

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 20 NOVEMBER 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:

Julie.Harget (Democratic Support Officer):

Tel: 0116 454 6357, e-mail: julie.harget@leicester.gov.uk

Kalvaran Sandhu (Scrutiny Support Officer):

Tel: 0116 454 6344, e-mail: Kalvaran.Sandhu@leicester.gov.uk

Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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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** 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 Commission held on 25 September 2014 have been circulated 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 received.

6. UPDATE ON THE EXECUTIVE RESPONSE TO THE SCRUTINY COMMISSION'S REVIEW ON DOMICILIARY CARE

The Chair will provide a brief update on the Executive response to the Scrutiny Commission's review on Domiciliary Care.

7. WINTER CARE PLAN

Appendix B

The Commission will receive an update on the Winter Care Plan. A briefing note is attached at Appendix B, along with a copy of an email from Ivan Brown, Consultant in Public Health, to Cllr Cooke (Chair of Health Scrutiny) which outlines the background as to why it is currently not possible to provide the excess seasonal death statistics for 2013/14.

8. LEICESTER AGEING TOGETHER

Appendix C

Paul Bott, the Chief Executive of Vista will be present to provide information on the successful Big Lottery bid, Leicester Ageing Together. A briefing note is attached at Appendix C.

9. HOSPITAL TRANSPORT FOR PATIENTS

The Commission will receive an update on the Hospital Transport for Patients Service.

10. ADULT SOCIAL CARE PERIOD 4 REVENUE MONITORING REPORT **Appendix D**

The Commission will receive a report which presents the spending position of the Adult Social Care Department as at the end of July 2014 (Period 4). Members are recommended to consider the Adult Social Care budget position as presented within the report and make any observations it sees fit.

11. INTERMEDIATE CARE FACILITY UPDATE **Appendix E**

Members of the Commission will receive an update on the Intermediate Care Facility. The notes from the Members' informal briefing session held on 7 October 2014 are attached.

12. INDEPENDENT LIVING SUPPORT SPENDING REVIEW

The Director of Care Services and Commissioning (Adult Social Care) will provide a verbal update on the Independent Living Support Spending Review.

13. IMPLEMENTING THE CARE ACT 2014 **Appendix F**

The Commission will receive a report that provides an overview of the key implications of the Care Act 2014 and progress so far in planning for the implementation of the changes. The report will be supplemented by a power-point presentation. Members are recommended to:

- a) Note the progress to date on implementation of the Care Act 2014
- b) Agree that further reports will be presented to the ASC Scrutiny Commission once the final regulations and guidance has been analysed and the implications and costs are known.

14. RE-PROCUREMENT OF ADULT SOCIAL CARE VOLUNTARY AND COMMUNITY SECTOR PREVENTATIVE SERVICES **Appendix G**

The Commission will receive a report that provides an update on the re-procurement of the Adult Social Care (ASC) Voluntary and Community Sector (VCS) preventative services. The Commission is asked to note the progress of the re-procurement of the ASC VCS preventative service.

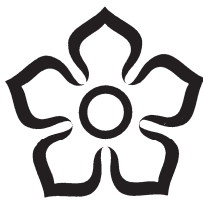
15. INDEPENDENT ADULT SOCIAL CARE COMMISSION

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

16. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME **Appendix H**

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.

17. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

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

P R E S E N T:

Councillor Chaplin (Chair)
Councillor Riyait (Vice Chair)

Councillor Alfonso

Councillor Cutkelvin

Councillor Kitterick

In Attendance

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

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29. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Dawood and Willmott.

30. DECLARATIONS OF INTEREST

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

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

31. MINUTES OF THE PREVIOUS MEETING

AGREED:

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

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

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

Matters Arising from the Minutes

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

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

- b) Minute Item 27, Work Programme

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

32. PETITIONS

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

33. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

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

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

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

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

RESOLVED:

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

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

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

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

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

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

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

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

needed to be managed and communicated appropriately.

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

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

The Chair thanked the Emergency Care Director for the presentation.

RESOLVED:

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

35. LEICESTER AGEING TOGETHER (BIG LOTTERY BID)

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

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

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

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

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

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

RESOLVED:

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

36. DEVELOPMENT OF EXTRA CARE HOUSING

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

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

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

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

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

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

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

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

RESOLVED:

that the Adult Social Care Scrutiny Commission note:

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

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

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

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

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

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

RESOLVED:

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

38. CLOSURE OF DOUGLAS BADER DAY CENTRE UPDATE

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

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

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

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

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

RESOLVED:

1. that the report be noted.

39. INDEPENDENT ADULT SOCIAL CARE COMMISSION - UPDATE

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

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

RESOLVED:

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

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

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

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

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

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

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

RESOLVED:

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

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

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

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

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

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

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

RESOLVED:

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

42. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

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

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

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

RESOLVED:

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

43. CLOSE OF MEETING

The meeting closed at 7.18pm.

NHS

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

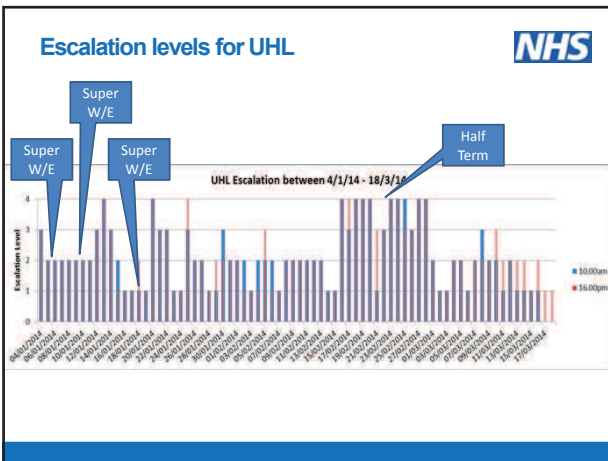
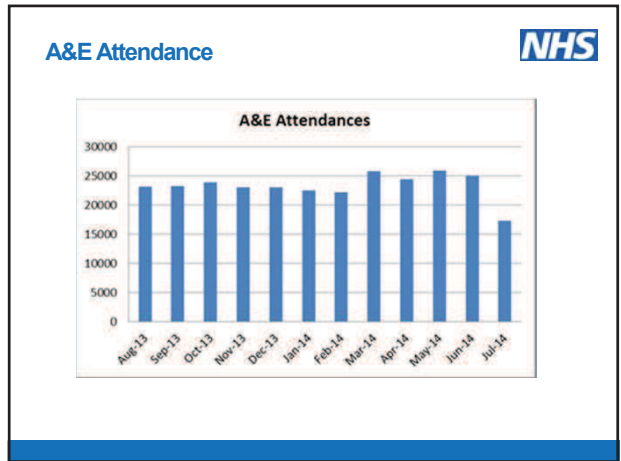
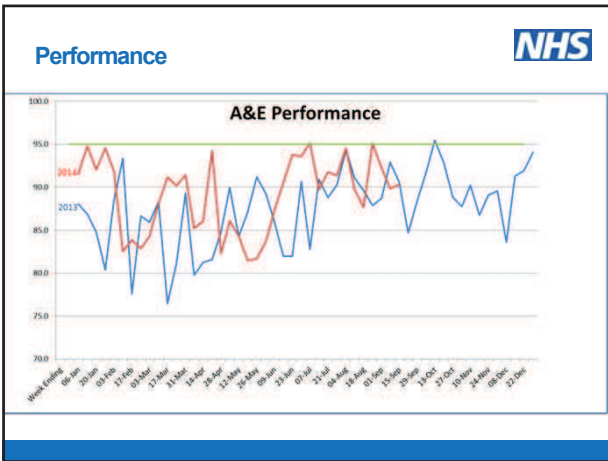
**Adult Social Care Scrutiny
Commission
Review of Winter 13/14**

1

NHS

Winter Preparation 13/14

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



NHS

Learning

What went well?

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

Learning

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

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

Learning

**What could be done differently?**

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

Preparation for 14/15



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

Winter allocations completed at the end of August:

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

Focus on key areas within the urgent care delivery plan

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

Winter specific

- Flu / Norovirus
- Capacity and demand modelling
- Communication

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



Councillor Lucy Chaplin
Members Services
Town Hall

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

Dear Councillor Chaplin,

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

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

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

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

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

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

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

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

OFFICE OF THE DEPUTY CITY MAYOR
Rory Palmer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

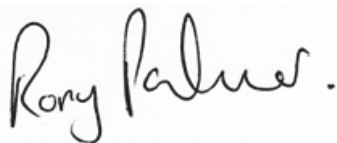
Adult Social Care submitted data to the recent Hackathon event. The council will be providing data and questions to support future Hackathon events. We make use of a wide variety of data sources and are constantly analysing data trends to inform our understanding of health trends and to health inequalities.

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

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

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

Yours sincerely



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

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

Winter Plan – Council Review of Winter 2013/14

This note provides an overview of the various responses made during winter 2013 / 14 by Council departments. It follows the presentation, in September 2014, of the Urgent Care Lead for the local Clinical Commissioning Groups, Jane Taylor; that covered the relationship with adult social care in responding to urgent care surge and escalation issues during the winter period, hence that detail is not repeated in this note. It is noted that it was a mild winter and there was no particular challenge noted to services.

Housing Services

There were no issues to report for winter 2013/14.

Looking ahead, housing services have re-visited their severe weather plan, resulting in the use of an external call centre rather than the corporate CCTV centre, for improved business continuity. As funding is available, housing services are installing external insulation panels in low income areas and ensuring that the housing stock meets the decent homes standard.

With regards to rough sleepers, there was little call on the severe weather bed provision that is in place for rough sleepers. Although two hostels (Lower Hastings Street and Loughborough Road) had closed by the end of January this year, it had little impact and there was no significant increase in the number of rough sleepers. A review of the figures held for January, February and March 2014 indicate that the number of rough sleepers remained fairly constant at 10.

The severe weather bed provision will again be in place for this winter. There is a meeting being held on 12th November with colleagues in the voluntary sector to discuss what changes, if any, are needed and how they will operate.

Ian Craig / Martin Clewlow, Housing Services

Gritting / Highways

The winter of 2013/14 was generally mild particularly compared with the previous winter. There wasn't any snowfall that required dealing with and the 'gritters' were only sent out 30 times to carry out precautionary salting on the main roads and bus routes to keep them clear of ice. These primary salting routes cover 296km which is approximately 36% of the road network. We also have secondary routes which are salted to deal with snowfall, when we also salt footpaths in the city centre and others with high footfall. We have over 300 grit bins sited across the city so that residents can spread a mixture of salt and sand on the highway and they are usually sited

where roads or pavements have a steep gradient. Our stock of salt ready for this winter is over 2500 tonnes.

Further information can be found on our webpage: <http://www.leicester.gov.uk/your-council-services/transport-traffic/highways/street-gritting-and-snow-clearing/>

Mike Pears, Highways and Transportation

Adult Social Care

This was a comparatively quiet winter. The services were able to manage demand without challenge; on one occasion the services stepped up their pressure status from level 1 (lowest) to level 2 (slight pressure). This was managed effectively by redirecting resources and reduced to level 1 within a couple of days. Forward planning for winter 2014/15 has been completed with health partners, as part of the refresh of the Surge and Resilience plan, as described previously by Jane Taylor.

Ruth Lake, Adult Social Care

Public Health

Last year was a mild 'flu year'. For this next winter, Public health are preparing for a normal or possibly higher than normal flu year – although there is no intelligence to suggest it will be high.

Preparation for this year includes a new nasal spray flu vaccine pilot by Public Health England. Leicester's pilot is the biggest in country, involving primary and secondary school children aged 5 – 13. With regards to workforce vaccinations, Public Health are using some one-off funding to offer free flu vaccines to front line social care staff in all sectors, where this cost is usually the responsibility of employers, to increase uptake.

With regards the update on excess seasonal deaths, this data is published nationally by the Office for National Statistics (ONS) and currently latest finalised local authority data available only covers up to 2011/12 (published 26 Nov 2013).

Some provisional data from ONS indicates there was an increase in winter deaths nationally over 2012/13, which was largely expected given the relatively cold winter experienced that year. However, the local authority level data, usually presented as a 5 year rolling average, was not calculated by the ONS for this period.

The provisional national data covering the period of winter 2013/14 is scheduled for release in Nov-Dec 2014. The verified data and potential Local Authority level data won't be available for some considerable time after that.

Ivan Browne, Public Health

Update to the Executive Response to the Winter Plan Scrutiny Report

There continues to be regular partnership discussions through a range of forums to ensure good links for winter planning.

The hackathon event referred to had social care data available, alongside other council data. However the hackathon has to select themes to work on and has chosen different areas to explore. If a specific 'challenge' is noted for future events, Jay Hardman would be happy to facilitate this being put into the process.

Work on extended hours for services continues via the Better Care Fund and positive impacts can be seen, for example in the numbers of people being supported outside of usual hours via Integrated Crisis Response Services.

Officers are presently working with colleagues in the County, to oversee a Cabinet Office funded initiative operated by the Royal Voluntary Service (RVS). Called Hospital 2 Home, the project went live on 1st October and is due to finish at the end of March 2015. The project matches older people in hospital with a trained volunteer, who befriends them and supports them through the discharge process. This is done by assisting with transport home and to follow up medical appointments, undertaking a warm home check, providing a welcome home food hamper if necessary and maintains a befriending relationship with the person for up to 6 weeks. During that time, the older person can be signposted to other services as necessary and if support is still required at the end of the 6-week period, the RVS's Good Neighbour scheme will follow on. The project is to be evaluated through the 6-month period by the Nuffield Trust.

Ruth Lake, Adult Social Care

From: Ivan Browne
Sent: 05 November 2014 12:23
To: Cllr Michael Cooke
Subject: Excess Winter Deaths Data

Dear Councillor Cooke

I am aware that under the winter plan update which is being submitted to the Health Scrutiny Commission, I have been unable to provide you with an update on the excess seasonal death statistics I presented last year. Knowing that you have a particular interest in this area, and to support the information I provide in the report, I thought it would be useful to supply you with some background as to why we are unable to provide the 2013/14 figures.

Our information analyst has checked published data for excess winter mortality on the ONS website and, as I stated in the update, there is currently only local authority data for 2011/12 (published 26 Nov 2013) . National data for 2013/14 is apparently due to be released around late Nov-Dec 2014. However, I am concerned that this may not include a local authority breakdown of the data to include 2013/14 results as the 2012/13 published data only breaks the national data down as far as regional levels at present. We assume that at some point they will produce a further breakdown to local authority level but currently this seems to be taking much longer than has been the case in previous years.

I'm trying to get to the bottom of this problem and at present all I have been told is that there is some delay in the registered death returns and the consequence release of ONS deaths data. The complete mortality data set for 2013 will only be released in Dec 2014.

We do have some local deaths data for 2013/14 within the department, but unfortunately this is not yet complete for July 2014 which is needed to calculate the seasonal deaths during 2013/14. However, once we are able to access this we will be able to calculate our excess winter deaths should this year's ONS report fail to provide.

I hope this explanation helps and please feel free to contact me if there is anything you wish discuss any aspects of this further.

Regards

Ivan

Ivan Browne FFPH
Consultant in Public Health
Public Health
Leicester City Council
City Hall
115 Charles Street
Leicester
LE1 1FZ
0116 4542024



Leicester Ageing Together

Vista, the local sight loss charity, will receive £5million of Big Lottery Funding over the next 5 years to reduce social isolation amongst people over the age of 50 in Leicester.

Vista was chosen as the lead organisation by older people and older people's organisations within the city and put together a successful bid ensuring that Leicester is one of 15 localities which will benefit from the Big Lottery's £82 million Ageing Better programme.

Vista's aspiration for the programme is that older people are less isolated; are actively involved in their communities with their views and participation valued more highly; are more engaged in the design and delivery of services that help reduce their isolation; that services are better planned, co-ordinated and delivered; and that better evidence is available to influence the services that help reduce isolation for older people in the future.

Working in conjunction with older people, the City Council and Health partners, our local programme, called Leicester Ageing Together, consists of 23 projects that will be delivered by 17 delivery partners, with the first projects starting in June 2015.

These projects include Men in Sheds, Community Navigators, Social Prescribing, Intergenerational projects, and Financial Wellbeing amongst others. They present opportunities for people to come together, to design their own services and to reengage with their communities.

Projects will be focussed on four wards, Latimer, Thurncourt, Spinney Hills and Evington selected through the prevalence of risk factors associated with social isolation which had been identified by older people.

There will also be city wide delivery to older people with hearing loss, African Caribbean older people and older people who find it difficult to leave their homes.

Over the five years Leicester Ageing Together will work with 6, 570 people, will train and develop over 1,000 volunteers through a workforce development programme and will fund over £3million of local jobs.

We will be collecting data on each and every person that we work with and use this to inform both local and the national evaluations. Links have already been made with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC) at the University of Nottingham to undertake research projects. This work forms part of a larger learning network which will host the Big Annual Event to share the learning from this programme with our wider partners in both statutory, voluntary and the private sector.

We have ambitions that Leicester Ageing Together will be a programme of national significance but be locally relevant.



Revenue Budget Monitoring, Adult Social Care Period 4, 2014/15

Decision to be taken by: City Mayor
Overview Select Committee date: 16th October 2014
Lead director: Alison Greenhill

Useful information

- Ward(s) affected: All
- Report author: Rod Pearson
- Author contact details: 37 4002

1. Purpose of report

The purpose of the report is to present the spending position of the Adult Social Care Department as at the end of July 2014 (period 4) to the Adult Social Care Scrutiny Commission.

2. Summary

Adult Social Care (ASC) is experiencing considerable budget pressures and is forecasting an overspend of £2.6m in 2014/15.

This report has been brought to the Adult Social Care Scrutiny Commission following consideration of the council's overall period 4 position at the Overview Select Committee on 16th October 2014.

3. Recommendations

The Adult Social Care Scrutiny Commission is recommended to consider the ASC financial position presented within this report and make any observations it sees fit.

4. Report/Supporting information including options considered:

Period 4 is the first full budget monitoring exercise that the council undertakes in the financial year. At this early stage, a number of pressures have been identified in the Adult Social Care budget including the following:

- There have been a number of previous budget reductions where implementation has been delayed compared to the assumptions made in the budget. The largest area of delayed savings relates to the programme of closure and sales of the Council's Elderly Persons Homes. The judicial review of this decision has significantly delayed the closure of one home and required considerable management capacity, creating delays in the programme overall, but has recently been

resolved in the Council's favour, however the decision has subsequently appealed resulting in the continued opening of the home.

- Additional costs anticipated as a consequence of the Council's current review of fees paid to residential care homes
- Costs associated with a significant increase in assessments relating to Deprivation of Liberty Safeguards. This follows the Cheshire West Supreme Court judgement in March 2014 on Deprivation of Liberty safeguards (DoLs). It is estimated that the court ruling has expanded the scope of DoLs by tenfold and the Council is now incurring significantly increased costs.

The early forecast for Adult Social Care is that there will be an overspend of £2.6m on a gross budget of £128.4m (net budget of £89.4m). The appendix to this report sets out the Adult Social Care budget pictorially, identifying how clients enter the system and an overall representation of how much money was spent in the various service areas in 2013/14. The appendix breaks down the 2014/15 budget into more detail and highlights where the significant areas of overspend sit within the overall department, describes the areas of service and relates the individual areas of overspend to the budget.

A summary of the main reasons for the overspend is shown below:

Service Area	Forecast Overspend £m
As a result of delayed savings from reviews:	
Independent Living Support Review	0.1
Elderly Persons Home Review	1.1
Day Centre Review	0.1
Voluntary Sector Review	0.1
Other	
Pressure from Increasing Demand – increases in care packages as people are living longer with more complex needs	0.7
DOLS – Deprivation of Liberty	0.2
Residential Care Home Fees	0.3
TOTAL	2.6

The Adult Social Care Department is undertaking a rigorous exercise to challenge this early forecast and is undertaking management action to mitigate the forecast overspend. Some actions have already been implemented and the position has to some extent been offset by savings achieved through careful management of contracts, with reduced spending amounting to £0.9m.

The next formal budget monitoring report will be at period 6 when progress against this position will be up-dated.

Whilst the department is doing all it can to contain recurrent expenditure, it is clear that there are, and will continue to be, pressures on the department's budget. It has been agreed to review current earmarked reserves held by the department and to transfer sums to a new reserve to mitigate this years and future years' pressures.

5. Financial, legal and other implications

5.1 Financial implications

This report is solely concerned with financial issues.
Alison Greenhill, Director of Finance, Ext 37 4001.

5.2 Legal implications

This report is solely concerned with financial issues.

5.3 Climate Change and Carbon Reduction implications

This report is solely concerned with financial issues.

5.4 Equalities Implications

No Equality Impact Assessment has been carried out as this is not applicable to a budget monitoring report.

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

This report is solely concerned with financial issues.

6. Background information and other papers:

Report to the council on the 26th February 2014 on the General Fund Revenue Budget 2014/15.

7. Summary of appendices:

There are no appendices.

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

No

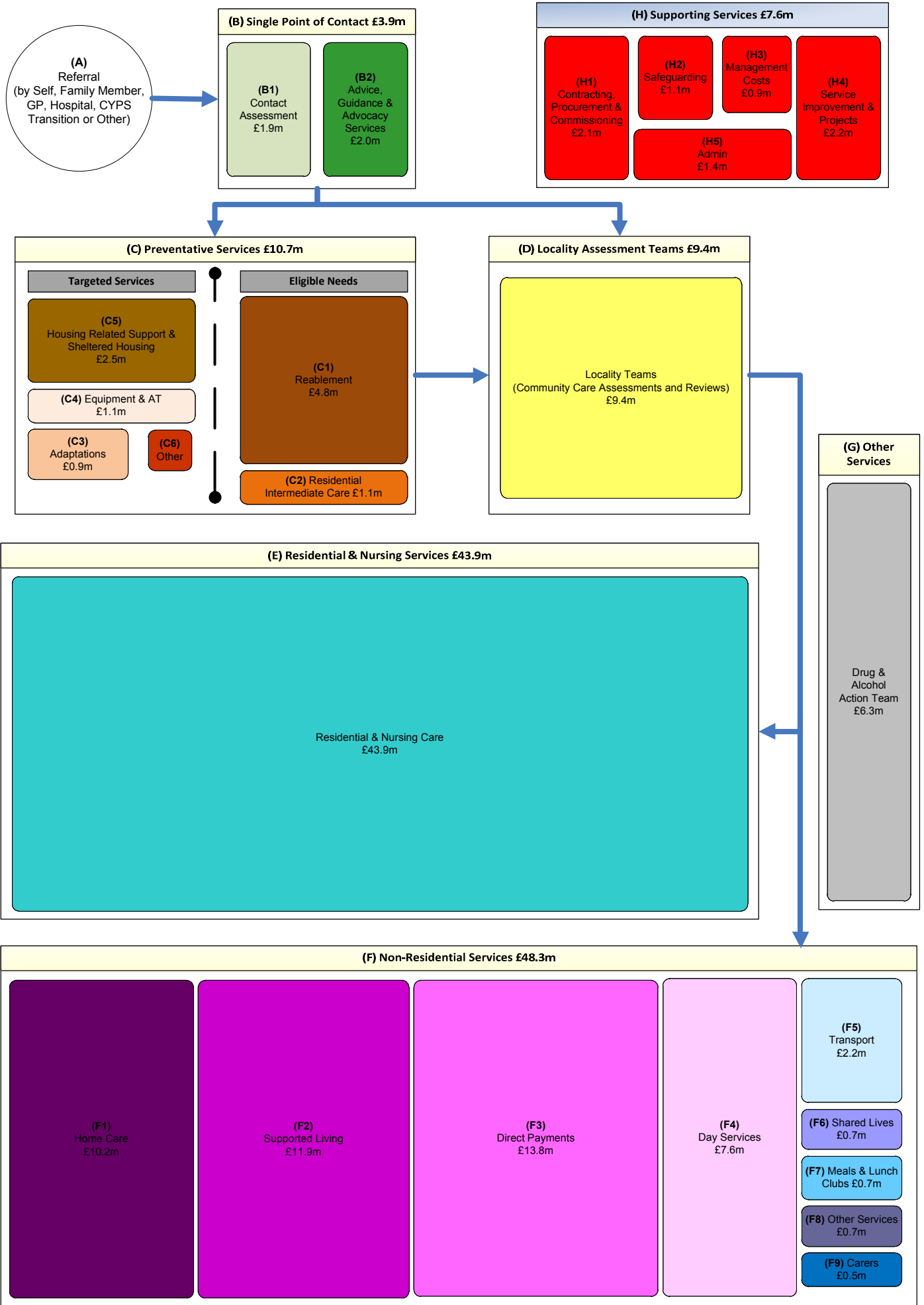
9. Is this a “key decision”?

No

10. If a key decision please explain reason

N/A

2013/14 Gross Expenditure Summary



		2014/15 Budget
B1	<i>Contact Assessment</i>	£2,320,300
B2	<i>Advice, Guidance & Advocacy Services</i>	£2,015,000
Contact Services		£4,335,300
C1	<i>Reablement</i>	£4,150,500
C2	<i>Residential Intermediate Care</i>	£1,093,000
C3	<i>Adaptations</i>	£724,100
C4	<i>Equipment & Assistive Technology</i>	£779,600
C5	<i>Housing Related Support & Sheltered Housing</i>	£2,039,000
C6	<i>Other Prevention</i>	£491,400
Preventative Services		£9,277,600
D	<i>Locality Assessment Teams</i>	£8,673,300
Assessment Services		£8,673,300
E	<i>Residential & Nursing Services</i>	£39,348,200
Residential Services		£39,348,200
F1	<i>Home Care</i>	£13,633,600
F2	<i>Supported Living</i>	£10,986,400
F3	<i>Direct Payments</i>	£9,885,100
F4	<i>Day Services</i>	£6,844,000
F5	<i>Transport</i>	£2,185,900
F6	<i>Shared Lives</i>	£557,800
F7	<i>Mobile Meals & Lunch Clubs</i>	£583,100
F8	<i>Other Services</i>	£713,200
F9	<i>Carers</i>	£1,119,600
Non-Residential Services		£46,508,700
G	<i>Drug & Alcohol Action Team</i>	£6,282,700
Other Services		£6,282,700
H1	<i>Contracting, Procurement & Commissioning</i>	£2,087,600
H2	<i>Safeguarding</i>	£1,149,100
H3	<i>Management Costs</i>	£1,139,500
H4	<i>Service Improvement & Projects</i>	£340,300
H5	<i>Admin Costs</i>	£1,024,500
Supporting Services		£5,741,000
		£120,166,800
n/a	n/a	£7,999,800
Income	Income	-£39,012,200
		£89,154,400

Box	Area	Description
A	Referral	<p>Referrals can be made by any concerned individual. In most cases these are family members, health professionals or the people themselves. Some people are supported as children, and when they become adults they fall under the remit of Adult Social Care.</p>
B	Single Point of Contact	<p>The Single Point of Contact uses a short 'contact assessment' as a way of very quickly filtering people through the most appropriate route.</p> <p>Those identified as not being eligible for support are either provided with general advice and information or with services that would prevent them from needing to approach Adult Social Care in the near future.</p> <p>Where a person clearly meets the eligibility criteria for support they are either referred directly to the Locality Assessment Teams for a full assessment (D) or for Preventative Services (C) such as a period of reablement prior to a full assessment.</p>
C	Preventative Services	<p>Preventative services are those which help to delay, avoid or reduce the need for a person to receive on-going services from Adult Social Care.</p> <p>People who already have eligible needs may receive a period of reablement or intermediate care (C1 & C2); those who do not meet the eligibility criteria may receive more targeted services where there is a clear link to preventing or avoiding the future need for support.</p>
C1 & C2	Reablement & Intermediate Care	<p>Reablement is a service provided in a person's home which helps to stabilise their needs, assist them in regaining lost skills and giving them the confidence to lead a more independent life.</p> <p>Intermediate Care consists of a short period of intensive rehabilitation in a residential setting. The purpose is to help a person return home after being in hospital and to prevent re-admission to hospital.</p>
D	Locality Assessment Teams	<p>In conjunction with the customer, social work teams carry out a full assessment of needs using the Supported Assessment Questionnaire (SAQ). Based on the assessment the social worker determines whether the individual is eligible for support. For non-residential customers, the information from the assessment feeds into the Resource Allocation System (RAS) which provides an indication of how much it should cost to meet their needs.</p> <p>Workers then work with the individual to develop a support plan which sets out how their needs are going to be met. After 4 weeks the case is reviewed to ensure that the person's needs are being met</p> <p>When there are changes to the customer's circumstances, the team will undertake a reassessment. They also undertake annual reviews to ensure that the package of support is appropriate and meeting needs.</p>
E	Residential & Nursing Care	<p>The cost shown here includes Leicester City Council homes as well as independent sector homes.</p> <p>Payments to independent sector care homes and nursing homes are normally made based on a set of standard rates. If a resident has a very high level of need then payments above these rates are made.</p>

F1	Home Care	This involves carers coming into a person's home to assist with activities of daily living, including bathing, toileting, cleaning and carrying out domestic tasks.
F2	Supported Living	Supported Living is a service where people live in the community (in shared houses, clusters of flats, or individual tenancies) and have their needs met by a different organisation to the one which provides the accommodation.
F3	Direct Payments	A Direct Payment is when a person chooses to take money and buy a service themselves rather than rely on Adult Social Care to arrange services for them. Direct Payments are typically used to pay for home care services and day services. Where required, people are given support to help them to manage the money, and to evidence that the money is being spent appropriately.
F4	Day Services	Day services exist to enable customers to socialise with other people, and to provide respite for family and carers. Leicester City Council operates a number day services, including those for people with mental health needs and those with learning disabilities. Most other day services are operated by voluntary sector providers.
F5	Transport	Where people need to be transported between their home and their day centre, for example, a fleet of council vehicles is used. Taxis are also used where this is appropriate.
F6	Shared Lives	In the Shared Lives Scheme, customers are placed with families to live and/or receive day support. The family are paid for the support they provide.
F7	Mobile Meals & Lunch Clubs	Mobile Meals is a service which delivers ready-cooked meals to customers' homes. This is because some people are physically unable to prepare a cooked meal. Part of this service is currently provided in-house by the council, with the voluntary sector supporting provision of Gujarati and African Caribbean meals.

Analysis of Adult Social Care's forecast overspend of £2.6m as at period 4, 2014/15

Service Area	Forecast Overspend 2014/15 £M
<u>As a result of delayed savings from reviews:</u> - Independent Living Support (former HRS) review (refer to C5 in the diagram above) EPH review (refer to E in the diagram above) Day Care/Centre review (refer to F4 in the diagram above) Voluntary Sector review (refer to F4 in the diagram above)	0.1 1.1 0.1 0.1
Sub-total - delayed savings <u>Pressure from increasing demand</u> - Increase in care package costs as people are living longer with more complex needs. (refer to E & F1 to F9 in the diagram above) <u>DOLS</u> - Deprivation of Liberty Service (refer to H2 in the diagram above) <u>Residential Care Home Fees</u> - Additional cost in 2014/15, which is over and above the earlier anticipated cost. (refer to E in the diagram above)	1.4 0.7 0.2 0.3
Total	2.6

Mitigating Actions

The Adult Social Care Department is undertaking a rigorous exercise to mitigate the forecast overspend. Some actions have already been implemented and the position has to some extent been offset by savings achieved through careful management of contracts, with reduced spending amounting to £0.9m.

Whilst the department is doing all it can to contain recurrent expenditure, it is clear that there are, and will continue to be, pressures on the department's budget. It is proposed to review current earmarked reserves held by the department and to transfer sums to a new reserve to mitigate future years' pressures. Permission is sought for the Director of Finance to review these sums and to transfer sums which are not committed, or which need to be spent to maintain services or fulfil agreements with partners.

Members Present:

Councillor Chaplin (Chair)
Councillor Alfonso
Councillor Cutkelvin
Councillor Kitterick
Councillor Riyait
Councillor Willmott

Officers Present:

Ben Parks – Senior Project Manager, Property Services, LCC
Kalvaran Sandhu – Scrutiny Policy Officer, LCC
Nick Green – Architect, Saunders Boston Architects
Ruth Lake – Director of Adult Social Care and Safeguarding, LCC

Background

The Adult Social Care Scrutiny Commission was briefed on the initial designs for the proposed intermediate care facility.

As part of the consultation to the designs commission members made many comments and suggestions. These have been captured below in a summary of the discussions during the meeting.

Introduction

The designers are working through the feasibility study to have a two storey, 60 beds site on Tilling Road in Beaumont Leys ward. The site is near local bus routes and is very close to Home Farm Shopping Centre.

The front of the building will be a public space that could consist of:

- Café
- Activity Room
- Hairdressing/consultation room
- Interview room
- Therapy room
- Exercise Room
- Office for Leicester Care

The residential accommodation will include the following:

- 60 bedrooms, 15 rooms per wing in clusters of 4/6 rooms
- Four wings, two per floor
- Four bariatric rooms
- Two self-contained assessment flats
- Assisted bathrooms

- Communal lounges/dining rooms
- There won't be defined long corridors as the aim is for it to feel like a large home rather than an institutional setting

There will also be a staff area, communal kitchen and an internal courtyard, which will be outward facing in order to feel open to the wider community. Domestic textures will be used on the outside of the building to give it a homely feel.

Café

Members believed that there is a history of cafés not working in these settings as the footfall may be low and it could end up being a baron space. It was felt that there needed to be a business case for the café and if it was to be included then it needed to be an open space and not closed off.

Officers stated that the café and the footfall for it had been considered in great detail, but it is hoped that the general public will use it as it is near the Home Farm Shopping area and there is potential for a VCS group to run it.

Hairdressers

Concerns were also raised about footfall for the hairdressers and suggestions were made that it could be a commercial unit used for the whole community. Opening out the space for the community to use is important and perhaps more important than having the café.

It is anticipated that the hairdresser's room will be a multi-functional room and not just used for hairdressing. The desired outcome will be for local hairdressers to come in and use the room when requested by the residents.

Dementia care

The potential disruption from dementia patients on other residents was raised and the need for a mechanism to help disorientated people know where they are. It was reported that there will be people with different levels of needs accessing the service, with some requiring rehab and others respite care and there may be those that have dementia. Those with dementia will be in a more settled environment with their needs dealt with in a different way to others

Members were informed that there would be a consultant with specialist knowledge in dementia involved in the design process to cater for the needs of those with dementia.

Outdoor Spaces

Members highlighted the importance of access to an outdoor space and particularly for those that have rooms on the first floor also have access to outdoor space from their room. It was confirmed that people on the first floor will still have access to the garden courtyard but there is consideration being made to them having large balcony areas with outdoor seating and planting.

One-Storey vs Two-Storey

Commission members raised concerns that it was only a two-storey building that was being considered and not a single-storey. They stated that the lifetime and maintenance costs would be less than those of a multi-storey building and that the revenue costs may add value to housing a one-storey design and it might also help the environmental performance of the building. The commission had previously identified a single storey building would be large which is why they recommended it be on two sites.

A two-storey fitting is the desired option for service providers, supported by the designers and nearly all schemes across the country were two-storeys or more. Officers stated that the cost of a single-storey building is significantly more than that of a multi-storey. Assurances were given that environmental sustainability is included in the build. It was stated that the land is on a sloping site so a redesign would also need to take that into consideration.

Breakout spaces

Concerns were raised that when finances are squeezed and efficiency savings are sought there may be a revert back to corridors instead of breakout spaces in the design. Also members asked if the areas that are intended to break up the space would be used or potentially become dead spaces.

Earlier designs had many more spaces and the current design is considered the best in being efficient but still meeting the needs of the brief. It is unlikely that plans will lead to having corridors as they have no natural lighting, which is not good for dementia care. The breakout spaces are small so they won't be large unused spaces as it is expected that they will be a nice space for informal catch-ups with friends and family.

Building Design

Members asked whether this model of building has been done anywhere else in the country and if it is a model we're following or one in which we're pioneering? A needs analysis was done in the city and practice from other areas across the country was considered but there is nothing exactly the same as what we're commissioning but designs from similar areas have been built upon and used in this design. Members thought it would be useful to see past work of the architects.

It was highlighted that the critical point will be the way in which the care is delivered in the facility. Officers stated that the rooms are based on CQC guidance and having four clusters of rooms will allow for a stable staffing arrangement for the period that someone will stay in the building and therefore ensure good quality of care.

Other Areas/Rooms

- Will there be enough space to use mobility scooters within the building?
 - Mobility scooters are rarely used inside but there would be enough room and there would be charging points.
- Will the exercise rooms be big enough for group sessions?
 - Exercise rooms are based on the need for individual rehabilitation with a trainer, however the activity room is a larger space that can have other uses.
- Are there spaces factored in for relatives to have private conversations with people they are visiting other than the bedroom?
 - There will be rooms for private conversations on each wing.
- Will there be a play area for visitors with young children?
 - This has not been considered yet but this will be taken into consideration.
- Will residents have access to computers?
 - The assistive technology room will have space for using computers and there will also be support workers on hand to provide 1-2-1 support where required.

Actions Agreed

The following actions were agreed:

- Past work of the architects to be shared with commission members
- Information on the costs of having a one-storey building compared to a two-storey to be provided to commission members
- Two further briefings to be provided to members in January and March
- Notes of this briefing to be shared at the next commission meeting

Adult Social Care Scrutiny Commission Report

20 November 2014

Implementing the Care Act 2014

Lead Director: Tracie Rees



City Mayor

Useful information

- Ward(s) affected: All
- Report author: Gwen Doswell
- Author contact details: 37 2302
- Report version number: v2.0

■ Summary

1.1 The purpose of this report is to provide ASC Scrutiny Commission with an overview of the key implications of the Care Act 2014 and progress so far in planning for the implementation of the changes.

1.2 The Care Bill gained royal assent on 14th May 2014 and Statutory Guidance and Regulations, which support the Act were released on 23 October 2014.

1.3 It is proposed that further reports are submitted to the ASC Scrutiny Commission detailing the Council's readiness for implementing the changes, as appropriate. This will include the impact on operational service delivery and cost implications.

1.4 The Act provides the legislation needed to enact recommendations from various national policy reviews. It has been described as the biggest change to Adult Social Care (ASC) in the last 60 years, in terms of scope, ambition, and the impact on local authority practice and resources.

The Care Act 2014 is intended to achieve 4 things:

- To create the statute needed to enact the recommendations contained in the White Paper: *Reforming Care and Support: Caring for our future*
- Implement the recommendations on reforming the funding of care and support (Dilnot) (*Principle- No one should have to sell their home during their lifetime to pay for care*)
- Meet the recommendations of the Law Commission in its report on modernising Adult Social Care legislation
- To enact elements of the government's response to the Mid-Staffordshire NHS Foundation Trust Public Enquiry (Francis)

1.5 The majority of the changes are set to take place in April 2015, with the reform of funding due to take effect from April 2016. The key changes are:

- New statutory responsibilities for Prevention, Information and Advice (including advice on paying for care)
- New duty for Market Shaping – diversity and quality of provision
- New Market Oversight and provider failure regime
- Delegation of local authority functions
- New Inspection, regulation and rating regime (CQC) Oct 2014
- National eligibility framework for England
- Funding reform - a proposed cap of £72,000 lifetime care costs from April 2016 for working age adults. New 'Care Accounts'
- Universal deferred payment scheme
- Carers – recognised in the same way as those they care for
- Transition from Children Services

- Continuity of support when an adult moves area
- Statutory requirement to have a Safeguarding Adults Board
- To make provision about integrating care and support with health services; and for connected purposes
- Establishment of the Better Care Fund mechanism to promote joint working between the NHS and care and support services.

1.6 More information relating to the areas of change are detailed in the supporting information at paragraph 3.4 to 3.15 and a summary of the changes and potential risks are included at paragraph 3.16 and 3.17.

1.7 Details of the funding allocation from Government are expected to be finalised in October 2014, however, there is likely to be major financial implications for the Council and cost modelling is taking place to estimate the impact of increased assessment and support planning activity for carers and self-funders, as well as the impact of the new eligibility threshold.

1.8 All local authorities are required to complete a regular stock-take survey, undertaken by the Local Government Association, Department of Health and ADASS to determine the current state of readiness, and is submitted for national monitoring. The first stock-take was submitted by Leicester City Council on 21st May 2014 and the second on 23 September 2014. Results for all local authority stocktakes can be found on the [local government care and support reform website](#).

1.9 In terms of Governance arrangements a Programme Board has been established that has a number of work-streams reflecting the major areas of change to manage the implementation. This Board will report to the ASC Transformation Board, which in turn provides a monthly report to the Corporate Portfolio Management Office (CPMO).

2 Recommendations

2.1 The ASC Scrutiny Commission is asked to:

- a) Note the progress to date on implementation of the Care Act 2014
- b) Agree that further reports will be presented to the ASC Scrutiny Commission once the final regulations and guidance has been analysed and the implications and costs are known.

3. Supporting information including options considered:

Background to the Care Act

3.1 It is an Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

3.2 The Act will transform the practice of adult social work and care in England when it is implemented in April 2015. This law, alongside the Mental Capacity Act 2005, will be the one that most shapes social care practices in England.

3.3 It will also consolidate relevant provisions from the National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970, NHS and Community Care Act 1990 and carers' legislation into a single statute.

3.4 The following information provides an overview of the different elements of the Act.

3.5 General responsibilities

- There is an explicit requirement for councils to consider **people's well-being** when commissioning services. Local authorities will need to promote wellbeing in all decisions regarding an individual's care needs.
- It emphasises the need to **prevent and reduce** care and support needs. Local authorities will also have to promote preventative services, which could help reduce or delay the development of care and support needs.
- It sets out new duties on local authorities to join up care and support with health and housing via the Better Care Together programme.
- There is a requirement for **universal information and advice**, including independent financial advice, which is available for all people who request it and not just those with eligible needs. This is to help people understand what support they'll need to help them better plan for the future

3.6 Assessing needs

- For the first time **carers** have the same rights to assessments and care services from local authorities as those they care for.
- There will be a need for **independent advocacy** for people who need help to exercise their rights to social care.
- It introduces a **new national eligibility threshold** for care and support. This will replace local authorities setting their own thresholds. People found to be ineligible will need to receive written advice on 'what can be done to meet or reduce the needs'

3.7 Funding and charging

- From April 2016 there will be a **cap on lifetime costs of care (the proposed cap is £72,000)**, introduced so that people who fund their own care will not have to pay to meet their eligible needs beyond this level. A lower cap for people of working age who develop care needs before retirement age (details are still being worked out). A zero cap for people aged 18 with eligible needs; they will receive free care and support to meet those needs for the rest of their lives. The

Government is considering extending this to 25.

- There will be the introduction of **individual care accounts** to keep an up to date record of the adult's accrued costs.
- And an increase to £118,000 on the upper threshold for receiving means tested support.
- It sets out a **universal deferred payment scheme** so that people will not have to sell their home in their lifetime to pay for residential care.
- It **gives new rights to self-funders** - requires the local authority to give everyone who has eligible care needs but where the local authority is not meeting the needs an independent personal budget and independent Care Account

3.8 Continuity of care

- Places obligation on sending councils for the first time to notify the receiving council if a person expresses intent to move.

3.9 Safeguarding

- Introduces a new adult safeguarding framework, including the creation of an Adults Safeguarding Board.

3.10 Transition from Children Services

- Sets out a new range of duties to support transitions from children's to adults services.

3.11 Market Shaping (diversity and quality of provision)

- A new duty requiring local authorities to promote the diversity and quality of local services, so that there is a range of high quality providers in all areas allowing people to make the best choice to satisfy their own needs and preferences for all residents including self-funders and direct payment recipients.

3.12 Market Oversight and provider failure

- It introduces a new regime to oversee the financial stability of the most hard to replace care providers, and ensure that care will not be interrupted if providers fail.

3.13 Monitoring standards in care provision by the Care Quality Commission (CQC)

- It sets out new powers for the chief inspector of social care to hold poor-performing providers to account. Services in health and care are to be inspected from October 2014.
- Sets out Ofsted-style ratings for hospitals and care homes so that patients and the public can compare organisations or services in a fair and balanced way and make informed choices about where to go.
- Makes it a criminal offence for health and care providers to supply or publish

false or misleading information.

3.14 Delegation of local authority functions

- This allows local authorities to authorise a person to exercise certain functions on its behalf and could pave the way for providers to support assessment and support planning functions.

3.15 Learning and Development

Skills for Care, in partnership with the National Skills Academy for Social Care and the College of Social Work, has been asked by the Department of Health to help identify and plan for the learning and development needs of the social care workforce in England. Training resources will be available October 2014.

3.16 Summary of implications for the Council

The Act represents opportunities for significant improvement and change in ASC. It will transform the way the current ASC system operates and will require the Council to change processes, systems, practice and culture. However, it provides the opportunity, not currently available, to potentially streamline processes and to outsource areas of social work, which up until now have had to be provided internally.

3.17 Leicester is relatively well placed to respond to many areas proposed in the Act and will draw upon existing work that is underway. However, the Act also presents a number of challenges with risks arising from the new duties and extended responsibilities, which can be summarised as follows:

- Potential of legal challenge as people seek to test the validity of the new legislation and how we interpret the law in to social work practice
- Increase in care costs following the introduction of the cap in 2016
- Increase in costs and loss of income arising from the revised financial thresholds for accessing social care funding
- Increase in demand for assessments, support plans and reviews
- Potential increase in number of service users and carers following changes to assessment entitlement and eligibility
- Potential increased demand for deferred payments may increase financial risks and liabilities
- Negative impact on performance measures
- Unknown impact of the changes to the provider market as higher fees are traditionally paid by self-funders
- A tight schedule for implementation with regulations and statutory guidance finalised 23 October 2014 and implementation of most of the Act by April 2015

- Additional pressures in social care by April 2015 onwards in the areas of:
 - assessment and care management
 - financial assessments, set up and monitoring of care accounts and deferred payments

3.18 Options Considered

The Council has no option but to implement the Care Act 2014, however, it may be possible to look at different delivery mechanisms in the future. This is something that will be considered by the Care Act Programme Board as the changes are implemented for each area.

4. Details of Scrutiny

4.1 ASC Care Scrutiny Commission 20 November 2014

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 Nationally there is a great deal of uncertainty around the cost and funding of the Care Act. There is a strong belief within local government that the costs have been underestimated. Some highly provisional figures for the City Council (LCC) have been provided at Appendix A. These will need to be reviewed in the light of further government announcements and further national and local modelling.

5.1.2 Each local authority has received £125k to contribute to the cost of preparation and implementation in 2014/15.

5.1.3 Indicative LCC funding in 2015/16 for the Care Act is £2,069k. Financial modelling is being carried out by local authorities under the guidance of the Local Government Association and The Association of Directors of Adult Social Care. Current indications are that the funding will be inadequate.

5.1.4 Councils take on further responsibilities in 2016/17 around funding reform (eg the £72k cap on care costs). This brings even greater uncertainty. The government has not announced the formula it will use to distribute the funding. In the meantime LCC and all other LAs are engaged in modelling local costs.

5.2 Legal implications

5.2.1 There are no specific legal implications in respect of this report, which at this stage sets the scene ahead of the operational changes that may be subject to further decision-making in the future.

The Care Act 2014 consolidates piecemeal Adult Social Care Legislation into a Statute and includes a number of significant policy reforms for care and support. The Act will

come into force in April 2015, although some provisions will be implemented in April 2016 (clauses 15, 16, 28, 29 and 72)

The legal implications of the Care Act 2014 itself are far reaching; the Local Authority must implement and abide by the Act to its full extent. Failure to do so could result in challenges to the Local Authority, by way of appeal under Section 72 and perhaps Judicial Review which would have cost implications.

There may be legal implications in respect of further reports that are presented to the ASC Scrutiny Commission once the final regulations and guidance has been analysed and further legal advice should be sought at this stage.

Amy Owen-Davis, Solicitor
for City Barrister & Head of Standards
Legal Services 16 New Walk, Leicester LE1 6UB
0116 454 1462

5.3 Climate Change and Carbon Reduction implications

N/A

5.4 Equality Impact Assessment

5.4.1 The Department of Health carried out an Equality Impact Assessment of the Care Act and a link to their summary is provided below. All the projects within the care programme work will carry out an equality impact assessment separately when more details of the Act are available. The project EIAs will be reported to the Programme Board.

Yasmin Mataria-Jenkins
Business Change Manager

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

None noted

6. Background information and other papers:

Press release: [Care Bill becomes Care Act](#)

Press release: [Government's Care Bill to give people peace of mind in hospital, care homes and their own homes](#)

News story: [Final Care Act Published](#)

Care Act - [Statutory Guidance](#)

Factsheets: [The Care Act: Factsheets](#)

Website: [Care Act 2014](#)

Documents: The Government published a series of Impact assessments alongside the Care Act

7. Summary of appendices:

Appendix A :Care Bill Implementation Stocktake – Spring 2014 – Leicester City Council

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

No

9. Is this a “key decision”?

No

10. If a key decision please explain reason

In determining whether it is a key decision you will need consider if it is likely:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council’s budget for the service or function to which the decision relates.
- to be significant in terms of its effects on communities living or working *in two or more wards in the City*.

Expenditure or savings will be regarded as significant if:

- (a) In the case of additional recurrent revenue expenditure, it is not included in the approved revenue budget, and would cost in excess of £0.5m p.a.;
- (b) In the case of reductions in recurrent revenue expenditure, the provision is not included in the approved revenue budget, and savings of over £0.5m p.a. would be achieved;
- (c) In the case of one off or capital expenditure, spending of over £1m is to be committed on a scheme that has not been specifically authorised by Council.

In deciding whether a decision is significant you need to take into account:

- Whether the decision may incur a significant social, economic or environmental risk.
- The likely extent of the impact of the decision both within and outside of the City.
- The extent to which the decision is likely to result in substantial public interest
- The existence of significant communities of interest that cannot be defined spatially.

Summary of Costs and Funding for the Care Act

Funding and Expenditure in 2014/15

The only additional funding being made available is £125k to each Local Authority, to contribute towards the cost of managing the change programme. Given the extent of officer time being spent on preparing and implementing the Care Act, the actual expenditure in 2014/15 will exceed this. However, much of this is being absorbed within officers' existing roles.

Funding and Expenditure in 2015/16

The costs in 2015/16 relate to those parts of the Care Act that come into effect in April 2015, plus costs relating to preparatory work for the reforms which take effect in April 2016.

The table below summarises the current expected funding, forecast costs, and the consequent funding gap. The funding gaps have been highlighted as part of the budget setting process for 2015/16.

The funding for 2015/16 comes partly from the Better Care Fund (BCF) for the Social Care reforms, and partly from additional government funding. The consultation on the formulae for allocating the government funding recently closed, so this can only be considered indicative at this time.

The forecast costs represent current estimates, and have been informed by local demand modelling and the use of the Lincolnshire model.

2015/16 Summary Position	National Funding	Leicester Funding	Est. Costs	Funding Deficit/ (Surplus)
Social Care Reforms (BCF)	£135.9m	£527k	£1,229k	£702k
Prisons Reforms	£11.2m	£55k	£75k	£20k
Deferred Payment Agreements (DPA)	£108.5m	£515k	£40k	(£475k)
Funding Reforms (excl. DPA)	£175.0m	£663k	£472k	(£191k)
Capital Costs	£50.0m	£309k	£309k	£0k
Total	£480.6m	£2,069k	£2,125k	£56k

(Note: it was previously assumed that the actual cost would be lower than that shown above. This was factored into the budget position for ASC and as a result there is a further pressure for budget purposes of £742k).

Funding and Expenditure in 2016/17

The funding picture for 2016/17 is complicated because it is the first year in which the £72k cap on care costs will be in place, as well as bringing in significant changes to the asset thresholds upon which financial assessments of customer's charges are based. Whilst the government has committed to fully funding local authorities for these costs, there are doubts over whether the full cost has been recognised at a national level.

The funding in the table below has been based on the government's impact assessment of the Care Act.

There are a number of models being used by authorities to help estimate the likely costs of the Funding Reforms. Leicester has used the Surrey model, Lincolnshire model and its own local model to inform estimates of the cost of the Funding Reforms. Both the funding and cost estimates in the table below should only be considered as indicative at the current time; there will be significant changes to these estimates as project work progresses and as better information about funding allocation becomes available.

2016/17 Summary Position	National Funding	Leicester Funding	Est. Costs	Funding Deficit/ (Surplus)
Social Care Reforms (BCF)	£171.1m	£527k	£1,596k	£1,069k
Prisons Reforms	£10.3m	£50k	£70k	£20k
Deferred Payment Agreements (DPA)	£145.4m	£691k	£40k	(£651k)
Funding Reforms (excl. DPA)	£660.0m	£2,500k	£3,560k	£1,060k
Capital Costs	£0m	£0k	£0k	£0k
Total	£986.8m	£3,768k	£5,266k	£1,498k

The deficit on the Social Care reforms in 2016/17 is caused largely by pressure in relation to Carers; part of this is the cost of undertaking assessments for Carers, but a much greater pressure is predicted in the provision of support to meet Carers' eligible needs.

Funding and Expenditure in 2017/18 Onwards

In 2017/18 it is anticipated that there will be a funding gap of £1,829k. However, the further ahead one looks, the greater the level of difficulty in projecting both costs and funding. Much will depend on the behaviour of self-funders and carers, which is difficult to predict.

Adult Social Care Scrutiny Commission Briefing Note

**Re-procurement of Adult Social Care
Voluntary and Community Sector Preventative
Services**

20th November 2014

Lead Director: Tracie Rees



City Mayor

Useful information

- Ward(s) affected: All
- Report author: Mercy Lett-Charnock
- Author contact details: 4542377
- Report version number: 1.0

1. Summary

1.1 To provide the Adult Social Care Scrutiny Commission with an update on the re-procurement of the Adult Social Care (ASC) Voluntary and Community Sector (VCS) preventative services.

2. Recommendations

2.1 The Adult Social Care Scrutiny Commission is asked to note the progress of the re-procurement of the ASC VCS preventative services.

3. Report:

3.1 The Executive gave approval in July 2014 for a re-procurement exercise to commence, following a review of the ASC VCS preventatives services.

3.2 The re-procurement exercise commenced week commencing the 4th August 2014 and the following services have now been advertised and new contracts will be in place by 1st April 2015.

- Advocacy
- Information, Advice and Guidance
- Older People
- Dementia
- Mental Health
- Carers
- HIV/AIDS
- Sensory & Visual Impairment and Acquired Brain Injury

3.3 Appendix 1 provides an overview of the contracts and the timetable for the completion of the re-procurement exercise.

3.4 The VCS have been fully engaged in the review and the requirements of the re-procurement exercise. This includes procurement training sessions held in June and July 2014 to ensure organisations were equipped to take part in the process.

3.5 Also bidders information sessions were held for each service area. Giving potential bidders the opportunity to ask questions and for commissioners to give more information about the services being procured.

Cabinet Office

- 3.6 On 14th August the Government Cabinet Office contacted the Adult Social Care procurement team as part of its Mystery Shopper service. They have recently started conducting spot checks on local authority procurement documentation and processes.
- 3.7 The procurement of the ASC VCS Advocacy services was selected for a spot check to demonstrate that the Council had met the requirements of the Public Services (Social Value) Act 2012.
- 3.8 The Act places a requirement on commissioners to consider the economic, environmental and social benefits of their approaches to procurement before the procurement process starts (pre-procurement stage). Commissioners also have to consider whether they should consult on these issues.
- 3.9 On 24th October 2014 the Cabinet Office confirmed the Councils approach had passed the spot check and therefore compliant with the Public Services (Social Value) Act 2012.

Appendix A – Contract information and timeline

Services to be procured

Advocacy

- Advocacy service for older people and adults
- Advocacy service for older people targeting the Black and Minority Ethnic communities
- Advocacy services for people with mental health issues
- Advocacy services for people with mental health targeting the African, African Caribbean and Asian communities
- Advocacy services for carers
- Advocacy provision for physical disabilities, including sensory disabilities
- Advocacy services for people with learning disabilities and group advocacy to support the partnership arrangements
- NHS Independent Complaints Advocacy Service
- Independent Mental Health Advocacy (IMHA) in two parts:
- Independent Mental Health Advocacy Leicester City
- Independent Mental Health Advocacy Leicestershire and Rutland

Information Advice and Guidance (IAG)

- Older People's IAG
- Disabled Peoples IAG

Older People

- Good Neighbour Service

Dementia

- Dementia Support Services

Mental Health

- Mental Health Service User and Carer Involvement Service
- Mental Health Low Level Support Services – Targeted at the Asian Community residing in the north of the City with mental health needs and their carers
- Mental Health Low Level Support Services – Targeted at the Asian community residing in the East of the City with mental health needs and their carers
- Mental Health Low Level Support Services – Targeted at the African and African Caribbean Community residing in the in the City with mental health needs and their carers
- Mental Health Low Level Support Services - Targeted at people residing in the City with mental health needs and their carers

Carers Services

- Carer Involvement and Partnership services and IAG Outreach
- Carer Training
- Carer Training targeted at Carers of people with Mental Health issues
- Carers Support, Breaks and information for Carers
- Carers Support, Breaks and information for Carers of people with Learning Disabilities targeted at the Asian community
- Carers Support, Breaks and information for Carers of people with Mental Health issues

- Carers Support, Breaks and information for Carers of people Older People from the Asian community
- Carers Support, Breaks and information for Carers of people with Mental Health issues from the Asian community
- Carers Counselling Service

HIV/AIDS

- Preventative HIV Social Care, Support, Information and Advocacy
- Preventative HIV Social Care, Support, Information and Advocacy across diverse African Communities

Visual and Sensory Disabilities and Acquired Brain Injury

- Service for Visual and Dual Sensory Impaired People
- Services for People with Acquired Brain Injury

Timeline

Procurement Timetable for Early Intervention & Prevention Services	Published Date	Closing Date	Award Date	Contract Commencement Date
Advocacy Services	01/08/2014	11/09/2014	Nov-14	01/04/2015
IAG (Information, Advice & Guidance) Services	12/08/2014	22/09/2014	Nov-14	01/04/2015
Dementia Support Services	22/08/2014	02/10/2014	Nov-14	01/04/2015
Older People Services	28/08/2014	08/10/2014	Dec-14	01/04/2015
Mental Health Services	05/09/2014	15/10/2014	Dec-14	01/04/2015
Carers Services	07/10/2014	17/11/2014	Jan-15	01/04/2015
HIV/AIDS services	13/10/2014	24/11/2014	Jan-15	01/04/2015
Sensory & Visual Impairments and Acquired Brain Injury	17/10/2014	27/11/2014	Jan-15	01/04/2015

Adult Social Care Scrutiny Commission

Work Programme 2014 – 2015

Meeting Date	Topic	Actions Arising	Progress
26 th Jun 2014	<ol style="list-style-type: none"> 1. VCS Preventative Services – Update on the findings of the consultation and proposals 2. Elderly Persons Homes – Update 3. Intermediate Care Facility – Options for developing the facility 4. Adult Social Care Commission – Update 5. Douglas Bader Day Centre – Update 	<ol style="list-style-type: none"> 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. 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. 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. 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. 	<ol style="list-style-type: none"> 1. Update at Sept meeting 3. A briefing on IC facility arranged for 7th Oct. No longer doing a review. 4. Ongoing 5. Final update received in Sept.
14 th Aug 2014	<ol style="list-style-type: none"> 1. Hospital Transport for Patients – impact of long waits on care 2. Fosse Court Care Home – status and position of residents 3. Review of Housing Related Support for Substance Misuse 4. Douglas Bader Day Centre – Update 5. Elderly Persons Homes – Details of the four week review feedback of moved residents 6. Intermediate Care Facility – Key milestones 7. Work Programme 	<ol style="list-style-type: none"> 1. Letters to be written to East Leicestershire and Rutland CCG and Arriva Transport Solutions to inform of concerns raised at the commission meeting. 2. Findings of the review of Fosse Court Care Home to come back to a commission meeting. 3. A report on the ‘Dear Albert’ social enterprise project to come to the next meeting. 4. The next report to include feedback from users that had moved on 6. Session to be held for Members to see preliminary plans. 	<ol style="list-style-type: none"> 1. Letters sent 2. Scheduled 8th Jan 3. Scheduled 8th Jan 4. Report received on 25th Sept. 6. Briefing arranged for 7th Oct

Meeting Date	Topic	Actions Arising	Progress
25 th Sep 2014	<ol style="list-style-type: none"> 1. Question from LGBT Centre 2. Winter Care Plan: <ol style="list-style-type: none"> a) Progress / Response from CCG and UHL on report recommendations and evaluation of last winter's care. 3. Leicester Ageing Together – Update on Lottery funding 4. Extra Care Developments 5. Voluntary Community Sector Preventative Services (ASC) – Verbal Update 6. Douglas Bader Day Centre – Update 7. ASC Commission – Verbal Update 8. ASC Peer Review – Findings 9. Housing Adaptations for Elderly Patient Discharges from Hospital 	<ol style="list-style-type: none"> 1. Response to be sent to questioner within two weeks 2. Progress to recommendations and an evaluation of other areas identified in the review to come to the next meeting. Also comparison stats on winter deaths. Invite Cllr Palmer. 3. VCS providers are invited to give representation on the befriending service. Invite Cllr Palmer. 5. A short written report including timescales and figures to come to the next meeting. 7. A list of members to be circulated to the commission. 8. Healthwatch and officers to meet to see how they can support the work of the dept particularly around personalisation. 9. Housing scrutiny to consider major adaptations. 	
20 th Nov 2014	<ol style="list-style-type: none"> 1. Domiciliary Care – Response from Executive 2. Winter Care Plan 3. Befriending Service 4. Hospital transport for patients – update on impact 5. ASC Revenue Budget 6. Intermediate Care Facility – Update 7. Independent Living Spending Review - Update 8. Implementation of the Care Act 2014 9. VCS Preventative Services (ASC) – Update 10. ASC Commission – Update 		
8 th Jan 2015	<ol style="list-style-type: none"> 1. Issues facing LGBT community in accessing care services 2. Intermediate Care Unit – Update 3. Safeguarding 4. Communications in ASC services 5. Dear Albert Social Enterprise Project 6. ASC Commission - Update 		

Meeting Date	Topic	Actions Arising	Progress
5 th Mar 2015	1. Fosse Court Care Home 2. Intermediate Care Unit – Update 3. ASC Commission - Update		

Forward Plan 2014 -2015

Topic	Detail	Proposed Date
Care Act 2014 COMPLETED	What does it entail? What are the implications on local services	12 th Aug 2014
Better Care Fund COMPLETED	Update on preventative elements of the plan	12 th 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 th Sept 2014
Care Quality Commission	Update on CQC working and how we can work more closely with them. (Jointly with Health Scrutiny)	4 th Nov or 16 th 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	
Dementia Strategy	Progress after presentation to Health scrutiny and progress of strategy. (Jointly with Health Scrutiny)	
Lack of Support for Carers	Impacts on health and wellbeing of carers (Jointly with Health Scrutiny)	
Independent Living Support Spending Review	Progress and Options	
Intermediate Care Facility	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.	7 th October 2014
Internal Day Care for People with a Learning Disability Review	What is being changed and what will the review involve?	Later in 2014

Residential Care Fees	Update following implementation and understanding the cost comparators between the independent sector fees and costs of the Intermediate Care facility.	8 th January 2015
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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 th Sept/20 th Nov 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 th 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 th Sept