefing to Members</li> <li>9. Housing Adaptations for Elderly Patient Discharges from Hospital</li> </ol>		
20 <sup>th</sup> Nov 2014	<ol style="list-style-type: none"> <li>1. Befriending Service</li> <li>2. Hospital transport for patients – update on impact</li> <li>3. Implementation of the Care Act 2014</li> <li>4. Dementia Strategy (to invite health scrutiny members)</li> <li>5. Intermediate Care - 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.</li> <li>6. ASC Commission - Update</li> </ol>		



Meeting Date	Topic	Actions Arising	Progress
8 <sup>th</sup> Jan 2015	<ol style="list-style-type: none"> <li>1. Issues facing LGBT community in accessing care services</li> <li>2. Intermediate Care Unit – Update</li> <li>3. Safeguarding</li> <li>4. Fosse Court Care Home</li> <li>5. Communications in ASC services</li> <li>6. Dear Albert Social Enterprise Project</li> <li>7. ASC Commission - Update</li> </ol>		
5 <sup>th</sup> Mar 2015	<ol style="list-style-type: none"> <li>1. Intermediate Care Unit – Update</li> <li>2. ASC Commission - Update</li> </ol>		

#### Forward Plan 2014 -2015

Topic	Detail	Proposed Date
Care Act 2014 <b>COMPLETED</b>	What does it entail? What are the implications on local services	12 <sup>th</sup> Aug 2014
Better Care Fund <b>COMPLETED</b>	Update on preventative elements of the plan	12 <sup>th</sup> Aug 2014
Better Care Together 5 Year Plan	Briefing (Jointly with Health Scrutiny) – briefing session for all members scheduled to take place in September 2014	8 <sup>th</sup> Sept 2014
Independent Living Support Spending Review	Progress and findings of the review	Sept 2014
Care Quality Commission	Update on CQC working and how we can work more closely with them. (Jointly with Health Scrutiny)	4 <sup>th</sup> Nov or 16 <sup>th</sup> Dec 14 - tbc
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)	
Internal Day Care for People with a Learning Disability Review	What is being changed and what will the review involve?	Later in 2014

### Outstanding from 2013 – 2014

Winter Care Plan	Response from the Executive and CCG to the report recommendations and Evaluation of last winter's care.	Cllr Patel	Scheduled for 25 <sup>th</sup> Sept Meeting
Alternative Care for Elderly People	Response from the Executive to the report recommendations	Cllr Patel	To be added to Work Programme
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	Scheduled for 20 <sup>th</sup> Nov Meeting
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	To be added to Work Programme
Domiciliary Care	Response from the Executive to the report recommendations	Cllr Patel	Chair to present to Exec on 30 <sup>th</sup> Sept