Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **THURSDAY, 5 MARCH 2015**
TIME: **5:45 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Committee

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

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

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

for the Monitoring Officer

Officer contacts:
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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**

Members are asked to confirm the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held on 8 January 2015.

4. MINUTES OF THE JOINT ADULT SOCIAL CARE AND HEALTH AND WELLBEING SCRUTINY COMMISSION **Appendix B**

Members are asked to receive the minutes of the Joint Adult Social Care and Health and Wellbeing Scrutiny Commission held 27 January 2015.

5. PETITIONS

The Monitoring Officer to report on any petitions received.

6. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

7. ELDERLY PERSONS' HOME **Appendix C**

The Director of Care Services and Commissioning submits a report that provides the Adult Social Care Scrutiny Commission with an update on the progress to sell and close the Council's Elderly Persons' Homes. The commission is recommended the note the contents of the report.

A minute extract from the consideration of this issue at an earlier meeting of the Adult Social Care Scrutiny Commission held 14 August 2014 is attached.

8. EXECUTIVE RESPONSE TO RECOMMENDATIONS ON THE LIVING WAGE

The commission will receive a response to the Adult Social Care Scrutiny Commission's recommendations relating to the Living Wage.

9. HEALTHWATCH

Members of the Commission will receive an update on Healthwatch.

10. BETTER CARE FUND UPDATE REPORT Appendix D

The Director of Adult Social Care and Safeguarding submits a report that provides the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund (BCF) highlighting those schemes that relate directly to Adult Social Care (ASC).

The Adult Social Care Scrutiny Commission is recommended to note the progress made and positive impact being achieved.

11. FOSSE COURT CARE HOME

The commission is asked to note that a review relating to the Fosse Court Care Home is currently in progress. A report on this issue is not yet available.

12. INTERMEDIATE CARE UNIT UPDATE

Members of the commission will receive a verbal update on the Intermediate Care Unit.

13. INDEPENDENT ADULT SOCIAL CARE COMMISSION

Members will receive an update on the Independent Adult Social Care Commission.

14. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME Appendix E

Members are asked to consider the Adult Social Care Scrutiny Commission's Work Programme for 2014/15 and make any comments they see fit.

15. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 8 JANUARY 2015 at 5:45 pm

P R E S E N T :

Councillor Chaplin (Chair)
Councillor Riyait (Vice Chair)

Councillor Alfonso
Councillor Dawood
Councillor Kitterick
Councillor Willmott

In Attendance

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

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61. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Cutkelvin.

It was noted that Philip Parkinson had resigned from Healthwatch and would not therefore be present. The Chair suggested that the future of Healthwatch should be discussed at the Joint Health and Wellbeing and Adult Social Care on 27 January 2015.

62. DECLARATIONS OF INTEREST

Councillor Willmott declared an 'Other Disclosable Interest' in that he had a relative, for whom in exercised power of attorney, in a residential / nursing home in the city.

63. MINUTES OF THE PREVIOUS MEETING

RESOLVED:
that the minutes of the meeting of the Adult Social Care Scrutiny

Commission held on 20 November 2014, be confirmed as a correct record.

Further to the minutes, the Chair advised that a letter to the Secretary of State expressing concern at the levels of funding for Adult Social Care, had been drafted up and sent to the Assistant City Mayor, Adult Social Care for her comments.

The Chair added that the proposed visit to the Extra Care Housing at Danbury Gardens would take place on 17 January 2015.

64. PETITIONS

There were no petitions.

65. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

There were no questions, representations or statements of case.

66. ADULT AND SOCIAL CARE REVENUE BUDGET 2015/16 - 2016/17

The Strategic Director for Adult Social Care and Health presented the Draft Adult and Social Care Revenue Budget 2015/16 – 2016/17. During the presentation, the Strategic Director made a number of points including the following:

- The service was facing unprecedented demand and it would be necessary to call on reserves in order to balance the budget. They were working to ensure that individuals' critical or substantial needs were met but in view of the financial situation, difficult decisions had to be made.

- The council were working to maximise reserves and ensure that money was spent wisely.

- They were in dialogue with colleagues in the Clinical Commissioning Group to see if more money would be available from them to meet demand and support the health agenda.

- In response to a question as to how the shortfall in the current year would be addressed, the Strategic Director explained that they would have to use reserves; however, going forward they would need to review all aspects of delivery and reduce demand. A member of the commission expressed some concern at this, saying that the application of stricter criteria would reduce supply rather than demand.

There followed a detailed discussion relating to the budget, during which members raised queries and comments, including the following:

- It was queried whether the reported crisis in the Leicester Royal Infirmary (LRI) Emergency Department was related to reductions in care

packages. The Strategic Director responded that the council were offering greater support to Health colleagues with the packages they provided and negotiations were taking place regards the contribution of Health to those services.

- It was noted that it was proposed that eligibility criteria would be strictly applied and reassurance was sought that this criteria wouldn't change and those people who were at critical or substantial risk would have their needs met. The Strategic Director noted that the Care Act would introduce a mandatory eligibility threshold from April.

- A member referred to the proposed efficiencies and commented that a review of care packages and the implementation of £5 per week charge for managing an individual's finances could result in a service user being £55 per week worse off. In view of this, concerns were expressed about safeguarding issues.

  The Strategic Director responded that, compared to other comparator local authorities, Leicester was providing greater levels of provision. In future, with the restraints on the budget, the council would not be in a position to be so generous and it would be necessary to look at other options; perhaps from within the community. It was explained that all care packages would be assessed on a phased basis.

- It was noted that section 7.11 (b) of the report referred to a proposed reduction in the safeguarding and commissioning teams and concern was expressed at this and its effect on safeguarding of individuals. The Strategic Director explained that this referred to support to residential care homes to help them improve their performance. However there were now other teams that provided this support and some of this work would be carried out by the Care Quality Commission. Members recommended that the report be amended to avoid any misunderstanding that there would be reductions in the teams that supported the safeguarding of individuals.

- Members referred to the proposed review of the entitlement of customers to ongoing care, including free care under the Mental Health Act. A questioned was raised as to what would happen if following an assessment it was agreed that a Section 117 no longer applied and whether care and support would be withdrawn abruptly. The Strategic Director confirmed that if a Section 117 no longer applied, but people still had eligible needs, care would not be withdrawn but be covered under a community care arrangement as a care package and it would not be free.

- Members expressed concern that a hard budget line, as detailed in section 7.10 of the report in respect of the Promoting Independence Reviews would send out a wrong message and lead to cynicism. It was felt that a budget narrative would be more appropriate. There were concerns that attaching a budget saving before reviews were conducted

would pre-determine the outcome of individual reviews. Views were expressed that this could leave the council open to challenge that assessments were budget driven rather than driven by need. It was also suggested that monies could be transferred on a one-off basis from the contingency sums in the Capital Programme.

Councillor Willmott, seconded by Councillor Kitterick, proposed that the Executive be asked to remove the cost breakdown of savings for Promoting Independence Reviews, totalling £950,000 from the report. They recommended that the savings anticipated via reviews of mental health care and domiciliary care could be expressed as a narrative. Upon being put to the vote, this motion was carried.

- A question was raised as to when the Strategic Director became aware that there would be a shortfall in the budget. The Strategic Director explained that she only knew of the situation when she was recently appointed to the post.

- The Strategic Director was asked as to whether she felt that the budget over spend had been exacerbated by the council being slow to bring in personalisation of people's budgets. Members heard that the council had embraced personalisation. People had been helped to become less dependent and to build on this there was a need to talk to staff about how they could help people enhance what they could do.

- The Strategic Director was questioned whether there might be an increase in the over spend. The Strategic Director replied that this was possible but they were trying their best to avoid that happening.

- The Chair referred to the Better Care Fund and questioned whether discussions had taken place with Health colleagues as to the impact of this on the budget. Assistant City Mayor Patel explained that the council would be talking to their partners about the detail, but they were not at a stage to do this yet.

- A concern was expressed that the budget referred to proposals for the next two years but there needed to be a forecast on the budget and demands for a 5 year period to understand the long term picture.

- Members queried the proposals for a reduction in use of in-house transport by maximising independent travel. The Director for Care Services and Commissioning explained that people were encouraged and trained to use public transport; they could also use their personal budgets for taxis which offered more flexibility. It was anticipated that in-house transport would still be offered for those people with more severe disabilities. Members commented that not everyone could use buses and public transport and the in-house transport provided a very important service to families and gave respite to carers. Concerns were expressed that this was the wrong time to make such spending cuts when the Better Care Fund was still an unknown quantity.

The Chair, seconded by Councillor Alfonso, proposed that the breakdown of costs for efficiency savings of £271,000 as detailed in section 7.10 and in-house transport savings as outlined in 7.11(b) of the report be removed. Upon being put to the vote, this was carried.

RESOLVED:

1) that the commission note the Draft General Fund Budget 2015/16 to 2016/17;

2) that the commission recommends that the Executive remove the cost breakdown of Efficiency Savings of £271,000 and Promoting Independence Reviews of £950,000 from section 7.10 of the draft budget report, and that the savings anticipated through reviews be expressed as a narrative instead;

3) that the reference to a reduction in the safeguarding and commissioning teams in section 7.11 (b) of the report be revised to clarify that these teams do not support the safeguarding of individuals.

67. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2013/14

Dr David Jones, Chair of the Leicester Safeguarding Adults Board LSAB) presented the Annual Report for 2013/14 and explained that they were working within a context of rising public expectations and a reduction in resources.

A comment was made that the report suggested there was an under-reporting of risks from the non-white communities because the majority (77%) of the safeguarding referrals concerned members of the white ethnic group. Dr Jones responded that there was a concern that people in some communities might not be getting the help they needed with safeguarding. Dr Jones invited views as to how the message could be spread and explained that he would rather do this in a measured and pro-active way than in response to a crisis.

A member referred to the report and queried why the LSAB had withdrawn from providing multi-agency training. The Director for Adult Social Care and Safeguarding explained that local agencies had embedded some levels of training in their own core training programmes and the multi-agency programme had re-focused on enhanced, targeted and specialist training.

A Member noted that there had been 169 fully substantiated referrals and questioned the outcome of those referrals. The Director for Adult Social Care and Safeguarding confirmed that they had all resulted in actions to protect people from harm, with protection plans for individuals.

The Chair expressed concerns that many of the work streams had not taken place, including the training and the involvement of users and she questioned

the reason for this. Dr Jones responded that there had been changes in key personnel and seven of the eight people he had been working with had moved, which had led to some slippage. The Director of Adult Social Care and Safeguarding added that the council were putting a significant investment into the LSAB and that while there had been changes in membership, there was evidence to show that there was good partnership working.

Dr Jones was questioned whether he was comfortable with the public profile of the LSAB. He said that in his view, the Board was a mechanism to bring the different partners together and to hold them to account. He was comfortable with raising the Board's profile but he felt that if people had safeguarding concerns, they would rightly approach the council or other agencies rather than the LSAB itself.

RESOLVED:

1) that the commission welcome the report and endorse the work of the Leicester Safeguarding Adults Board;

2) that the commission request regular reports, particularly of outcomes, from the Leicester Safeguarding Adults Board; and

3) that the commission recommend that the Safeguarding of Adults is part of the induction programme for new councillors.

68. DEAR ALBERT SOCIAL ENTERPRISE PROJECT

Mr Jon Roberts, from 'Dear Albert' gave a presentation on the work of the project and explained that it was a social enterprise initiative which focussed on addressing a substantial drug and alcohol abuse problem in the city. Mr Roberts explained that the project provided a community based and peer led approach and that the emerging culture of doing things in a different way was proving to be successful.

Mr Roberts supplemented his presentation by showing a short documentary about recovery from addiction. The film, which does contain some strong language can be viewed by clicking on the following link:

http://www.dearalbertfilm.com/

Mr Roberts explained that he was a recovering addict and part of his approach to keeping himself well, was to help other people. Other recovering addicts did the same and this partnership, peer led approach was working well with the result that best practice was coming out of Leicester. The Dear Albert project was very focussed on supporting people to stop abusing drugs and alcohol and he felt that this clear message was part of the project's strength. If someone came to Dear Albert and needed professional treatment, they would be referred as appropriate.

In response to a question, Mr Roberts reported that generally it was white

males who approached the project for help but they were trying to get the diversity right and get the message out to other communities.

Mr Roberts explained that he was preparing an evaluation report on the work of Dear Albert and the Chair thanked him for attending the meeting and requested a copy of the report when it was available.

RESOLVED:

that the commission commend the work of the Dear Albert Social Enterprise Project, thank Mr Roberts for his presentation and request a copy of his report on the work of the project, when available.

69. NATIONAL LIVING WAGE IN ADULT SOCIALCARE

The Director of Adult Social Care and Safeguarding presented a report which summarised the work undertaken to estimate the approximate financial impact on Adult Social Care of stipulating that all providers from which it commissions services, pay their staff the Living Wage.

With the prior approval from the Chair, Mr Alistair Jackson addressed the commission. Mr Jackson explained that he was the Chief Executive of the Leicester Quaker Housing Association which ran a care home in Beaumont Leys. During Mr Jackson's presentation, a number of points were raised including the following:

- The Housing Association wished to be fair employers and pay their staff a living wage but this was not possible when taking into account the amount the Association received from the council.

- The Housing Association was a not for profit organisation.

- The council expected that the Housing Association would pay their senior care workers just £6.93 per hour. These senior members of staff were responsible for running the care home during their shift. As such the council should review the position of the senior care worker and suggest a job description for the role.

- Because the council tried to help people remain in their own homes for longer, those residents who came into care home were the more vulnerable and frail members of society. Had this vulnerability been taken into account when calculating the pay of care staff?

The Director for Care Services and Commissioning explained that the council were currently looking further into the Living Wage Foundation. They had adopted many aspects of the ethical care charter but had not yet signed up to the Foundation because of issues surrounding the cost element of the living wage.

Members expressed concern that some of the private sector providers paid

their staff just minimum wages and the council should make every effort to enhance people's pay rates. Requests were also made for progress in joining the Living Wage Foundation to be monitored. Members asked that the Executive drew up an action plan to address the issue including the points that had been raised by Mr Jackson. It was noted that Islington Council had held the Living Wage Foundation licence for three years and the Chair asked for further information on how this had been achieved. Members also requested that the contract tendering process should require providers to specify details of what they paid their staff.

RESOLVED:

1) that the commission recommends that the Executive devise an action plan to take into account the concerns and comments raised by the commission in relation to the Living Wage in Adult Social Care.

2) that the commission recommends that as part of the contract tendering process, care providers be asked to provide details of their pay rates for staff;

3) that the commission recommends that the council consider the request for a review of the job description for senior care staff;

4) for information to be provided to the commission on how Islington Council has achieved their Living Wage Foundation Licence over the past three years.

5) that an update on adopting the Ethical Care Charter be brought to a future meeting of the commission.

70. TRANSFER OF ELDERLY PERSONS' HOMES

Members considered a briefing note on the sale of Abbey House and Cooper House and the engagement with residents, families / carers and staff. The Director for Care Services and Commissioning explained that existing residents had not been asked if they wanted to move out of Abbey House and Cooper House as part of the sale process, because the outcome of the consultation had been to sell the homes as going concerns (so that they would not need to move). However, any new residents were being advised that the homes would be sold to another provider.

Members were advised that there would be an update on the transfer of Elderly Persons' Homes at the next meeting on 5 March 2015.

RESOLVED:

that the update on the sale of Abbey House and Cooper House be noted.

71. INTERMEDIATE CARE UNIT UPDATE

The Director of Adult Social Care and Safeguarding presented a progress update on the Intermediate Care Unit and explained that progress on the project remained on track. A detailed design plan could not be brought to the commission for the time being, as it would be part of the procurement process; however details could be brought to a future meeting of the commission.

A question was raised as to whether there would be an information pack for people going into intermediate care, giving advice on issues such as house insurance and council tax on empty properties. The Director responded that some issues such as council tax were not relevant for a short term placement, but they could give the wider suggestion further consideration.

It was noted that the delivery and occupation of the Intermediate Care Unit was not expected to take place until March 2017 and questions were raised about the duration of the build phase and whether this could be shortened..

RESOLVED:

that the update on the Intermediate Care Unit be noted.

72. INDEPENDENT ADULT SOCIAL CARE COMMISSION UPDATE

Members were asked to note that the first meeting of the Independent Adult Social Care Commission would take place on Wednesday 21 January 2015.

73. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

Members noted the Adult Social Care Scrutiny Commission Work Programme and the Scrutiny Policy Officer was asked to update the programme as appropriate.

74. DATES FOR DIAIRES

The Chair advised that there would be a joint meeting of the Adult Social Care and Health and Wellbeing Scrutiny Commissions on Tuesday 27 January 2015 at 5.30 pm.

The next meeting of the Adult Social Care Scrutiny Commission would take place on Thursday 5 March 2015 at 5.30pm.

75. CLOSE OF MEETING

The meeting closed at 8.26 pm.

Appendix B

Leicester
City Council

Minutes of the Meeting of the
JOINT MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION AND THE HEALTH & WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 27 JANUARY 2015 at 5:30 pm

P R E S E N T :

Councillor Chaplin (Chair)
Councillor Cooke (Vice-Chair)

Councillor Alfonso
Councillor Bajaj
Councillor Grant
Councillor Kitterick
Councillor Riyait
Councillor Sangster
Councillor Willmott

In Attendance:

Councillor Palmer, Deputy City Mayor
Councillor R Patel, Assistant City Mayor - Adult Social Care

Also Present:

Karen Chauhan, Former Chair, Healthwatch Leicester
Michelle Hurst, Inspection Manager, Central Region, Care Quality Commission
Gwen Dowsell, Programme Manager, (Business Change) Care Services and Commissioning
Kevan Lyles, Chief Executive, Voluntary Action Leicester
Sue Lock, Managing Director Leicester City Clinical Commissioning Group
Elaine McHale, Interim Director, Adult Social Care
Yin Naing, Interim Inspection Manager, Central Region, Care Quality Commission
Philip Parkinson, Former Board Member, Healthwatch Leicester
Geoff Rowbottam, Interim Programme Director, Better cart Together Programme
Tracie Rees, Director Care Services and Commissioning, Adult Social Care
Surinder Sharma, Former Board Member, Healthwatch Leicester
Mark Wheatley, Public Health Specialist, Mental Health and Vulnerable Groups
Bev White, Lead Commissioner (Dementia) Care Services and Commissioning

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1. WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the joint meeting and all present were asked to introduce themselves.

2. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Cutkelvin, Dawood and Glover.

3. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda.

Councillor Willmott declared an Other Disclosable Interest in Minute No 8 as he had a relative in a care home in the city.

In accordance with the Council's Code of Conduct the interest was not considered so significant that it was likely to prejudice Councillor Willmott's judgement of the public interest. Councillor Willmott was not, therefore, required to withdraw from the meeting during consideration and discussion on the item.

4. PETITIONS

The Monitoring Officer reported that a petition has been received from Mr R Ball, on behalf of the Campaign Against NHS Privatisation requesting the Council's Health and Wellbeing Scrutiny Commission to scrutinize the Better Care Together Five Year Plan for Leicester, Leicestershire and Rutland.

Mr Ball has requested to present the petition to the meeting. The petition had 243 signatures and was in the following form:-

"We the undersigned, call upon Leicester City Council's Health and Wellbeing Scrutiny Commission to investigate and scrutinize effectively the Better Care Together Five Year Plan for Leicester, Leicestershire and Rutland which contains plans to cut costs by closing over 400 beds (more than one fifth of all beds) despite a current bed shortage and growing need for health care. While we welcome an expansion of community services, research suggests community services do not necessarily reduce the need for hospital beds and do not lead to a cheaper model of care."

Mr Ball had subsequently requested that Ms Sally Ruane present the petition on his behalf. Ms Ruane present the petition and requested that she be allowed to ask questions on the Better Care Together Better Care Together Five Year Plan for Leicester, Leicestershire and Rutland..

Members were advised that Scrutiny Procedure Rule 9 (a) (ii) (e) stated that if a petition was presented at the same Committee meeting at which there was a report on the agenda on the same subject, a Councillor may propose that the

petition be considered with the report. Otherwise, the petition would be accepted with debate and referred to the Monitoring Officer for consideration and action as appropriate.

RESOLVED:

That the petition be received and referred to the Monitoring Officer for consideration and action as appropriate and that the petitioner be invited to submit questions when the Better Care Together Better Care Together Five Year Plan for Leicester, Leicestershire and Rutland was discussed later in the meeting.

5. CARE QUALITY COMMISSION

Michelle Hurst, Inspection Manger Central Region and Yin Niang, Interim Inspection Manager, gave a presentation on the work off the Care Quality Commission in relation to scrutiny. A copy of the presentation had been circulated to Members prior to meeting and had been published with the agenda together with a written to response to background questions relating to the work of the CQC in relation to the following:-

- Their work with GP Practices.
- The partnership working arrangements with NHS England.
- An overview of any inspections carried out in Leicester.
  The protocols, if any, for notifying local authority scrutiny functions of planned inspections.

In addition to the information in the presentation and the response to the background questions, the following comments were made:-

a) There were three directorates responsible for Hospitals (NHS and private), Primary Medical Services and Adult Social Care (Care home and domiciliary care). Each directorate had a Chief Inspector.

b) New regulations were introduced in April which made changes to the inspections and reporting mechanisms.

c) Inspections were now carried out around five key lines of enquiries:-

   i) Safe – people protected from abuse and avoidable harm.
   ii) Effective – good outcomes achieved for care, treatment and support, good quality of life is promoted and is based upon best available evidence.
   iii) Caring – people are treated with compassion, kindness, dignity and respect.
   iv) Responsive – services meet people's needs.
   v) Well led – leadership, management and governance delivers high quality care supports learning, innovation and promotes an open and fair culture.

d) There were now four ratings for inspections – 'inadequate', 'requires improvement', 'good' and 'outstanding'. If an establishment received a rating of inadequate it was put into special measures immediately and not after six months as previously. This meant that the NHS England and the CCG were able to put in additional assistance immediately to drive up standards.

e) Inspections of all NHS Acute Trusts and NHS Hospital Trusts began in April 2014. Inspections covered the 8 core services which were outlined in the presentation. Trusts were given 2-3 months' notice of planned inspections and requested to submit preliminary information. Inspections usually took approximately a 1 week for acute services trusts. Unannounced inspections also took place in both acute and community services establishments.

f) Inspection reports were shared with the establishments for them to comment upon the accuracy of the report. A Quality Summit was the held with the establishment and the stakeholders, Trust Development Agency, Healthwatch, CCG's NHS England, after which the report was published on the CQC's website.

g) The size of the inspection team varied depending upon the type of establishment being inspected. The Team Leader for each inspection would usually be a member of the CQC Inspection Directorate. The Team could comprise around 30 people for a district general hospital and more for a multi-site trust or combined acute/community trust. The composition of the various inspection teams for hospitals, primary medical services and adult social care inspections were contained in the presentation notes.

Following questions from Members, it was noted that:-

a) All inspection report were published on the CQC's website and that ultimately the Department of Health monitored the quality of the inspections.

b) Staff in the Lincolnshire and Leicestershire area worked collaboratively to take part in the inspections across the region.

c) The public could report any issue of concern on-line and submissions were reviewed daily by inspectors to determine if the issues warranted a Focused Inspection or could wait until the next scheduled inspection. Inspections could also be triggered by the information received from CCGs. Issues could also be reported by telephone (03000 616161). Contact details should also be available in GPs surgeries.

d) The CQC were currently recruiting to the inspectorate.

e) The priority for inspections of GP surgeries were determined by regular planning meeting with Inspection Teams based upon data packs provided by the CCG and the GP practices, together with any 'soft

intelligence' that had been recorded. Quarterly inspections were carried out and whilst not every risk could be inspected, every identified high risk was inspected.

f) The CQC were developing protocols for working with local authority scrutiny committees and would welcome the opportunity to discuss these with the Council's Commissions.

g) Primary Medical Services Inspections began in April 2014 and whilst inspections were undertaken from April to October, these were undertaken in the pilot phase when the methodology was being developed and ratings could not be made public as a result. The CQC would provide a comparison of how the City CCG compared to other areas and would supply what information they could.

h) Generally, if primary medical services performed well against Regulation 10 which related to systems and processes for service provision, and assurance/governance (audits and health and safety etc), then it usually followed that other aspects also worked well. The inspection process was not confined to a single visit but was an on-going process with regular reviews and staff were given regular feedback on any identified issues or examples of good practice.

i) Anyone could apply to the CQC to be considered as an 'Expert by Experience' for the purposes of taking part in inspections across all three directorates. Age Concern and partner organisations could provide Experts by Experience' for inspections of Adult Social Care establishments, but anyone could still apply.

j) The Adult Social Care inspection was still developing and the CQC offered to provide statistics etc for the City in relation to establishments that had been inspected. The CQC were also willing to meet members and officers to discuss other soft intelligence between formal meetings of Commissions.

RESOLVED:-

That the CQC be thanked for their informative presentation and that the Chair and Vice-Chair of the Joint Commission discuss the information they would wish to see in future CQC reports to the Commissions and inform the CQC in due course.

6. HEALTHWATCH - UPDATE

Members received an update on the current arrangements for Healthwatch in the City.

Kevan Lyles, Chief Executive, Voluntary Action Leicester (VAL), presented a briefing paper from Voluntary Action Leicester which had previously been circulated with the agenda for the meeting.

In addition to the comments in the briefing paper, the following statements were noted:-

a) VAL had been contracted by the City Council to deliver a successful transition from the previous LiNK to establish an independent Healthwatch for Leicester City. VAL considered that the current Healthwatch Leicester were not as successful as the Healthwatch for Leicestershire, and the Chair of the Leicestershire Healthwatch was at the meeting if members wished to ask questions.

b) VAL did not consider that there had been a breakdown between VAL and Healthwatch Leicester. The recruitment process for new Board members was now underway, following the resignations of a number of Board members.

c) Details of the current inspections being carried out by Healthwatch Leicester in conjunction with Healthwatch Leicestershire were outlined in the briefing paper previously circulated.

d) Nationally, approximately 1/3 of Healthwatch were established on the model implemented in Leicestershire. Approximately 1/3 of Healthwatch were organised on the independent stand-alone model requested by the City Council, but the vast majority were funded by a 'grant process' and not a tender process.

e) It was envisaged to have a new Independent Healthwatch Board in place by 1 June 2015.

In response to members' questions Mr Lyles stated:-

a) The initial target of Healthwatch Leicester being established as an independent organisation from 1 April 2014 had not been achieved and VAL had assessed that the Leicestershire model was working well and should be looked at again as a model for the City. VAL had not felt able to 'novate' the contract to Healthwatch Leicester as they felt that Healthwatch Leicester were not ready to become an independent body and that this was not in the best interests of the people in Leicester. VAL took their contract responsibilities seriously and felt that patients and service users in the City required the best possible voice to represent them.

b) VAL provided back office functions and systems to Healthwatch Leicester and when Healthwatch Leicester made arrangements to transfer its operations to Age Concern's premises and for Age Concern to take over these functions, VAL were concerned that IT system would not be able to deliver the requirements for Healthwatch Leicester and that VAL had not been able to discuss issues fully with the lead on finance on the Board. Consequently VAL had requested the City Council for a delay in establishing an independent Healthwatch

Leicester under the terms of the contract. This decision had been taken on the basis of best practice nationally and locally.

c) VAL were also awarded the contract to establish an independent Healthwatch for Rutland and this had been achieved. That contract was for one year and not three, as with the City Council, and with hindsight, it may have been better for VAL to have been offered a similar contract for the City. It was also felt it would have been better to secure the type of Healthwatch required by the Council through a 'grant' rather than a contract tender process.

d) A number of lessons had been learned from the process leading to the current situation, largely through hindsight. VAL felt they had been totally focused on providing an excellent Healthwatch for Leicester and had acted accordingly. They had however, been able to reflect upon recent events following the resignation of Board members.

e) The reason for not agreeing to 'novate' the contract to Healthwatch Leicester had not been about finances but had been based upon the belief there were benefits and efficiencies to be achieved by combining the work of Healthwatch Leicester with that of Healthwatch Leicestershire in relation to their inspections of the Leicestershire Partnership NHS Trust.

f) That the original tender, issued before the regulations were published, was to deliver a Healthwatch for the City and after the regulations it was clear that the City Council wished to move to an independent Healthwatch body in accordance with established timescales.

Members commented that:-

a) They were disappointed that many people had been working hard for two years to establish an independent Healthwatch and this had not yet been achieved.

b) It was not for VAL to consider what was in the best interests of the people of Leicester; Councillors were the elected democratic representatives to make those choices and the Council had entered into a contract with VAL for them to establish an independent Healthwatch for Leicester. It was evident from VAL's briefing paper that there was no acknowledgment that the decision to change the model of delivery for Healthwatch lay with the Council.

c) It should have been patently apparent to VAL that the City Council's Health and Wellbeing Scrutiny Commission and the County Council's Health Overview and Scrutiny Committee were completely different in their operation and focused on differing health needs for their respective populations. VAL should, therefore, have realised that if both the City and County Council's felt there was a need for, and had a desire for, joint arrangements for health scrutiny the two Councils would have

established combined health scrutiny arrangements.

d) The 3 former Board members, present at the meeting, were highly respected for their work over a number of years in relation to health , and VAL were requested to issue individual apologies to them for the circumstances which had led to them resigning from the Board.

Following members comments, Mr Lyles stated:-

a) That VAL were wrong to have overridden the right to establish an independent Healthwatch for Leicester, and were consequently working to establish this by 1 June 2015. VAL however, felt that had they had acted validly under the contract. VAL now accepted that they had overreached their position and that it was not their role to determine when due diligence was in place, that was rightly the role of the Contract Commissioners and the City Council.

b) The previous Board members were at the meeting and had heard VAL's apology for overreaching its position. VAL had appointed the previous Board members and had confidence in them. VAL had not made any detrimental comments about specific Board members in their briefing paper.

The Chair thanked the Chief Executive for his contribution to the discussion.

Karen Chouhan, Philip Parkinson and Surinder Sharma presented a position statement as the former chair and members of the Healthwatch Leicester Board which had previously been circulated with the agenda for the meeting.

In addition to the comments in the briefing paper, the following statements were noted:-

a) The Board of Healthwatch had made arrangements in January 2014 for an independent Healthwatch to be accredited and set up as a separate company which had been discussed in public meetings with the Council.

b) The Board had set a deadline for Healthwatch to be completely independent by September 2014. The original target of April 2014 was known to be unrealistic and the extension to September had been agreed following discussions with the Director Care Services and Commissioning, Adult Social Care, Leicester City Council and the Chief Executive of VAL.

c) VAL had written to the City Council to inform them of VAL's concerns that the Board did not have the necessary competences for VAL to novate the contract the Board.

d) Board members had subsequently met with VAL in October as the Board had not been given a copy of VAL's letter to the Council. At the meeting the Board members were informed that there would be

commercial and public perception issues for VAL if the contract was novated, it would be better for staff to remain with VAL, patients would benefit and that the 3 year contract with VAL should remain.

e) The Board had worked for nine months to ensure that arrangements were in place for an independent Healthwatch Leicester to be established. This work had taken place in tandem with all of Healthwatch's core work.

f) When VAL decided not to novate the contract to the Board and then reiterated this view in subsequent meetings, 5 Board members felt that they had no option by to resign since Healthwatch could not operate independently of VAL if it had no control of its finances or priorities for staff support. The Board members felt there had been a breakdown of trust and could not continue to work with VAL if Healthwatch was not an independent body.

g) The three ex-Board members felt patients' interests had been set aside and that it was a sad state of affairs to be in the current position. They felt the Board had the experience and commitment to oversee an independent Healthwatch for the City, to say otherwise was misleading.

h) The Vice-Chair had agreed to stay until new arrangements were in place.

i) As a result of the decision not to novate the contract the public had been poorly served as some costs had been incurred in setting up a bank account, making arrangements for telephone lines, and securing IT arrangements. These costs had been agreed at the time with the Council and VAL and VAL had now agreed to honour these abortive costs.

j) The ex-Board members indicated that they would be prepared to carry on if the contract was novated.

Following members' comments and questions, the three ex-Board members stated:-

a) That numerous efforts had been made to remedy and salvage the situation but on each occasion VAL had reiterated that they would not novate the contract to the Board.

b) The issues had subsequently been discussed with the Council to raise the Board's concerns.

c) It was vital for an independent Healthwatch for the City to have a strong voice in speaking on behalf of patient's concerns, particularly as the health economy was undergoing considerable change in the City through the Better Care Together Programme and change in the provision of mental health services.

d) There would be a loss of impact between what the previous Board had achieved and what a new Board could achieve until they were fully assimilated with the issues and practices locally.

e) It was felt that the Board had a good working relationship with the staff and the Board could have achieved more if it had not been dealing with arrangements to ensure that the Healthwatch could operate on an independent basis. Large parts of that work would now have to be repeated to achieve the new target of independent Healthwatch by 1 June 2015.

Members commented that:-

a) Every effort should be made to preserve the energy, commitment and money already spent in establishing an independent Healthwatch for the City.

b) VAL should acknowledge the situation had been poorly handled and should reconsider their decision and novate the contract as quickly as possible to demonstrate its strong leadership role and restore public faith and confidence.

The Chair thanked the ex-Board members for their contribution to the discussion.

The Director Care Services and Commissioning, Adult Social Care, Leicester City Council presented a briefing paper which had been circulated to Members prior to meeting and had been published with the agenda.

The Deputy City Mayor stated that:-

a) A great deal of effort and energy had been spent by the Council to resolve the current situation, and it was unfortunate that it had taken the Commission's intention to discuss the issue in public to make progress. The Commission's questions had reflected his own concerns as to why the issue had taken so long to make progress.

b) The events since October had not been in the best interests of Healthwatch, the public, VAL or the Council.

c) He welcomed VAL's statement at the meeting that they would now novate the contract and were working to a new deadline of 1 June 2015. It was disappointing that the Council had to resort to seeking a formal address through the contract process to achieve that.

d) He had held various meeting meetings with VAL and other parties and had welcomed the steps that were in hand to recruit a new Board. He acknowledged the former Board members indication that they were prepared to carry on if the contract was novated, but would need to seek

further clarity now that the recruitment process for a new Board was underway.

e) He was disappointed that it taken so long for VAL to indicate their concerns when so much work had been undertaken and arrangements made to establish an independent Healthwatch.

The Assistant City Mayor, Adult Social Care echoed the Deputy City Mayor's concerns and supported efforts to bring this issue to speedy conclusion. She indicated that she had not been involved in the details of recent discussions in view of her close working relationship with all three ex-members of the Board.

The Director Care Services and Commissioning, Adult Social Care stated:-

a) The original tender was issued prior to the full guidance and regulations being received, but it had been clear in the tender documents that the development of Healthwatch would be subject to further guidance once these had been published.

b) The contract was awarded to VAL in early 2013 and VAL had subsequently agreed in May 2103 to the transition arrangements for Healthwatch to become an independent body by 1 April 2014. During the discussions on this it had been made clear that the City Council wished to have independent Healthwatch because the health needs for the City were different to that of the County.

c) The contact was originally issued for a three year period as it was not known at the outset how long it would take to make the transition from LiNK to a fully independent Healthwatch, particularly as it was not known when the detailed Regulations and guidance would be issued.

Members commented that there appeared to be goodwill on behalf of all parties to reach a position whereby the contract could be novated n a short period of time. It would be unfortunate and time consuming to incur more expenditure to re-start the work already undertaken by the Board to achieve an independent status for Healthwatch.

In response to Members comments the Chief Executive of VAL stated that Val would be willing to enter into further discussions after the meeting to resolve the issue and indicated that VAL would not object in principle to suspending the recruitment process, reinstating the previous Board members and supporting the accelerated process to achieve an independent Healthwatch for the City.

RESOLVED:

1) That everyone be thanked for their contribution to move this issue forward to get back on track to establish an independent Healthwatch for the City and not lose the continuity of experience of those that had been involved prior to the current situation.

2) That the executive continue to show leadership in getting all parties together to resolve the issues as soon as possible.

3) That all other parties be encouraged to demonstrate their leadership roles in seeking a speedy resolution to the current unsatisfactory situation in the best interest of the people they serve.

4) The VAL Chief Executive's apology in public be noted but the Commission would welcome a gesture by VAL to issue personal apologies to the ex-Board members.

Councillors Bajaj, Sangster and Palmer left the meeting at this point.

7. BETTER CARE TOGETHER

Geoff Rowbotham, Interim Programme Director, Better Care Together, and Sue Lock, Managing Director, Leicester City Clinical Commissioning Group gave a presentation on the Better Care Together Programme. A copy of the presentation had been circulated to Members prior to meeting and had been published with the agenda together with the following:-

a) An article in the Leicester Mercury dated 21 January 2015

b) A briefing note on Better Care Together issued by the Interim Head of Communications and Engagement, Better Care Together on 21 January 2015.

In addition to the statements in the presentation notes the following comments were noted:-

a) The vision and proposals for change in the Programme had been the result of considerable discussions between 8 partner organisations as the preferred way forward to address the challenges faced by health and social care services in meeting the requirements of the programme.

b) There was a potential financial gap of £400m if 5 years' time if nothing was change to the way health and social care services were delivered. This could potentially be £1.2m if the projected cumulative financial shortfalls were taken into account.

c) The programme could only be delivered through partnership working and all 8 partner organisations delivering health and social care services in Leicester, Leicestershire and Rutland.

d) The proposals for the clinical and social care case for change had been derived from a number of stakeholder events in January/February 2014 attended by approximately 200 stakeholders.

e) The left shift in delivering patient care from the secondary health sector to the primary care health sector across the 8 work-streams was aimed at increasing efficiencies and increasing the overall provision of care as a result.

f) The development of the 8 clinical pathway work-streams had been developed by a cross section of clinicians, patients and carers groups and local authority representatives to identify the intervention necessary to transform for the existing service delivery model to achieve the outcomes required in 5 years' time. The urgent care, frail older people and long term conditions work-streams had been tested against the Kings' Fund Ten components of care to frame the service transformation.

g) The programme and supporting documents were now in the public domain and had been subject to external reviews by Health and Wellbeing Boards, Clinical Senates, NHS England and the Office of Government Commerce. Although the programme was still being reviewed it was already delivering early patient experience benefits.

h) Examples of improved patient pathways were shown in the presentation. One revised pathway for patients with eye problems estimated that attendances at A&E could be reduced by 2,000 visits per year by improved training and treatment by GPs and Optometrists.

i) Service reconfiguration was progressing and De Montfort, Leicester and Loughborough universities were involved in discussions to integrate their work to support workforce development and service delivery.

j) Patient and public involvement and communication and engagement workshops had fed views back on the proposals in December and wider public consultation would start on 16 February 2015. A number of specific engagement events to consult hard to reach groups were planned and mobile units would travel through Leicester, Leicestershire and Rutland in February and March. There would be a widespread public media campaign including local radio services for BME communities etc. Full details of the consultation process were contained in the presentation.

k) Parts of the programme would require statutory consultation and this would begin after the elections in May and continue through the year.

In response to members questions it was noted that:-

a) The Better Care Together Programme's remit did not include proposals to make structural changes in the administration of the NHS such as reducing the number of CCGs for Leicester, Leicestershire or Rutland.

b) Personal Medical Services was 1 of 3 contracts that GPs could hold. There was a mismatch of funding as the core funding did not reflect the

health needs covered by an individual practice. Reductions made in payments in core contracts, stayed within the health economy and would be focused back into GP practices where the health need was greater. The CCG would work with the practice to provide additional support to help them build improvements in patient services.

c) One of the principles of the programme was to include an element of double running costs by supporting tandem services. This was estimated at £250m. Services would not be closed down in one sector until replacement services in another sector were shown to demonstrate the desire benefits in service delivery.

d) The programme had been driven by clinicians with input from the public and patients and it was felt that this would give the programme a better chance of providing the envisaged benefits.

e) The programme would be subject to continued scrutiny and the Project Board would be considering different methods of scrutiny , particularly where specialist advice was required.

With the consent of the Chair, Sally Ruane asked the following questions:-

a) Is the plan going to lead to a restructured workforce which, overall, is of a lower skill mix than is currently the case?

b) Does the expenditure of £800m to achieve a gain of £17m represent a good use of public money?

c) What dangers are posed to the public through the closure of 427 beds in the context of rising need and a chronic current bed shortage?

d) Given that the tables and figures shown in the plan and strategic outline case terminate at the end of the five or seven year period, what will the picture be, financially and in terms of beds and workforce, for the five, ten, fifteen or twenty years after the end of the plan?

e) Why has there been no serious exploration of alternative options?

f) The evidence shows that community initiatives only selectively and in a limited way lead to a reduction in unplanned hospital admissions and there is no evidence to show that they will lead to a cheaper model of care. So how feasible is it to have a plan which depends upon both of these features? And have other risks inherent in the project been adequately assessed and addressed?

It was agreed that the Interim Programme Director would provide a written response to the questions and that copies of the response would be sent to members of the Commissions at a later date.

RESOLVED:

That the presentation be received and noted and that the Interim Programme Director provide a written response to the questions submitted by a member of the public and that copies of the response be circulated to members at a later date.

8. DEMENTIA STRATEGY

Bev White, Lead Commissioner (Dementia) Care Services and Commissioning and Mark Wheatley, Public Health Specialist, Mental Health and Vulnerable Groups gave a presentation on the progress made against the Implementation Plan for the delivery of the Strategy. A copy of the presentation had been circulated to Members prior to meeting and had been published with the agenda

In addition to the information shown in the presentation the following comments and statements were noted:-

a) The national costs for dementia services of £26.3m were more that the costs for strokes and cancer services combined.

b) The achievements to date were listed in full in the presentation.

c) Much work had been undertaken to design leaflets for dementia sufferers and carers.

d) The City Council's Dementia Care Advisors are a point of contact for people living with dementia from diagnosis onwards.

e) In 2014 there was a focus during National Dementia Week on BME communities in response to previous comments made by members to raise awareness and support.

f) Work was progressing under the Frail Older People priority work-stream of the Better Care Together Programme. Data was being gathered on services in all sectors. A bid to the CCG to fund a project to explore the reasons for under representation of BME communities in dementia services had been submitted and the outcome was awaited.

g) The dementia diagnosis rate in Leicester was 67% which was one of the best in the country compared to the national average of 48%. A stretch target of 72% had been set for the end of the year.

h) The diagnosis rates of dementia by ward and by ethnicity were contained in the presentation notes previously circulated. The ward analysis identified those ward where the rates of diagnosis were significantly higher or lower rate for Leicester as a whole. There was an under representation in the diagnosis of 16.8% of the Asian/Asian British ethnic category compared with their proportion of the total population of 25.7%.

In response to members' questions, the following responses were noted:-

a) Officers were working with the CCG to understand the disparities on the rates of diagnosis by wards and ethnicity.

b) Although Rushey Mead Ward had a number of elderly persons' homes, the rates for diagnosis of dementia in the ward were close to the average for the city as a whole. It may be that a number of people in residential care may not be formally diagnosed with dementia. They may be engaged with primary care services and may have entered residential care for other reasons and developed dementia as they grew older.

c) Good practice for new build care homes is to have separate accommodation aimed at residents with similar levels of need. Advice was given to potential investors in the city on the requirements for new build care homes. This separation was not always possible in existing care homes but staff were required to have training to be able to deliver care to people with differing levels of dementia and this is monitored through the contract monitoring process (QAF).

d) A number of care homes were working towards becoming dementia specialists.

e) There are 200 types of dementia with symptoms other than memory loss. Many changes to a person's health may be subtle in nature and may not be easily recognised by the person or others close to them. It was not uncommon, therefore, to encounter people for the first time when they were at a crisis stage.

f) The waiting time between people being diagnosed and receiving treatment varied depending upon the pressures on the secondary care services. Currently the average waiting time was approximately 12 weeks. Difficulties arose because efforts had been made to increase the diagnosis of dementia and no extra funds had been invested into other services along the pathway, which created inevitable bottlenecks at times.

RESOLVED:-

That the officers be thanked for their presentation and that a further update on progress with the strategy be submitted after the forthcoming elections but before the start of National Dementia Week. The update to include comparable date with other benchmark authorities together with details of the specifications for specialist dementia care homes.

9. IMPLEMENTING THE CARE ACT 2014

Gwen Dowsell, Programme Manager, (Business Change) Care Services and

Commissioning gave a presentation that provided an overview of the key implications of the Care Act 2014 and progress so far in planning for the implementation of the changes. A briefing note for Councillors and a copy of the presentation had been circulated to Members prior to meeting and had been published with the agenda

In addition to the information contained in the presentation the following comments were noted:-

a) The provisions of the Care Act would come into force on 1 April 2015 excluding the funding reforms provisions which would come into force on 1 April 2016.

b) The main emphasis of the provisions of the Act was to shift the focus on preventing, reducing and delaying care and support needs.

c) The Act placed an obligation on local authorities to assess needs against a national eligibility threshold, and, at this stage, it was not envisaged that this would create a significant impact upon current demands.

d) There were some additional duties in respect of prisoners' rights to social care.

e) Further guidance on the funding reforms was expected but currently it was proposed to operate a cap on lifetime costs of care of £72,000 for people 65 years and over. The means test threshold would increase to £118,000.

f) Details of the proposed national and local public information campaigns were detailed in the report. 11 wards had been selected to receive door drop leaflets by the agency undertaking the work for the Department of Health. These wards had been selected by postcode areas to give the demographic profile of the target group for the leaflets. The postcodes selected were LE4–6, LE4-7, LE5-2 and LE5-5.

g) The current IT system was being updated to accommodate the requirements of the new legislation as part of the software update contract.

h) There could be an influx of people coming forward after the information campaigns, particularly carers, and arrangements were being made to be able to respond to them.

i) The suggestion by Members of using ward community meetings to publicise the changes would be incorporated into the local information campaign.

RESOLVED:-

That the officer be thanked for the presentation.

10. CLOSE OF MEETING

The Chair declared the meeting closed at 9.25 pm.

Appendix C

Adult Social Care Scrutiny Commission

Elderly Persons' Homes

Date: 5th March 2015

Lead Director: Tracie Rees

Useful information

- Ward(s) affected: Evington, Charnwood, and Thurncourt
- Report author: Tracie Rees
- Author contact details: 454 2001
- Report version: 1

1. Summary

1.1 The purpose of this report is to provide the Adult Social Care Scrutiny Commission with an update on the progress to sell and close the Council's Elderly Persons Home.

2. Recommendations

2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report.

3. Report

3.1 Members of the Scrutiny Commission will be aware that a decision was made in October 2013 to sell and close the homes in two phases.

Phase I 2014/15

Abbey House	Sale as going concern
Cooper House	Sale as going concern
Elizabeth House	Close
Nuffield House	Close
Herrick Lodge	Close

3.2 Elizabeth House and Nuffield House were closed in 2014 and an evaluation of the closure and rehousing of the residents was presented to the Adult Social Care Scrutiny Commission on 14th August 2014. A copy of the evaluation is attached at appendix 1.

3.3 It was not possible to close Herrick Lodge during 2014, due to a legal challenge. However, permission was given by the court to proceed on 29th January 2015. There are currently 4 residents living at Herrick Lodge and they were advised (along with their families/carers) on the 9th February 2015 that the Council will be progressing with the closure of the home. Staff and their union representatives were also advised of the situation on the same day.

3.4 The Council will implement the same 7 Step Moving Plan that was used to move the residents from Elizabeth House and Nuffield House. This includes an assessment of the residents needs and these assessments will begin week commencing 23rd February 2015 and the home will close when the existing residents have been moved to alternative accommodation.

3.5 Abbey House and Cooper House have both been sold to Leicestershire County Care Ltd (LCCL) and the homes transferred on 2nd February 2015.

3.6 A lessons learnt exercise was undertaken following the sale to homes to understand what could have been done differently in terms of the procurement exercise. This is attached at appendix 2. This will be used to improve the sale process for Arbor House and Thurn Court.

3.7 The Council will also monitor the delivery of care delivered by LCCL, which will include contract monitoring visits, Care Quality Commission inspection reports, complaints and family feedback. Payment for the homes will also be monitored, although they have until 31st March 2017 to make full payment. The unions have also agreed to provide feedback relating to any concerns about the Council staff who were subject to TUPE.

3.8 Arbor House and Thurn Court were advertised for sale on 9th February 2015. Residents and their families/carers were advised on 9th February 2015, that the homes had been advertised for sale. Staff and their union representatives were also advised of the situation on the same day.

3.9 The closure of Preston Lodge will be considered in due course, as this is linked to the development of the Intermediate Care Unit.

4. Financial, legal and other implications

4.1 Financial implications

4.1.1 Revenue Implications

Abbey, Cooper, Elizabeth and Nuffield are no longer run by the Council and savings of £1.7m per annum are being made as a consequence. Partly due to low occupancy the current weekly cost to the Council of having Herrick Lodge open is £14.2k per week (equivalent to £738k per annum).

4.1.2 Capital Implications

The Council received a capital receipt of £2.045m for the sale of Elizabeth and Nuffield. It will receive a further £475k in 2017/18 at the latest for the sale of Abbey and Cooper and there will be a further capital receipt for Herrick Lodge. The Council will also benefit through not having to pay out capital sums for the maintenance of these five buildings.

Rod Pearson (Head of Finance – Adult Social Care, Health and Housing)

4.2 Legal implications

4.3 Climate Change and Carbon Reduction implications

4.4 Equalities Implications

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

5. Background information and other papers:

6. Summary of appendices:

Appendix 1 – Evaluation of the closure of Elizabeth House and Nuffield House

Appendix 2 – Lesson's learnt review of the sale of Abbey House and Cooper House

Appendix 1

ASC Scrutiny Commission

Date: 14th August 2014

Evaluation of EPH Residents Moving Under Phase I

Lead Director: Tracie Rees

Useful information

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

1. Summary

1.1 The report updates the Scrutiny Commission on the perceptions of residents four weeks, after their move from Elizabeth House and Nuffield House.

1.2 Elizabeth House closed on 15th April 2014 and Elizabeth House close on 4th June 2014. Herrick Lodge is still open pending a legal challenge.

1.3 A number of questions were posed to residents by their Social Worker as part of a planned follow up review, approximately four weeks after the move. Family members also attended the review meeting in some cases.

1.4 This report summarises the overall findings from residents' interviews. Appendix A shows whole extracts from individual interviews, which were undertaken. The information has been redacted to prevent individuals from being identified and to remove reference to confidential and sensitive health data in order to maintain compliance with the Data Protection Act 1998 (Amendment 2003).

2. Recommendations

2.1 The Scrutiny Commission is recommended to:

a) Note the positive findings from resident responses four weeks after moving
b) Note the reasons for any dissatisfaction identified at this stage and the mitigating actions that have been undertaken

3. Supporting information including options considered:

3.1 On 15th October 2013, the Executive made a decision to close Elizabeth House, Nuffield House and Herrick Lodge as part of Phase I, of the Elderly Persons Homes Re-provision Process.

3.2 Elizabeth House and Nuffield House have now closed, and all residents have been supported to move to new homes. Herrick Lodge is still open to four permanent residents as part of Phase I, pending the outcome of a legal challenge. In making a decision to close the homes in Phase I, the Executive made it clear that an evaluation of Phase I would be needed before any decision to proceed to Phase II is made.

3.3 This report updates the ASC Scrutiny Commission on the results from interviews

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

Person Centred Change

3.4 It can be concluded from these interviews that that the process of sensitively supporting residents to move has been successful and that this is apparent from the overall findings and from the individual interview extracts in Appendix A.

3.5 A person centred approach was developed to support the re-provision process, aimed at reducing the anxiety that those involved would naturally feel. The approach was based on working with each resident and/or those who are important to them, to develop an individual moving plan. The moving plan was updated at key points. Residents and relatives were supported throughout the process by a dedicated social work team which provided continuity of support. The approach can be summarised in seven key steps and was explained to residents and families in a user friendly leaflet.

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

Profile of residents who took part in the interviews

3.6 A total of 25 residents were supported to move from Elizabeth House and Nuffield House.

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

Methodology and Evaluation Approach

3.7 Before each resident moved, they were asked by their Social Worker to answer 5 key questions about their current home. The same questions were asked at the four week review in relation their new home.

3.8 During both sets of interviews people were also asked about the nature of any concerns they had.

3.9 Prior to moving, people were asked whether everything they said they had wanted in their moving plan had been put in place.

3.10 After moving people were asked to describe the extent to which they felt they were settling in.

3.11 Of the 20 residents who told us their views 4 weeks after moving, 8 moved to homes in the independent and voluntary sector, and 12 residents moved to vacancies in other council homes.

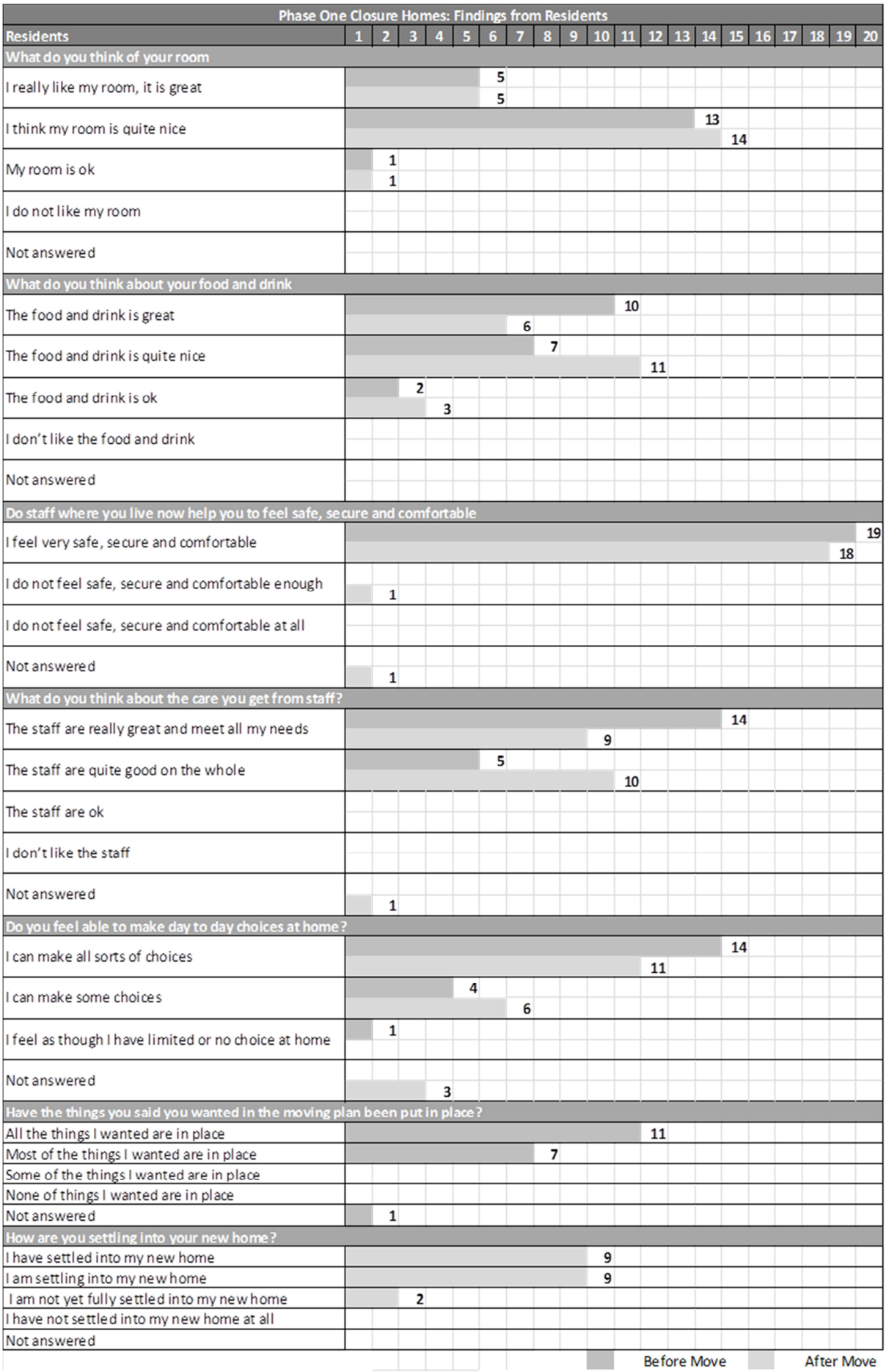
3.12 The overall results of this exercise are shown in the table in part 3.15 of the report.

3.13 Evaluating a qualitative exercise like this is not a straightforward process. For the purposes of this evaluation, advice from the Corporate Research and Intelligence Team has been that there is no standard measure. Whilst it is helpful to report overall findings in numerical terms this should be considered in the context of the responses people have given, both positive and negative. Responses indicating dissatisfaction should be subject to an impact assessment and measures to mitigate the issues raised.

3.14 On this basis the report shows:

- Overall responses to questions before and after moving
- An analysis of concerns prior to moving
- An analysis of concerns post move and mitigating actions where dissatisfaction has been noted.
- Information on how responses were scored by those who moved to council homes versus those who moved to homes in the independent sector.
- Whole extracts from customer interviews so that people can understand the individual context in which responses were given. These are verbatim extracts which have been redacted to prevent individuals from being identified, and to remove reference to confidential and sensitive health data in order to maintain compliance with the Data Protection Act 1998 (Amendment 2003)

3.15 What residents told us before they moved and four weeks after moving



Headline Conclusions from questions asked before and after the move

3.16 Residents have successfully made the transition to new homes. This is evidenced by both this analysis which indicates relatively high levels of satisfaction and the fact that all placements have remained stable.

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

How people felt about their moving plans

3.17 We took the opportunity to ask everyone prior to moving if everything they said they wanted in the moving plan had been put in place.

3.18 The ability to find accommodation that meets individual aspirations, whilst meeting individual assessed need can be subject to constraints for example the type of home required, and also vacancies available in the home of choice.

3.19 Out of 17 people who answered the question:

- 10 people said everything they wanted was in place
- 7 people said they had most things they wanted in place

Residents' concerns prior to moving

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

Out of 19 people:

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

until they had moved

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

How people felt they were settling in after four weeks

3.21 We asked residents how they felt they were settling in four weeks after moving.

- 9 residents described themselves as having settled in
- 9 said that they were settling in
- 2 said that they were not fully settled in

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

Residents' concerns after moving

3.22 We asked people about any concerns they had having moved. This was to assess how people were feeling and to assess any negative impacts from moving that required mitigation.

3.23 Out of 20 people:

- 12 had no concerns at the four week review
- 8 told us about their concerns

How residents' concerns were addressed

3.24 One person did not like the location of their room because they had to use a lift to get to it. Following the review the person was moved to a ground floor room

3.25 One person found it annoying that the mirror in their room was too high. The mirror was moved shortly afterwards

3.26 One person wanted to put more pictures up as they found the room a bit bare. This was arranged shortly afterwards

3.27 One person mentioned a specific health matter which was not related to the move or accommodation and appropriate advice was given by the social worker

3.28 One person wanted their relative to get out and about more, and this was reported to the home manager for action. The resident has had a couple of trips out and arrangements have been put in place for weekly trips out.

3.29 One person said they wanted to get out and about more. This was referred to the home manager for action and arrangements have been made for trips out.

3.30 One relative mentioned about a staffing issue, this has been referred to the home manager.

3.31 One person's concern was that they weren't settling in well. Since the interview, indications are that the situation has improved.

How scores were allocated across the sector

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

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

Headline conclusions from the analysis

3.33 The table shows that the perceptions of residents who have moved are very similar, regardless of the provider.

3.34 It is pleasing to note this, particularly given the concerns some families raised during the consultation about independent sector provision.

Extracts from interviews at 4 weeks

3.35 To get a real flavour of how individuals have made the transition to new homes, it is important to look at the extracts which give an insight into life 4 weeks after the move and the overall positive feelings which are evident.

3.36 It is pleasing to note the value some residents and families placed on the support they received throughout the process which can be seen in the interview extracts.

Learning from the process of person centred re-provision

3.37 The approach designed for this re-provision was based on previously successful work undertaken by Leicester City Council staff to support people with severe learning disabilities to find new homes and leave NHS long stay hospital accommodation in the light of a national directive from the Department of Health. It is based on working closely with residents and their families to manage the process of change whilst at the same managing the workforce change that arises from decommissioning services.

3.38 A lessons learned exercise with those working on the EPH re-provision project will be undertaken next month, but it is worth sharing some of the success factors that are already apparent.

Success factors

3.39 A project team was set up to oversee the work on re-provision and agreed that a dedicated social team allocated exclusively to the project, should be put in place to support residents and families. Regularly present in the residential care homes, they formed effective relationships with residents and families, so that trust could be built with those affected by change. Residents and families could therefore talk to the same worker throughout the process, without the worry of talking to different officers, or feeling they were being passed around the system. The continuity of approach has proved extremely beneficial to residents and their families.

3.40 Managers and front line workers in the homes have long-standing relationships with residents and their families. Their positive attitude and practical support in supporting people to view homes, listening to residents and relatives and providing on-going emotional support was a key success factor. Staff maintained a professional approach in supporting residents, despite being affected by changes to their own employment and dealing with their own emotions at seeing residents move on to new accommodation.

3.41 Despite a long period of uncertainty about the future of the homes, staff remained professional and continued to deliver a good quality service through a difficult time. They were supported by their managers and were given the opportunity to raise their concerns in a supported environment. Support from AMICA was also made available. Senior managers and HR staff helped individuals to shape their own redeployment plans, to help them come to terms with the changes affecting them. Out of 57 staff affected 40 were redeployed, 7 took voluntary redundancy, 4 gained other roles independently, 3 left the authority and, 3 were made redundant.

3.42 The project team spent quite a lot of time planning the detailed approach to re-

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

3.43 Quality assurance, independent of the project team was also put into place during the course of the project to check that residents and families were being appropriately supported. This was undertaken by a senior member of staff and included, observation of meetings with social workers and residents/families and sampling of assessments, support plans, and moving plans.

3.44 Six staff commendations have been received from the families involved, and no complaints have been made.

4. Details of Scrutiny

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

5. Financial, legal and other implications

5.1 **Financial Implications**

There are no direct financial implications in relation to this report

Rod Pearson – Head of ASC Finance- Tel 374002

5.2 **Legal implications**

There are no direct legal implications in relation to this report

Kamal Adatia- City Barrister and Head of Standards Tel 371401

5.3 **Climate Change and Carbon Reduction implications**

There are not direct implications arising from the report.

5.4 **Equalities Implications**

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

Angela Hepplewhite- Business Transition Manager

Ext 2304

5.5 **Other Implications**

None

6. Background information and other papers:

N/A

7. Summary of appendices:

Appendix A – Individual Interview Extracts (anonymised)

8. Is this a private report?

(If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

Yes

9. Is this a "key decision"?

Yes/No

10. If a key decision please explain reason

Appendix A- Individual Interview Extracts

Residents who have moved out of Elizabeth House and Nuffield House

Perceptions after 4 weeks

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

any concerns were raised	

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

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

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

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

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

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

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

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

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

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

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

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

Lessons Learned Report Appendix 2

Project Details	
Project Number	**566**
Project Name	**EPHs Phase One – Sale of Abbey House and Cooper House**
Project Manager	**Angela Hepplewhite**
Project Director	**Tracie Rees**
Assistant Mayor Lead	**Cllr Rita Patel**
Department	**ASC**

Purpose of the Lesson Learned Report
To pass on any lessons learned that can be usefully applied to other projects. This document should be used to summaries the Lessons Learned captured in the Lessons Learned Log during the project.

Document Amendment Record			
Version	**Date**	**Author**	**Amendment Details**
1	**16/2/15**	**Heather Kent**	**Initial version**

1. Approach

As part of good project governance it is essential to learn from what went well and what aspects we might change going in to the next phase of the project.

Comments from officers involved in Phase 1 - the sale of Abbey House and Cooper House were gathered in a variety of ways, such as workshop, informal discussion, and 1-1 meetings.

The project was delivered on time with positive feedback from relatives and residents. The information gathered will inform phase 2 sales of Arbor House and Thurncourt as going concerns.

2. Things That Went Well

Throughout the process, residents' wellbeing was a priority for the Council and the new provider:

- The successful sale of the homes as going concerns was the best possible outcome for the residents. The sale was in accordance with the general wishes of residents and relatives in the consultation exercises.

- Other positives for residents and relatives included:
  - Reduced anxieties, as residents were assured that they could stay in the homes.
  - All aspects relating to continuing levels of care for residents were maintained through the transition.
  - Collaborative working between the Council and the new provider to ensure appropriate staffing levels and clear information about transfer of out of hours management contacts.
  - Existing residents' fees have been honoured by the new provider, which has given residents and relatives assurance that they would not have to pay any more.
  - Residents were assured that they could keep their own rooms.
  - As an example of how residents have felt supported through the process, one of the home managers received thanks from relatives of a resident who had moved from another home. They stated that they were grateful for the love and care that had been paid to the resident at their previous home and at the current home.

The lessons exercises also looked at other aspects of the procurement and sale process:

- Several organisations expressed an interest in the homes during the procurement process and an experienced preferred bidder was identified.

- Completion was achieved within a challenging timescale. A target date of 2nd February 2015 was set once the preferred bidder was identified. Completion took place on this date.

- Comprehensive project management enabled this deadline to be achieved by providing continued focus, a clear governance structure and clear communication lines helping issues to be resolved quickly and effectively.

- There was a collaborative approach between the Council and the preferred bidder through the establishing of a Joint Sales Project Board and a structure of formal and informal groups to deal with specific aspects of the sales.

- The staffing implications of change were managed closely and effectively with good support from HR. The TUPE process was well managed and the interests of the workforce were protected. The unions were involved throughout.

- There were opportunities for staff to get to know the new owners in advance of the transfer and to visit other homes run by them. This helped reduce anxieties for staff and better prepare them for working with the new owners.

- Payment arrangements for LCC supported residents were in place in time. The payment run was on the same day as transfer, and success was achieved due to intense input from Finance and Care Management.

- Throughout the process, data protection advice was enacted, in order for safe transfer of the significant amount of residents' and staff personal information.

3. Things That Could Have Been Done Differently

- The use of an “asset purchase agreement” led to a substantial and lengthy due diligence process and a large amount of queries in the last few weeks of the project. To avoid this, an alternative approach is being put in place by Legal Services and Corporate Procurement for the sale of Arbor House and Thurn Court. This will mean that such information will be provided during the procurement process, rather than towards the end of the sale.

- We need to ensure that there is regular communication with residents, relatives and staff throughout the whole process. There were periods of time where it may have appeared to them that not much was happening. Regular communication during these periods would be useful in bridging the gap and letting people know that a number of necessary tasks were taking place in the background.

- Relatives of residents have advised that they would have liked more opportunities to meet with the preferred bidders prior to transfer. We will, therefore, look at arranging more scheduled contact opportunities for residents and relatives.

- Managers need to ensure that annual leave is taken appropriately and that training records are kept up to date.

Appendix 2

Lessons Learned Report
Sale of Abbey House and Cooper House

1. Approach

As part of good project governance it is essential to learn from what went well and what aspects we might change going in to the next phase of the project.

Comments from officers involved in Phase 1 - the sale of Abbey House and Cooper House were gathered in a variety of ways, such as workshop, informal discussion, and 1-1 meetings.

2. Things That Went Well

Throughout the process, residents' wellbeing was a priority for the Council and the new provider:

- The successful sale of the homes as going concerns was the best possible outcome for the residents. The sale was in accordance with the general wishes of residents and relatives following the consultation exercise.
- Other positives for residents and relatives included:
  - Reduced anxieties, as residents were assured that they could stay in the homes.
  - All aspects relating to continuing levels of care for residents were maintained through the transition.
  - Collaborative working between the Council and the new provider to ensure appropriate staffing levels and clear information about transfer of out of hours management contacts.
  - Existing residents' fees have been honoured by the new provider, which has given residents and relatives assurance that they would not have to pay any more.
  - Residents were assured that they could keep their own rooms.
  - Residents and their families/carers had an opportunity to meet with senior officers from the Council and with representatives from Leicestershire County Care Ltd, which was a positive experience at both homes.

The lessons exercises also looked at other aspects of the procurement and sale process:

- Several organisations expressed an interest in the homes during the procurement process and an experienced preferred bidder was identified.

- The use of a competitive dialogue process allowed open discussion with bidders and variant bids maintained interest from a number of bidders throughout the process, allowing for a flexible approach and providers to their own financial/legal models. This flexibility allowed the successful bidder to submit an innovative and attractive tender.

- Completion was achieved within a challenging timescale. A target date of 2nd February 2015 was set once the preferred bidder was identified. Completion took place on this date.

- Comprehensive project management enabled this deadline to be achieved by providing continued focus, a clear governance structure and clear communication

lines helping issues to be resolved quickly and effectively.

- There was a collaborative approach between the Council and the preferred bidder through the establishing of a Joint Sales Project Board and a structure of formal and informal groups to deal with specific aspects of the sales.

- The staffing implications of change were managed closely and effectively with good support from HR. The TUPE process was well managed and the interests of the workforce were protected. The unions were involved throughout.

- Information received from the unions involved in the transfer of the County homes was useful and there was robust union challenge on the content of the 'measures letter', which was agreed before the transfer took place.

- There were opportunities for local ward members, residents and staff to meet the new owners in advance of the transfer. There was also an invite to visit other homes run by LCCL to help reduce anxieties for staff and better prepare them for working with the new owners.

- Payment arrangements for LCC placements were in place in time. The payment run was on the same day as transfer, and success was achieved due to intense input from Finance and Social work teams.

- Throughout the process, data protection advice was enacted, in order for safe transfer of the significant amount of residents' and staff personal information.

3. Things That Could Have Been Done Differently

- The use of an "asset purchase agreement" led to a substantial and lengthy due diligence process and a large amount of queries in the last few weeks of the project. To avoid this, an alternative approach is being put in place by Legal Services and Procurement for the sale of Arbor House and Thurn Court. This will mean that such information will be provided earlier during the procurement process, rather than towards the end of the sale.

- There needs to be regular communications with residents and their relatives/carers and staff throughout the whole process. There were periods of time where it may have appeared to them that not much was happening. Regular communication during these periods would be useful in bridging the gap and letting people know that a number of necessary tasks were taking place in the background.

- Relatives of residents have advised that they would have liked more opportunities to meet with the preferred bidder prior to transfer. We will, therefore, look at arranging more scheduled contact opportunities for residents and relatives.

- Managers need to ensure that annual leave is taken appropriately and that training records are kept up to date.

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

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

P R E S E N T :

Councillor Chaplin (Chair)
Councillor Riyait (Vice Chair)

Councillor Alfonso
Councillor Cutkelvin
Councillor Dawood
Councillor Kitterick
Councillor Willmott

In Attendance

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

* * * * * * * *

16. APOLOGIES FOR ABSENCE

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

17. DECLARATIONS OF INTEREST

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

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

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

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

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

25. ELDERLY PERSONS' HOMES

a) Progress with Moves to Alternative Accommodation

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

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

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

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

b) Evaluation of Residents Moving under Phase 1

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

The Adult Social Care Business Transition Manager advised the Commission that it was recognised that moving out of elderly persons' homes would be hard for some residents, so the Council had aimed to use a process under which residents understood what was happening at each stage. The report submitted drew together comments received before residents moved, at the point of moving and after they had moved. As could be seen from the report, there had

been no placement breakdowns.

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

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

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

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

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

RESOLVED:

1) That the report be received and welcomed; and

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

28. CLOSE OF MEETING

The meeting closed at 7.57 pm

Appendix D

Leicester City Council

Report to Scrutiny Commission

Adult Social Care

Date of Commission meeting: 5th March 2015

BETTER CARE FUND: UPDATE REPORT

Report of the Director of Adult Social Care and Safeguarding

Useful Information:

- Ward(s) affected: All
- Report author: Ruth Lake, ASC and Safeguarding, LCC
  Rachna Vyas, Head of Strategy and Planning, Leicester City CCG
- Author contact details 454 5551
- Date of Exec meeting N/A

1. Purpose of report:

1.1 To provide the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund (BCF), highlighting those schemes that relate directly to Adult Social Care (ASC).

1.2 The detail of the Better Care Fund has previously been presented to the commission and this is an update report.

2. Key issues or points to note

2.1 The Leicester City Better Care Fund interventions continue to enable 'flow' across the system, particularly during times of surge. This is helping to stop people being unnecessarily brought in to the acute care system or becoming stuck within it after they are well enough to go home.

2.2 Performance against the nationally prescribed indicators is positive for all indicators except the emergency admission indicator, which is currently showing 15.6% over the 13/14 baseline.

2.3 The BCF work in Leicester has attracted positive interest from ministers who have been looking at early success stories. As a result two ASC staff members have been invited to present the development of the Integrated Crisis Response Service at a national event on 24th March 2015, which will be attended by frontline staff involved in BCF work, but also ministers, DH and DCLG officials.

2.4 All BCF funded services are being evaluated currently. A multi-agency workshop was held on 28th January 2015, to assess the investments planned in the 15/16 funding stream. The prioritised schemes were presented to the Joint Integrated Commissioning Board in February and will be considered at the Health and Wellbeing Board in March 2015, for approval of the next year's programme.

2.5 The BCF programme is primarily scrutinised by the Health and Wellbeing Board, this being a requirement of the board as set out in the BCF national guidance. The Joint Integrated Commissioning Board oversees progress and issues on a monthly basis. The impact of the schemes on the acute care system, and those schemes which are delivering new health services, will be of interest to the Health Scrutiny Commission. Presently the BCF is supporting existing ASC services in order to extend their availability and maximise their benefit to people at risk of emergency admissions, rather than delivering new services.

3. Recommendations

The Adult Social Care Scrutiny Commission is recommended to note the progress made and the positive impacts being achieved.

4. Summary of Interventions

The table below summarises the key progress made in each scheme. Those which relate to ASC activity are highlighted.

Scheme	Scheme status
Priority 1: Prevention, early detection and improvement of health-related quality of life	
BCF1 Risk stratification	**LIVE** ▪ All practices now have access to both their 2% and 2.1-10% cohorts of patients. ▪ Further development of Risk Stratification for use in commissioning is being explored, including population segmentation, profiling and disease burdens at General Practice level.
BCF 2 Lifestyle Hub	**LIVE** ▪ The CCG is working with the local authority to ensure targeted coverage for phase 1 of this project. ▪ Potential to include the 'First Contact' scheme as part of the hub, ensuring a holistic approach to provision of services.
BCF 3 General Practice scheme (2.1-10%)	**LIVE** ▪ Using the 2.1-10% risk band cohort of patients, GP's across the city are in the process of completing care plans for this population. ▪ Since mid-August 2014, 6310 care plans have been completed as at 19th Jan 2015.
Priority 2: Reducing the time spent in hospital avoidably	
BCF 4 Clinical Response Team	**LIVE** ▪ Activity has steadily increased through the winter period, with calls having to be deferred in some cases due to over-activity. ▪ Additional practitioners made live from Jan 5th 2015 to cope with increased demand. ▪ System-wide communications have been sent out to all practices and partner agencies. ▪ There have been zero complaints / clinical incidents for the service to date ▪ A service evaluation has commenced to enable further development of the service for 2015/16.

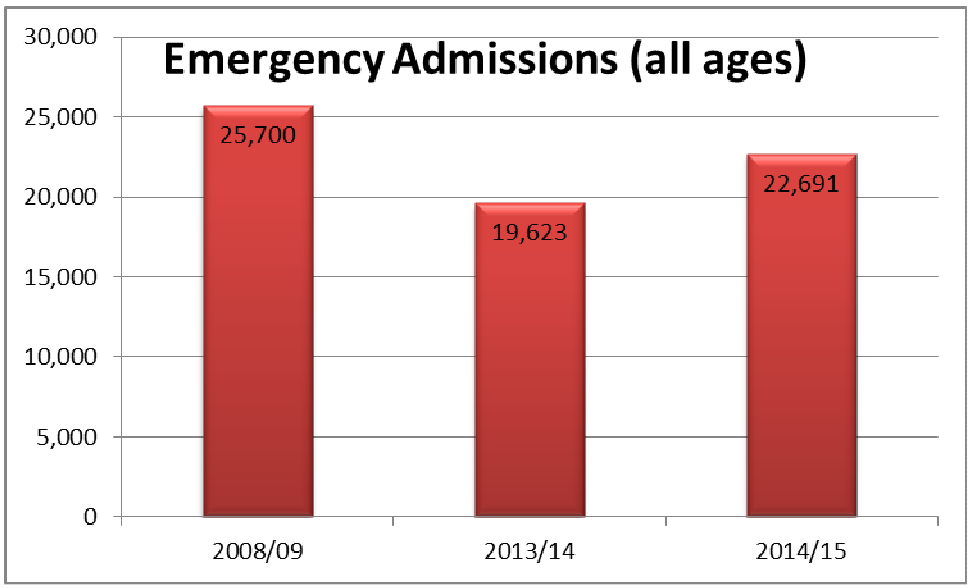
BCF 5 Unscheduled Care Team	**LIVE** ▪ The Unscheduled Care Team has been instrumental in preventing admissions to the acute site, working in partnership with the Primary Care Coordinator and geriatrician team in UHL Emergency Department (ED). ▪ The Integrated Crisis Response Service (ICRS) has extended its remit to work within the pre-admission areas and by using a Multi-disciplinary Team format, this has resulted in direct discharge from Emergency Department 'majors' for approx. 5-6 patients per day. These are people who would otherwise have been admitted to hospital. ▪ ICRS has significantly increased the numbers of people being supported in the last few months, with a forecast increase of 50% (1000 extra people) above last year's activity. To illustrate impact, in November 108 people used the scheme directly due to a fall / fall sensor alert and the majority were safely supported to stay at home rather than be conveyed to hospital as a default.
BCF 6 System Coordinator	**PENDING DECISION** ▪ Recruitment stalled with LPT no longer able to provide sufficiently senior staff for this post. ▪ In the meantime, the role is effectively being done between a mixture of LPT and LA teams, with support from the CCG strategy team. ▪ This project was not prioritised to take forward, as the alternative arrangements appear effective.
BCF 7 Intensive Community Support service (home based 'beds')	**LIVE** ▪ 6 additional 'beds' are live, with daily occupancy reaching ~ 92%. ▪ Feedback from LPT teams is that the 'beds' are enabling much faster discharge from LPT and UHL beds, enabling system-wide flow and reducing Delayed Transfers of Care, most notably during peak times. ▪ A further 6 beds have been supported using winter Pressures funding.
BCF 8 IT integration	**LIVE** ▪ National Information Governance team has become involved due to data sharing issues, with blockages at a national level. Await feedback for resolution.
Priority 3: Enabling independence following hospital care	
BCF 9 Planned Care Team	**LIVE** ▪ In January 2015, the Care Navigator service had 91 patients referred in, with the majority of these patients being over 75 and at high risk of admission. Over the year they are forecast to have supported 1572 people with holistic assessments and the provision

	of services, advice or signposting. ▪ Further work is being undertaken to assess whether the service should be opened up to a wider age range, following feedback from practices across the City. ▪ All other elements of the service live and being used to increase flow across the system. This includes additional capacity within ASC in order to extend working hours and respond to the 7 day services agenda. This is helping to support weekend discharges from hospital.
BCF 10 Mental health discharge	**LIVE** ▪ Both posts in this team started on 6th October 2014, with one based at the Bradgate Unit and one based at the Bennion Centre. ▪ Although the Mental Health delay rate has almost halved compared to 13/14, there has been a sudden increase in December 2014 due to the lack of step down facilities for City patients. ▪ In 15/16, funding will be focussed on Adult Mental Health support, the area of greatest pressure.
BCF 11 Integrated Mental health step down service	**NOT LIVE** ▪ Held whilst ongoing LLR Better Care Together mental health pathway review takes place.

5. Performance against BCF national metrics

a. Emergency admissions (all ages)

Admissions have continued to increase for Leicester City patients, with current figures showing that the system is 15.6% above the same time in 13/14.

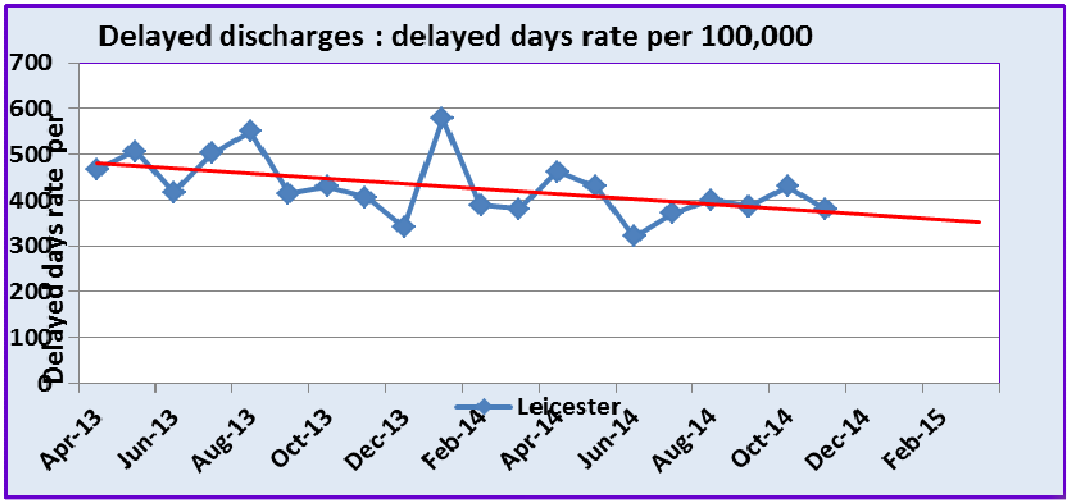


Emergency admissions, all ages, Leicester City. GEM CSU

This will negatively impact on the national metric and the pay per performance element of the fund in 15/16. Greater East Midlands Commissioning Support Unit has been asked to re-base trajectories to enable assessment of whether the 3.5% reduction, mandated in previous guidance, should be re-examined for 2015/16.

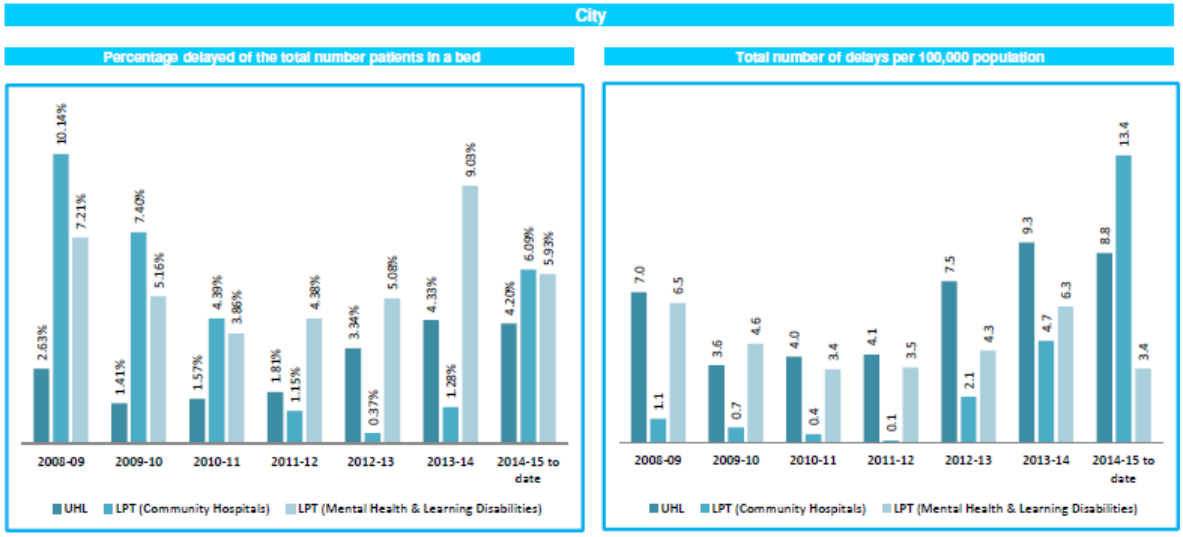
b. Delayed Transfer of Care (DTOC)

Monthly monitoring of the DTOC rate for Leicester City continues to show a steady reduction in numbers, with performance on track to meet the 14/15 trajectory.



Leicester City monthly DTOC rate 2014-15. GEM CSU.

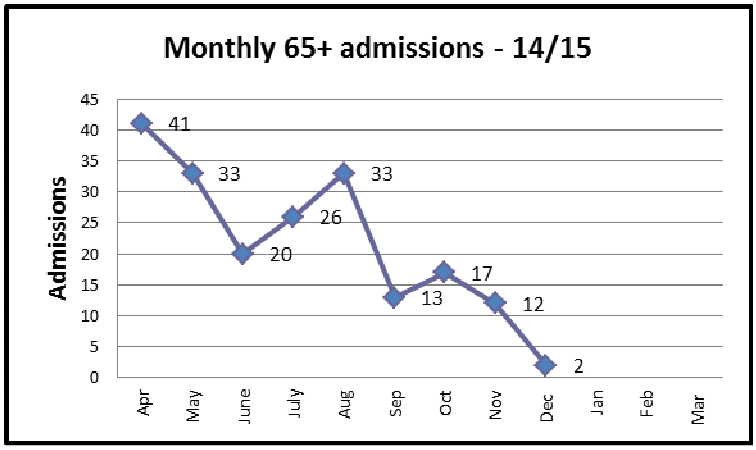
This is particularly apparent in mental health and at UHL, where DTOC rates have reduced. However, DTOC in LPT community beds has increased; this is being investigated by reason in readiness for 15/16 service planning.



DTOC rates, Leicester City CCG, 08.12.14. GEM CSU.

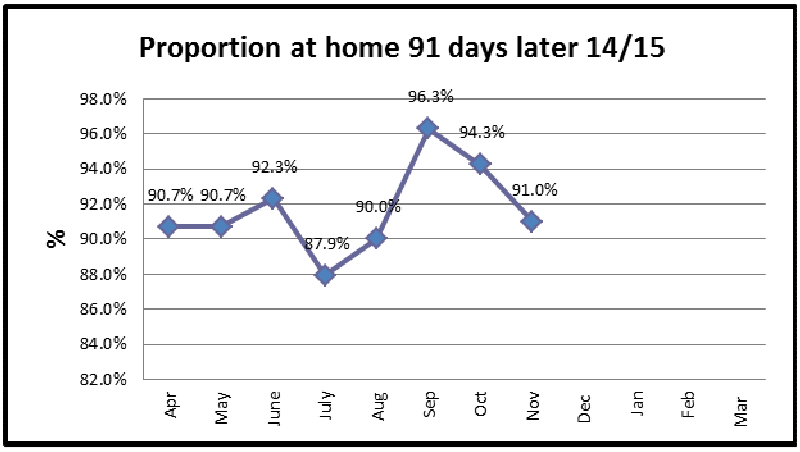
c. 65+ Permanent Admissions in residential / nursing homes

The BCF target for year-end activity is not to have more than 280 admissions in the year, with current forecasts predicting 276 admissions for 14/15.



d. Proportion of those aged 65+ at home 91 days later following hospital discharge

The City has maintained performance at 90% or higher each month except in July 14 which dropped to 87.9%, against a target of 89%.



6. BCF Risk Management

6.1 The BCF risk log is been updated each month and interrogated at each BCF implementation group. The key risks continue to be underuse of the interventions across the system and wider system implications of the UHL contract and resultant risk to QIPP delivery.

6.2 No clinical or safety incidents have occurred in any of the BCF interventions outlined above.

7. Preparation for 15/16

7.1 Evaluation of all BCF schemes is currently ongoing in preparation for 15/16. This will cover:

- Contribution to NHS targets for integrated care (activity and finance)
- Contribution to ASC efficiency target (activity and finance)
- Contribution to wider system resilience
- Any changes to pathways & services required for 15/16
- Any changes in staffing/skill mix required for 15/16

7.2 The prioritised schemes were presented to the Joint Integrated Commissioning Board in February and will be presented to the Health and Wellbeing Board in March 2015 for approval of the next year's programme. This will not be seeking significant changes to the programme.

8. Financial, legal and other implications

8.1 Financial implications

This is a progress report so there are no direct financial implications Rod Pearson Head of Finance for ASC

8.2 Legal implications

The report is to provide the Adult Social Care Scrutiny Commission with an update on the progress of the Leicester City Better Care Fund, and the recommendation is to simply note the progress, thus there are no direct legal implications as a result of this report. Further advice can be sought if required as matters progress.

Amy Owen-Davis
Solicitor
For City Barrister and Head of Standards
0116 4541462

Adult Social Care Scrutiny Commission

Work Programme 2014 – 2015

Meeting Date	Topic	Actions Arising	Progress
26th Jun 2014	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	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.	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.
14th Aug 2014	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	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.	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
25th Sep 2014	1. Question from LGBT Centre 2. Winter Care Plan: 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	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. Vista invited to update on their programme. 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.	1. Response sent. 2. Added to 20th Nov agenda. 3. Added to 20th Nov agenda. 5. Added to 20th Nov agenda. 7. Shared at 20th Nov meeting. 8. Met at regular meeting with dept. 9. Been referred to Hsg scrutiny.
20th Nov 2014	1. Domiciliary Care – Response from Executive 2. Winter Care Plan 3. Leicester Ageing Together 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	1. Letter to be sent to the Secretary of State jointly with the Executive. Report to come to the commission on the cost of having a living wage. 2. An update on Hospital to Home to come to the commission. 3. Progress on project to come back to the commission. 4. Cllr Palmer to share data from the ELCCG on the monitoring of Arriva's contract. 5. Scrutiny to consider options for change to reduce the budgetary pressures 8. Deferred to the Jan mtg. 10. Revised ToR and dates of meetings at Jan mtg.	1. Letter sent 2. Added to work prog 3. Added to work prog 4. 5. Scheduled 8th Jan 8. Scheduled 27th Jan 10. Scheduled 8th Jan

Meeting Date	Topic	Actions Arising	Progress
8th Jan 2015	1. ASC Revenue Budget 2. Safeguarding Adults Board Annual Report 3. Dear Albert Social Enterprise Project 4. National Living Wage in ASC 5. Transfer of Elderly Person's Homes 6. Intermediate Care Unit – Update 7. ASC Commission – Update	1. Recommendations made to change the budget report where specific savings targets are identified. 2. Commission request regular reports of outcomes from LSAB and safeguarding of adults to be part of new councillors' induction. 3. Outcome report to be shared with commission. 4. Recommendations to devise an action plan to take into account the concerns and comments raised by the commission in relation to the Living Wage in Adult Social Care, as part of the contract tendering process, care providers be asked to provide details of their pay rates for staff and that the Executive consider if they can set a job description for senior care staff. Commission also asked for info on how Islington Council has achieved their Living Wage Foundation Licence over the past three years and for an update on adopting the Ethical Care Charter is brought to a future meeting. 5. Update at next meeting 6. Detailed design plan to be shared with commission	1. Taken to OSC on 15/01/15 2. Added to work prog 3. Still being worked on 4. Scheduled 5th Mar 5. Scheduled 5th Mar 6. Added to work prog
27th Jan 2015 Joint meeting with Health	1. Care Quality Commission 2. Healthwatch Update 3. Better Care Together 4. Dementia 5. Implementation of the Care Act 2014	1. Chairs of both commissions to meet with CQC about how to work together in future. 2. All parties to agree a quick way forward outside of the meeting. 4. Further report to come back to a future joint commission meeting	

Meeting Date	Topic	Actions Arising	Progress
5th Mar 2015	1. Transfer of Elderly Person's Homes 2. Executive Response to Recommendations on the Living Wage 3. Healthwatch – Update 4. Better Care Fund 5. Fosse Court Care Home 6. Intermediate Care Unit – Update 7. ASC Commission – Update		

N.B. Outstanding items have been noted for the new commission's consideration next year.