



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 4 AUGUST 2015 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)
Councillor Bajaj (Vice Chair)

Councillor Dawood
Councillor Halford

Councillor Joshi
Councillor Khote

In Attendance

Councillor Rory Palmer – Deputy City Mayor with responsibility for Adult Social Care, Health Integration and Wellbeing.

Philip Parkinson - Healthwatch

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1. WELCOME

The Chair welcomed everyone to the first Adult Social Care Scrutiny Commission of the new municipal year and informed every one of the evacuation procedures in place in the event of a fire or an emergency.

2. APOLOGIES FOR ABSENCE

There were no apologies for absence,

3. DECLARATIONS OF INTEREST

Councillor Joshi declared an Other Disclosable Interest in the general business of the meeting in that his wife worked for the City Council's Adult Social Care

as a care assistant. He also declared an Other Disclosable Interest in the general business of the meeting in that he worked for a voluntary organisation for people with mental health issues.

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.

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.

4. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting of the Adult Social Care Scrutiny Commission held 5 March 2015 be confirmed as a correct record.

5. TERMS OF REFERENCE

The Terms of Reference for Scrutiny Commissions as attached in Appendix A was noted.

6. TO NOTE MEMBERSHIP OF THE COMMISSION

The membership of the Adult Social Care Scrutiny Commission as detailed on the front of the agenda was noted.

7. TO NOTE DATES OF MEETINGS OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION FOR 2015-16

The dates of meetings of the Adult Social Care Scrutiny Commission for the municipal year 2015 – 16 were noted.

8. PETITIONS

There were no petitions.

9. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

There were no questions, representations or statements of case.

10. ADULT SOCIAL CARE REVENUE BUDGET MONITORING - OUTTURN 2014/15

The Interim Strategic Director of Adult Social Care (ASC) submitted a report which updated the Adult Social Care Scrutiny Commission on the Department's

financial performance against its revenue budget during 2014 -15.

The Deputy City Mayor, with responsibility for Adult Social Care, Health Integration and Wellbeing, explained that there had been considerable pressures on the ASC budget and the corporate reserve had been used to meet those pressures. The reasons for the over spend were outlined in the report and included the delays in closing the Elderly Persons' Homes. Some of the reasons for the over spend were due to factors outside the control of the council.

The budgetary pressures were not local issues but were being experienced at a national level and presented significant challenges. The Deputy City Mayor considered that the planned savings were realistic and could be delivered in a safe way.

A member pointed out that the over spend within ASC and Health totalled approximately £2733k but this total included an under spend of approximately £1149k for health improvement and wellbeing. He questioned how the difference could be managed if this figure for health improvement and wellbeing was taken out, as this would leave an over spend in excess of £3800k.

The Deputy City Mayor responded that the money for health and wellbeing was ring-fenced. He explained that the Government proposed to reduce the public health grant and he expressed strong concerns over this proposal as this was an area where there was an increase in demand for services. He considered that a potential cut in the public health grant and any downscaling of preventative work could be very challenging. The Health Scrutiny Commission would be considering this issue at their meeting on 6 August and he had written to the Government to express his concerns. The Deputy City Mayor added that it was not known yet what would happen with the public health grant but he was determined that the council would continue to invest in preventative work.

RESOLVED:

that the report be noted.

11. BETTER CARE FUND: UPDATE REPORT

The Director of Adult Social Care and Safeguarding submitted a report that provided an update on the progress of the Leicester City Better Care Fund (BCF).

Members considered the report and various comments and questions were raised, including the following:

BCF 5: The Unscheduled Care Team. The report stated that the Integrated Crisis Response Team (ICRS) had seen 429 patients in June, with 141 of these being fallers. A comment was raised that the report did not include an age profile of those who had fallen.

The Director responded that the number was predominately made up of older, frail people. Preventative work was carried out and through this, people could be given appropriate equipment and the Handy Person Service could make adjustments at their homes to ensure that any factors that contributed to the patient's fall would be addressed.

BCF 10: Mental Health Discharge Team. A question was raised as to the factors that were causing delays in the discharge of patients with mental health issues.

The Director responded that delays could be due to trying to find suitable housing accommodation. Very complicated arrangements were required to ensure that people were safe and carefully managed in the community. Considerable progress on addressing the delays had been made but there was a need to make sure that appropriate resources were available before people were discharged.

A member referred to para 2.4 of the report which stated that performance against the nationally prescribed indicators was positive for all indicators except the emergency admission indicator. He congratulated officers for the overall positive performance but questioned whether steps could be taken to improve the emergency admission indicator.

The Director responded that Leicester was beginning to buck the trend in the level of emergency admissions by introducing a number of strategies. For example:

- 1) Once a 999 call was received; a nurse practitioner might be sent to the patient in their home to ascertain whether they could safely remain there if appropriate resources were provided to assist.
- 2) Before a patient was formally admitted into hospital, a crisis team based there might decide that a patient, with the provision of an appropriate level of assistance, might be better remaining in their own home, thus avoiding admission.

Philip Parkinson thanked the Director for the report and suggested that it would be useful to include details of such initiatives in any future reports. The Deputy City Mayor responded that by working with partners such as Healthwatch, members of the public could be made aware of the options and services that were available to prevent admission.

A query was raised in relation to emergency admissions, as to the measures that were being taken to educate the public and to change people's attitudes to calling 999. The Deputy City Mayor responded that the local authority worked very closely with NHS partners, but he believed that the NHS needed to do more to communicate options. The Director added that even where people called 999, the non-emergency cases could be identified and people helped via a different strategy.

BCF 8: I.T. Integration. Members queried the current situation with the 'NHS Number'. The Director explained that there was a requirement in the BCF for partners to use the 'NHS Number'. There was now a single identifier for each individual which would enable the sharing of information and data across the different services.

Members thanked the Director for the report and requested that a further paper reporting on progress made, be brought back to the commission in six months' time

RESOLVED:

that a further report on progress in the Better Care Fund be brought back to the commission in six months' time.

12. ADULT SOCIAL CARE LOCAL ACCOUNT 2014 / 15

The Director of Adult Social Care and Safeguarding submitted a report that presented Leicester's Adult Social Care Account for 2014 / 15. The Deputy City Mayor explained that the document was a public document and presented an honest view of where there were challenges. He added however, that an increase in demand for services was beyond the control of the council.

A Member referred to the report and expressed concern that due to pressure on services, the council were only able to review 42.3% of service user's care packages during the year compared to 68.4% in 2013/14. He commented that older people were likely to need higher levels of care and he queried how the fall in the review of care packages could be rectified. The Director explained that work was ongoing to improve performance; there were Locality Teams to carry out the reviews but anyone who was in an immediate crisis needed to be prioritised and seen first. Currently there was no local target for the number of reviews to be carried out but a performance framework was under consideration and when this was ready, it would be submitted to scrutiny.

A Member of the commission referred to the number of complaints received and queried whether more staff training was required. The Deputy City Mayor responded that 78 formal complaints had been received and lessons were learned from those complaints. While there was no room for complacency, the number of complaints received was not high in comparison to the 14733 requests received for services.

A Member queried whether there was any change in the eligibility criteria for receiving care. The Director explained that the eligibility framework was now set out in the Care Act and local authorities were obliged to adhere to that, whereas previously, they had been able to set their own eligibility level within a national framework. Where a person's needs fell outside the criteria set in the Care Act, and did not qualify for a care package, the local authority would provide advice on alternative options.

Members thanked the Director for the report and commented that it provided a useful and concise document.

RESOLVED:

- 1) that the report be noted; and
- 2) that a performance framework be brought to a future meeting of the scrutiny commission, to include the concerns raised relating to the review of care packages.

13. UPDATE ON THE CLOSURE OF HERRICK LODGE

The Director of Care Services and Commissioning provided an update on the closure of Herrick Lodge. Members heard that in October 2013, a decision was taken to close and sell the Council's Elderly Persons' Homes; the sale and closures were to take place in two phases. Herrick Lodge was to close in phase one. The decision resulted in a legal challenge which was resolved in 2015 to the council's favour.

A seven step moving plan was implemented for the four remaining residents and Herrick Lodge was closed in March 2015. Follow up checks were then carried out on those residents to ensure that they were content in their new home and any concerns raised by the residents were acted upon and resolved.

Members also received an update on progress with phase two and heard that Arbour House and Thurn Court homes would be transferring to Leicestershire County Care Ltd. A third home, Preston Lodge would close as a residential care home and would become an interim Intermediate Care Facility, pending the opening of a newly built facility in 2017. The Council's existing intermediate care facility at Brookside Court would be closed. The existing eight residents at Preston Lodge, and their families, had been spoken to and the seven step moving plan would be used again to move them to alternative homes.

A member questioned whether part of Preston Lodge could be adapted so that its eight residents could be allowed to remain; this would prevent the upheaval of them having to move to a new home. The Director explained that Preston Lodge was a 40 bed home, compared to Brookside Court which had 27 beds and leaving the eight permanent residents in situ would not really increase the number of available intermediate care beds. Also there would be a need for two different staff teams to meet the differing needs.

RESOLVED:

- 1) that the update be noted; and
- 2) that an anonymised version of the seven step moving plan be brought to the commission throughout the phase two process.

14. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

Members were invited to suggest items for inclusion in the Adult and Social Care Scrutiny Commission Work Programme. No suggestions were

forthcoming but it was agreed that Members could consider this further outside of the meeting and email any suggestions to the Chair.

RESOLVED:

- 1) that the Adult and Social Care Scrutiny Commission Work Programme be noted; and
- 2) that it be agreed that members email the Chair with suggestions for items of business to be included onto the work programme for future consideration.

15. CLOSE OF MEETING

The meeting closed at 6.41 pm.