



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 3 NOVEMBER 2015

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street,
Leicester, LE1 1FZ**

Members of the Committee

Councillor Cleaver (Chair)

Councillor Bajaj (Vice-Chair)

Councillors Cutkelvin, Dawood, Halford, Joshi and Khote

(One unallocated non-group place)

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

for the Monitoring Officer

Officer contacts:

Julie.Harget (Democratic Support Officer):

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

Kalvaran Sandhu (Scrutiny Support Officer):

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

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

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- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

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

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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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

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 22 September 2015 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. LEICESTER AGEING TOGETHER INITIATIVE

The Commission will receive a verbal update from Mr Paul Bott from Vista, on the Leicester Ageing Together Initiative.

7. ADULT SOCIAL CARE - PERFORMANCE OVERVIEW [Appendix A](#)

The Strategic Director, Adult Social Care and Health submits a report that presents an overview of current Adult Social Care performance by providing information on the effectiveness and efficiency of the service along with the 'customer journey' or 'care pathway'. The Commission is recommended to note the contents of the report and feedback on any further information they would like to receive.

8. UPDATE ON THE DEVELOPMENT OF A SPECIALIST [Appendix B](#) DEMENTIA CARE SCHEME

The Commission will receive an update on the Development of a Specialist Dementia Care Scheme. On 21 September, the decision was taken to approve the development of the care scheme; the decision note and accompanying report are attached for information.

9. UPDATE ON THE ELDERLY PERSONS' HOMES PROJECT [Appendix C](#)

The Commission will receive an update on the progress of the Elderly Persons' Homes Project. The commission is recommended to note the progress made on each aspect of the project, in particular:

- 1) The successful transfer and sale of Arbor House and Thurn Court to Leicestershire County Care Ltd; and
- 2) Progress on supporting the four remaining permanent residents at Preston Lodge to move to alternative accommodation.

10. MODELS OF COMMUNITY SCREENING AND ASSESSMENT REVIEW

The Commission will receive an update on the Task Group Review into Models of Community Screening and Assessment.

11. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME [Appendix D](#)

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

12. ANY OTHER URGENT BUSINESS

Adult Social Care Scrutiny Commission

Adult Social Care Performance Overview

Date: 3rd November 2015

Lead Director: Steven Forbes



Leicester
City Council

Useful information

- Ward(s) affected: All
- Report author: Adam Archer
- Author contact details: 454 4133
- Report version: 1

1. Summary

- 1.1 This report presents an overview of current Adult Social Care (ASC) performance by providing information on the effectiveness and efficiency of the service along the 'customer journey' or 'care pathway'. The report sets out how ASC in Leicester performs in terms of both activity (the quantity, quality and timeliness of service delivery) and outcomes (the effectiveness of the service in terms of impact on the service user or carer). Where possible, current performance will be considered alongside historic or trend data in Leicester and the performance of other local authorities with ASC responsibilities. Some information is also provided on the costs associated with delivery of the service.

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission are recommended to note the contents of this report and feedback on any further information the Commission would like to receive.

3. Report

3.1 Background

- 3.1.1 As has been extensively reported, Adult Social Care in England is facing unprecedented pressures as a result of increasing demand and reducing funding. As such it is vital that ASC in Leicester provides the best possible services, delivering the best possible outcomes for service users and carers, in the most efficient way possible.
- 3.1.2 Information in this report is intended to assist the Scrutiny Commission in making a judgement as to how well we are meeting this challenge.
- 3.1.3 In making a judgement on the performance of ASC in Leicester it is important to recognise that ASC does not operate in isolation. While the council has certain statutory responsibilities in respect of providing care and support, families, communities and other public and voluntary and community sector organisations have an important role to play. Of particular importance here is the increasing drive to ensure the integration of health and social care services. It is fair to say that all our partners in the delivery of care and support are facing their own not inconsiderable pressures.

3.1.4 At the beginning of 2014/15, a new high level strategy for ASC in Leicester was produced. This sets out how ASC will respond to the challenges outlined above, setting priorities and a 'direction of travel'. This new approach to the delivery of ASC is summarised below, and illustrated in Appendix 1 of this report.

- **Resources will be prioritised to the most vulnerable and to agreed priorities.**
- **Packages will be designed with service user centre stage, based on an asset not deficit model.**
- **Our focus will be to help people to help themselves.**
- **We will begin assessments by building on the strengths of families, communities and services.**
- **Where outcomes can be improved we will co-locate, integrate or partner with others and jointly commission services with Health where it delivers efficiencies and adds value.**
- **Meeting need in a different way:**
 - **Extra Care & Supported Housing**
 - **Shared Lives**
 - **Promoting Independence**
 - **Greater use of community assets**
 - **Enablement**
 - **Fewer people in receipt of services; more people supported by community assets.**

3.1.5 While this new delivery model is very much in its infancy, the information contained in the following sections of this report will hopefully provide an indication as to whether ASC in Leicester is moving in the desired direction. The data provided for 2014/15 has been quality assured, however in year data for the current year should be treated as indicative as up to a third of outcomes for those requesting support will not have been completed within the reporting period.

3.2 Contacts from New Clients

3.2.1 There is evidence that demand for ASC services continues to rise. Up to 30th September 2015 there have been approximately 9,000 requests for service from new clients (not all these will have been completed in the period). This compares to 14,733 completed requests during the whole of 2014/15 and 14,374 in 2013/14. There are problems with comparing data, but the Leicester figure appears to be slightly above the average for the East Midlands. Approximately 45% of requests are for people aged 18-64 with 55% being for people over 65.

3.2.2 Of these requests, approximately 88% come from the community (self-referrals, friends and family etc.), with 11% relating to discharge from hospital and 1% a diversion from hospital. There are also a small number of planned entry transitions from Children's Services

3.3 No ASC service provided

3.3.1 If we are to prioritise our limited resources on the most vulnerable it is important that we help people with lower level needs find and use support to meet their needs through other sources. So far this year, over half of those requests for service did not go onto to receive ASC services. Of these (approximately 5,000) requests, over 3,000 were provided with a universal service or signposted to other services. Others not receiving a service include people with low-level needs for whom there is not a suitable universal service or those who are self-funders.

3.3.2 In 2014/15 a similar percentage of requests for service did not go on to receive ASC services. However, given the increased demand, this means almost 1,000 more people have been diverted from ASC services against the same six months of last year. Although we are getting better, the percentage provided with universal services or signposted is still lower than six of our nine regional comparators.

3.4 Short-Term Support

3.4.1 Reablement, including enablement and intermediate care, is the preferred service for people requiring short-term support. This approach is designed to maximise independence and reduce the need for ongoing support.

3.4.2 At the mid-point of 2015/16 828 people have completed reablement. At the same point in 2014/15 the number was 789. Of the 828 who have completed reablement the outcomes are:

- 465 (56%) are fully independent (in 14/15 this was 437 or 55%);
- 82 (10%) have reduced ongoing support requirements (in 14/15 this was 95 or 12%);
- 148 (18%) have the same level of ongoing support required (in 14/15 this was 126 or 16%);
- 16 (2%) have increased ongoing support required (in 14/15 this was 36 or 5%).

A further 81 people (9.8%) were admitted to hospital (74 or 8.9% in 14/15) and 12 (1.4%) were admitted residential or nursing care (5 or 0.6% in 14/15).

3.4.3 There are three outcome measures associated with reablement services in the national Adult Social Care Outcome Framework (ASCOF). The first of these is *“the proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement services”*. In 2014/15 Leicester achieved 84.3%, this was better than the average for England and our comparator ‘family group’ of similar authorities, but slightly lower than the regional average. The second measure is *“The proportion of older people (65+) offered reablement services following discharge from hospital”*. In 14/15 Leicester achieved 3.7% which was better than the England and regional average but slightly lower than our ‘family group’ average. The third measure is *“the outcomes of short-term services (reablement) – sequel to service”*. This was a new measure for 2014/15 and our performance was below the England and regional averages, but slightly above the average for our ‘family group’.

3.4.4 So far this year just over 900 new clients (not receiving reablement) have gone on to receive ‘ongoing low level support’, equating to 15% of all requests for support (we expect this figure to rise). This includes professional services, assistive technology and equipment. In the full year 2014/15 the figure was 3,180 (21.6% of all requests for service).

3.4.4 The balance of requests for service so far this year (approximately 170 individuals) went on to receive ‘other short-term support’. This includes support provided that is intended to be time limited without needing to reduce the need for ongoing support. An example of this might be a short term intervention for a younger adult with impaired mobility recovering from an operation, who is expected to make a full recovery without any additional intervention. In 2014/15 this type of service was received by 3.8% of people requesting a service (559 individuals).

3.5 Long-Term Support

- 3.5.1 Data for requests for service received so far this year that have been assessed as being eligible for long-term support is not currently available. We are advised that this will be remedied shortly. In 2014/15 a total of 743 requests for support were assessed as being eligible for long-term support (this equates to 5% of all requests for support). The majority of these, 639 went on to receive a community based service (e.g. domiciliary care or 'Extra Care' housing). The remaining 104 people eligible for long-term support were admitted to residential or nursing care.
- 3.5.2 There are two ASCOF measures relating to residential and nursing care admissions; "*Adults aged 18-64 whose long-term support needs are met by admission to residential and nursing care homes, per 100,000 pop (Low is good)*" and "*Older people aged 65+ whose long-term support needs are met by admission to residential / nursing care per 100,000 pop (Low is good)*". These measures include existing clients as well as the new clients referred to above. For the first of these measures, Leicester's performance in 2014/15 was 13.5 per 100,000 (29 admissions), which was better than the England, regional and family group averages. For the second measure our performance was 734.1 per 100,000 (287 admissions) this is not as good as the England and regional averages, but better than our 'family group'.
- 3.5.3 So far this year we have seen a significant reduction in the number of people aged 65+ admitted to residential or nursing care. Up to the end of September we have had 78 admissions compared to 164 at the same point last year. If we are able to sustain this level of performance over the rest of the year we could be amongst the best performing local authorities in the county.

3.6 Assessments and Reviews

- 3.6.1 A core function of ASC is to assess the needs of people requesting support, and for those who are assessed as having eligible needs and receive a care package, to review their needs and care package on a regular basis (ideally at least every 12 months). A short contact assessment is undertaken on those people requesting support, with those whose needs cannot be met at that first point of contact and those explicitly requesting an assessment of need provided with a full assessment. Reviews are either planned or unplanned, that is to say a response to a 'significant event' (e.g. hospital admission) for the service user.
- 3.6.2 By the end of September 2015 we had completed 4,043 assessments of new clients, compared to 6,427 during all of 2014/15. So far this year we have undertaken 1,539 reviews of people in receipt of long-term support compared to 2,666 in 2014/15. To date this year, 2,490 service users had not been reviewed for 12 months or more, last year the number was 2,199. This is recognised as an area of under- performance with the current ASC Organisational Review introducing measures to address this (establishing a dedicated review team).

3.7 Personal Budgets and Direct Payments

- 3.7.1 Research has indicated that personal budgets (PBs) impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments (DPs) increase satisfaction with services and are the purest form of personalisation. The Care Act places PBs on a statutory footing as part of the care and support plan.
- 3.7.2 We have continued to build on our local history of being an early implementer of personalised

approaches (we were a successful pilot site for PBs 2007-09). There are four ASCOF measures relating to the proportion of service users and carers receiving PBs and DPs. In 2014/15 Leicester's performance was above the England, regional and 'family group' averages, making us one of the highest performing authorities in the Country. As of the end of September this year our performance remains strong with 98% of service users getting PBs, with 43% receiving DPs, and 100% of Carers receiving PBs. However, a change of practice in response to the Care Act means carers no longer automatically receive DPs (a small one-off payment), with alternative methods of meeting eligible needs being provided (e.g. increasing the cred for person's support package).

3.8 Carers

3.8.1 Providing support to those carers who provide unpaid support to vulnerable people is an established and important function of ASC. However the Care Act has placed new duties on local authorities in respect of supporting carers, effectively giving them parity with service users. This includes giving all carers the right to have their needs assessed.

3.8.2 Up to the end of September 2015, 1,176 carers had received an assessment of which 73% went on to receive support and 27% were provided with information, advice, a universal service or signposting to another service. This compares to 2,338 carers being assessed in all of 2014/15.

3.9 Quality Standards

3.9.1 Over recent years we have seen a major shift from local authorities directly providing ASC services to these services being commissioned from the independent sector (private and community and voluntary sector providers). Leicester is no exception to this change. Independent providers are subject to registration and inspection by the Care Quality Commission.

3.9.2 However, in Leicester we have introduced additional measures to monitor the quality of provision and drive improvement in the form of a Quality Assurance Framework (QAF). Data from early 2015 shows that of those providers that have completed the QAF process 77% of care homes, 71% of domiciliary care providers and 100% of independent / supported living providers met the desired standards, with improvement plans agreed for those falling short of this standard.

3.10 Efficiency / Productivity

3.10.1 Efficiency is defined as "the comparison of what is *actually* produced or performed with what *can* be achieved with the same use of resources (money, time, labour, etc.)". It is an important factor in assessing the productivity of a service. Accurately judging and comparing the efficiency of ASC services is highly problematic as accounting practices vary, services are defined differently etc. Moreover, ASC is not in business of producing 'widgets', every service user or carer is unique and requires a bespoke service if positive outcomes are to be delivered.

3.10.2 However, we do have some data which helps understand with some confidence how efficient our services are. For example, in 2014/15 our unit cost for residential and nursing care is lower (cheaper) than the England average. Similarly, our unit costs for providing short-term support in respect of physical disability, memory and cognition and mental health needs are better than the England average, although unit costs for providing support for sensory disability needs are higher than the England average.

3.10.3 Data from 2013/14 shows Leicester's gross expenditure on older adult clients per head of older population was £1,462. This was 4% higher than the median spending of our nearest statistical

neighbours (£1,405). Whereas, Leicester's gross expenditure on working-age adults with learning disabilities per head of working-age population was £162. This was 3% lower than the median spending of our nearest statistical neighbours (£167).

3.11 User and Carer Satisfaction

- 3.11.1 The principle way of measuring the satisfaction levels of service users and carers is through two national surveys the annual 'Personal Social Services Adult Social Care Survey' (user survey) and the 'Personal Social Services Survey of Adult Carers' (carer's survey), conducted every two years. All 152 local authorities with ASC responsibilities are required to carry out these surveys. This provides us with rich, comparable data. The surveys also provide the data for 10 of the ASCOF measures.
- 3.11.2 The last user survey was conducted in 2014/15. Leicester's results for the ASCOF measures derived from the survey was very disappointing, with scores for all the measures being worse than the previous survey and well below the England, regional and 'family group' averages. A partial explanation may be provided by other information collected through the survey, with our service users in Leicester identified as having significantly higher support needs, poorer physical and mental health and less satisfactory housing than average. They are also much less likely to pay for additional care than in other areas of the country. We are currently undertaking further analysis of the survey results to try and understand more about this drop in satisfaction levels and what we can do to improve matters.
- 3.11.3 Results from the carer's survey, also carried out in 2014/15, were more positive than the user survey, but still not as good as we would like. All but one of the ASCOF measures derived from the survey showed improvement from the previous survey, but all measures still fell below the England, regional and 'family group' averages.

4. Financial, legal and other implications

- 4.1 Financial implications

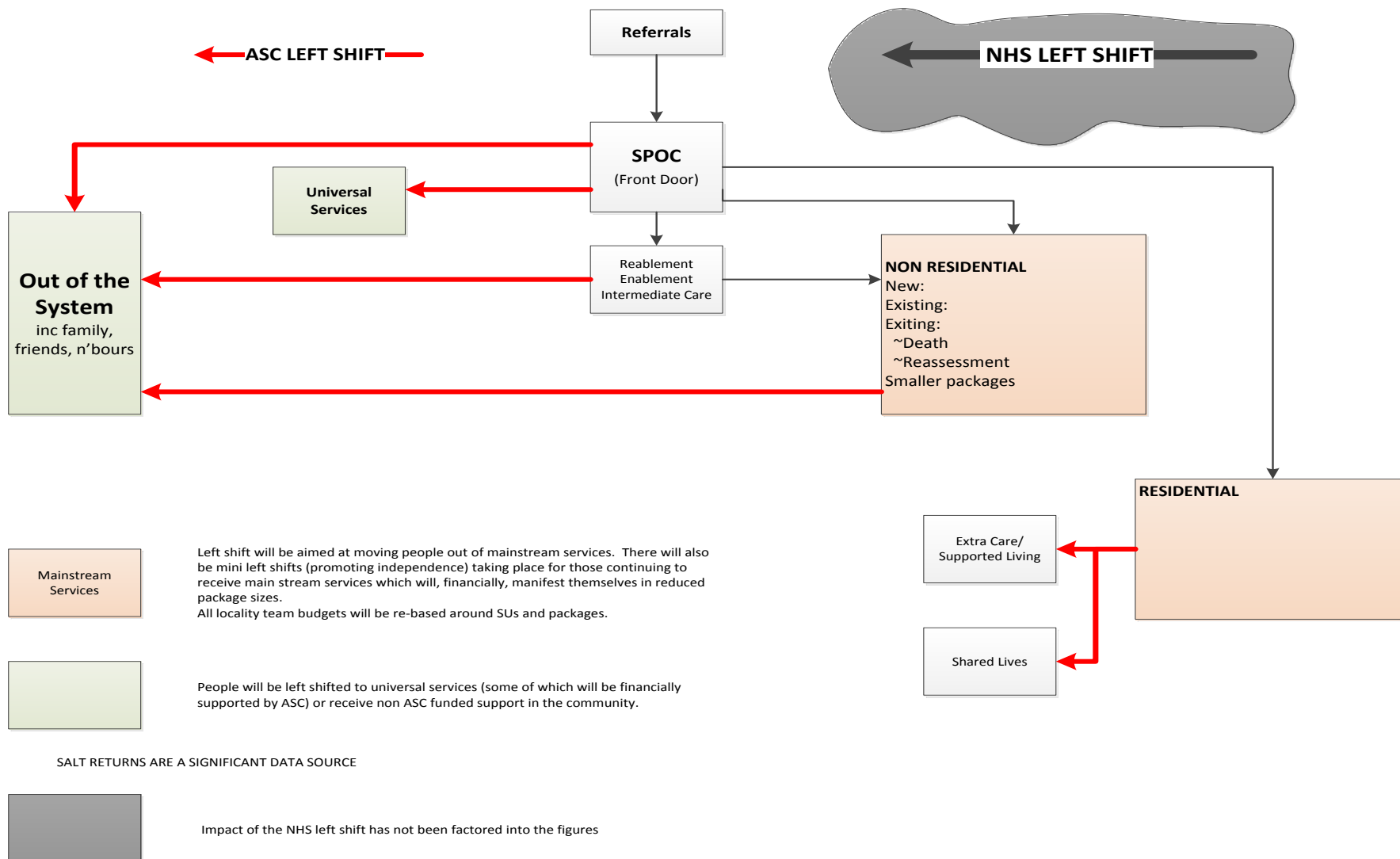
 - 4.2 Legal implications

 - 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: High level strategy flow diagram.

6




Appendix B

RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL EXECUTIVE MEMBER

1.	DECISION TITLE	Development of a Specialist Dementia Care scheme
2.	DECLARATIONS OF INTEREST	None
3.	DATE OF DECISION	21 September 2015
4.	DECISION MAKER	Cllr Rory Palmer – Deputy City Mayor
5.	DECISION TAKEN	To release the Policy Provision of £1.8m from the Capital Programme for 2015/16 to support the development of a specialist Dementia Care scheme in partnership with an external organisation. To add the procurement of a specialist Dementia Care scheme to the Corporate Procurement Plan.
6.	REASON FOR DECISION	The Council wants to support people to live in their own homes and within their communities with support for as long as possible. However, it is recognised that there will always be a need for good quality residential and nursing care, especially as the population of the city grows older. An ageing population also means that many people will be suffering from dementia. Therefore, the development of a specialist Dementia Care scheme will provide 60 residential and nursing beds and create a centre of excellence for dementia care in the City. In return for the £1.8m capital monies and land leased by the Council, the authority will enter into a partnership arrangement with an external organisation to develop the scheme. In return, the City Council will receive 50% nomination rights to the residential and nursing beds at the standard 'banded' rates paid by the Council into perpetuity. This investment will save money and deliver much needed specialist Dementia care in Leicester.
7.	a) KEY DECISION Y/N b) If yes, was it published 5 clear days in advance? y/n	No
8.	OPTIONS CONSIDERED	A soft market testing exercise was undertaken to ascertain the market interest in developing this type of specialist provision. An options appraisal of the various land options will confirm the most appropriate site for the scheme at a later date.
9.	DEADLINE FOR CALL-IN <ul style="list-style-type: none"> • 5 Members of a Scrutiny Commission or any 5 Councillors can ask for the decision to be called-in. • Notification of Call-In with reasons must be made to the Monitoring 	28 September 2015



RECORD OF DECISION BY CITY MAYOR OR INDIVIDUAL
EXECUTIVE MEMBER

	Officer	
10.	SIGNATURE OF DECISION MAKER (City Mayor or where delegated by the City Mayor, name of Executive Member)	



Specialist Dementia Care Scheme Development

Decision to be taken by: Cllr Palmer

Decision to be taken on: 21st September 2015

Lead Director: Tracie Rees

Useful information

- Ward(s) affected: All
- Report author: Justin Hammond
- Author contact details: 372306
- Report version number plus Code No from Report Tracking Database:

1. Purpose of report

- 1.1 The purpose of this report is to seek approval from the Executive to approve the release of the policy provision capital monies of £1.8m allocated to Adult Social Care (ASC) for 2015/16 to procure a specialist dementia care scheme in conjunction with partners.
- 1.2 This new approach would deliver a centre of excellence for dementia care within the city and consequently drive up standards and diversify the provider market.
- 1.3 Subject to Executive approval of point 1.1, to agree for the procurement exercise to be added to the Procurement Plan.

2. Summary

- 2.1 Policy provision capital monies of £1.8m were allocated to ASC for 2015/16 to develop a residential dementia care scheme in partnership with another organisation/s.
- 2.2 Although, ASC seeks to support people to live independently in the community, there will always be a need for residential care. With an ageing population and increasing numbers of people living longer with dementia consideration needs to be given to looking at cost effect opportunities to develop specialist dementia services.
- 2.3 A soft market testing exercise was used to ascertain the viability of the following approach: to offer land and capital money to build and run a specialist dementia care scheme, in return for the Council receiving up to 50% nomination rights into perpetuity. Further to this, the cost of the service would have to be delivered within LCC residential care home 'Banded Rate 5', which is currently £436 (Highly Dependent Older Person/Physical Disability and nursing) with no option for additional top-ups. On average the council pays £120 per week per person for additional top-ups, so for 30 people this would generate an annual saving of approximately £187,200.
- 2.4 Since the soft market testing exercise discussions with legal services about the approach to securing the scheme has led to slight alterations to the proposals which the soft market testing put forward. Rather than offering the transfer of the freehold of the land to the partner it has been proposed that a long leasehold be granted, with the actual length to be decided, but of a sufficient length to allow borrowing against it and make it commercially acceptable.

- 2.5 The soft market testing exercise has shown there is interest from a range of providers to enter into a partnership arrangement with the Council to develop a specialist dementia care scheme. However, only a full procurement exercise will determine if the proposal is viable. Therefore, it is necessary to add the procurement exercise to the Procurement Plan.
- 2.6 This new approach would deliver a centre of excellence for dementia care within the city and consequently drive up standards and diversify the provider market.

3. Recommendations

3.1 The Executive is asked to

- A) To approve the release of the policy provision monies to procure a specialist dementia care scheme; and
- B) Approve that the Specialist Dementia Care scheme be added to the Procurement Plan.

4. Report/Supporting information including options considered:

- 4.1 As the population in the City grows older and people are living longer, there will be an increased number of people with a dementia. It is estimated that by 2025 the number of people with a dementia will have increased from 3000 to 3600.
- 4.2 Whilst many people will live at home for as long as possible with community based support, such as home care, assistive technology and adaptations, there will be a need for residential care, especially for people with severe dementia, where it is not safe for them to remain at home.
- 4.3 The capital allocation of £1.8m and the granting of a long leasehold Council land for the development will form part of the package offered to the market in the procurement of the scheme in order to support the construction of the 60 bed residential care scheme for older people with a dementia.
- 4.4 The total anticipated cost of the build would be approximately £6 million. The £1.8m capital allocation will be provided towards the construction costs by the Council with the remaining £4.2 million being funded by the successful partner organisation.
- 4.5 In return for the capital and property investment the Council will secure the development of a facility on its land, secure by contract the effective management of the service and reserve nomination rights to 50% of the bed spaces to people funded by ASC at the banded rate with no 'top up' fees for the term of the service agreement/leasehold agreement.
- 4.6 With the disposal of the Council's Elderly Persons Homes, the development of a 60 bed residential scheme will create more capacity and sustainability in the market. Although, the Council will have the use of the Intermediate Care facility that is

currently being built, this type of partnership arrangement may be useful to assist, if a problem or home failure occurred in the wholly independent sector.

4.7 As the Council moves away from the direct provision of residential care homes, this type of arrangement would support the development of improved partnership working with the local market and support the setting of care standards, as the Council would have a degree of control/expectation through the service contract with the provider, whilst not retaining responsibility for the property or running of the service on a day to day basis during the contract.

4.8 If this model works well, it could be the template for future partnership arrangements to help sustain the market and manage the fees paid to the independent sector, so it has further potential cost savings implications for the Council.

4.9 A soft market testing exercise took place during March 2015 to ascertain the market interest in the proposal and gather feedback or suggestions for improvements. An email was sent to 53 local and national providers of residential dementia care and 10 Residential Social Landlord's (RSL's), of which 6 organisations (2 RSL's & 4 providers) submitted written responses.

4.10 Outcomes of the exercise showed that there was support for the approach of providing capital money and land on a lease basis, and organisations welcomed the opportunity to develop a specialist scheme. General concern was expressed about the level of the banded rates paid by the Council for this type of care, as they are perceived to be low. Despite this, however, 5 responding providers said that they would be interested in submitting a tender if the service were to be procured.

4.11 Whilst the soft market testing exercise has shown the scheme is viable, only a full procurement exercise will determine if the scheme can be developed.

4.12 The procurement exercise will be a Restrictive Procedure, the draft timetable is:

- PQQ mid-July (30days)
- ITT Beginning Sep (40 days)
- Award contract November

5. Financial, legal and other implications

5.1 Financial implications

5.1.1 There are no financial implications arising from this report as it is seeking the release of £1.8m capital funds are allocated, as policy provision, to ASC for 2015/16 to develop a residential Dementia Care scheme and for the scheme to be added to the corporate procurement plan.

Rohit Rughani Principal Accountant, Ext 374003

5.2 Legal implications

5.2.1 In terms of implications arising directly from the report, the £1.8m capital expenditure must be specifically secured in any resulting agreement for use only towards the capital element of the project and not towards service provision.

5.2.2 Following discussions with officers the final form of agreement has been discussed. It is intended to approach the market offering the capital investment and a long lease of the land seeking the construction of the facility and future management of the site, with 50% of the beds secured for use by the Council, subject to conditions. There would a contract which would cover:

- the use of the capital fund
- the construction of the facility
- the lease to be granted
- the service provision (i.e. the running of the facility and the provision of spaces) on behalf of the council

5.2.3 The lease would be tied to the service provision, allowing the Council to retain a level of control over the management of the facility and meaning through the obligations within the agreement.

5.2.4 On-going advice will need to be sought throughout the project from the Property & Contracts teams.

5.2.5 Procurement will be over the EU levels and therefore will need to be an OJEU compliant procurement.

Emma Horton – Principal Solicitor 371426

5.2.6 With regard to the proposed lease, the grant of this will be subject to the Council's obligations to obtain the best consideration reasonably obtainable in the circumstances, in accordance with s.123 of the Local Government Act 1972 (as amended). The disposal should also be in accordance with the Council's Framework for Property Disposals adopted in 2003. Disposal by way of open marketing (which in this situation would include and OJEU compliant procurement) would be an appropriate method of demonstrating that the Council's obligation has been discharged.

5.2.7 As explained in 5.2.2.above, the terms of the lease should ensure service provision and the use of the site for the purposes of the project, and for the purposes of protecting the Council's freehold interest. It is further recommended that the relevant "due diligence" investigations into the Council's title to the proposed lease area are made at an early stage in order to ensure that any potential issues or restrictions on tile are identified. Officers in Legal Services will continue to provide advice and support during the course of this project.

John McIvor, Supervisory Legal Executive, 37-1409

5.3 Climate Change and Carbon Reduction implications

5.3.1 The development of a 60 bed residential care scheme for older people with dementia will fall into the category of major developments. The Code for Sustainable Homes has now been abolished by the government; instead building regulations will be set at an equivalent level of Code Level 4. Planning Policy BE16 which requires onsite renewables for major developments, and CS2 incorporating sustainable urban drainage (SUDS) and other requirements relevant to climate change, will still apply if the development is to be built before the new zero carbon homes policy comes into force in late 2016. The CS2 will be retained after the new regulations come into effect, but will be reformatted as policies in the new Local Plan.

5.3.2 As LCC will be working in partnership with other organisations to provide the service, the Council will have some influence over the energy use in the building. Residential care homes are renowned for being large consumers of energy, particularly in the heating of these buildings. Therefore the new development will inevitably have a significant increase on city wide emissions, and therefore it is important that the development meets the specified environmental standards, and that advice is given to users of the building to minimise the operational emissions.

Louise Buckley, Senior Environmental Consultant (Climate Change), 372 293

5.4 Equalities Implications

5.4.1 The proposal will enable the council to provide and promote specialist dementia care provision for those no longer able to be safe in their own homes that will maintain their quality of life and personal independence and social engagement for as long as possible in a secure residential setting. Such an approach promotes key aims of our Public Sector Equality Duty: equality of opportunity (in this case continuing to live as independently as possible) and fostering good relations between people (in this case by promoting social contacts and membership of a community). The protected characteristics of future service users are age and disability.

Irene Kszyk, Corporate Equalities Lead, ext 374147.

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

N/A

6. Background information and other papers: None

7. Summary of appendices: None

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

No

9. Is this a “key decision”?

No

10. If a key decision please explain reason



Update on the Elderly Persons' Homes Project

Report to the Adult Social Care Scrutiny Commission

3 November 2015

Lead directors: Tracie Rees

Useful information

- Ward(s) affected: Thurncourt, North Evington, Knighton
- Report author: Tracie Rees
- Author contact details: 454(37) 5551, 454 (37) 2301
- Report version number plus Code No from Report Tracking Database: Report version 1

1. Summary

- 1.1 This report provides the Adult Social Care Scrutiny Commission with an update on the progress of Phase Two of the Elderly Persons' Homes (EPH) project.
- 1.2 Phase Two includes the sale of Arbor House and Thurn Court as going concerns and the closure of Preston Lodge as an EPH.
- 1.3 The sale of Arbor House and Thurn Court took place on 12th October 2015, with the transfer of the homes to Leicestershire County Care Ltd.
- 1.4 In terms of the closure of Preston Lodge, work is in progress to:
 - Support the 4 remaining permanent residents to move to alternative accommodation
 - To transfer the Intermediate Care service from Brookside Court to Preston Lodge, once Preston Lodge closes as an EPH

2. Recommendations

- 2.1 The Adult Social Care Scrutiny Commission is recommended to note the progress made on each aspect of the EPH project, in particular:
 - The successful transfer and sale of Arbor House and Thurn Court to Leicestershire County Care Ltd;
 - Progress on supporting the 4 remaining permanent residents at Preston Lodge to move to alternative accommodation

3. Report

3.1 Sale of Arbor House and Thurn Court

- 3.1.1 The homes were transferred to LCCL on 12th October 2015 as planned. The necessary registration/deregistration activities have taken place with CQC.
- 3.1.2 Arrangements were made for each resident's placement to transfer to LCCL. Placements for existing residents were secured at the current rates, meaning that no resident would be faced with higher charges except for any standard inflationary increases.
- 3.1.3 Staff transferred under TUPE on 12th October, retaining their terms and conditions. This was with the full involvement and agreement of the trade unions.

3.1.4 *Next steps* - A lessons learned exercise will take place to identify what went well with the sale process and what could have been done differently.

3.2 Supporting residents to move from Preston Lodge

Work is continuing to support the remaining 4 permanent residents at Preston Lodge to find new homes.

The table below shows in accordance with the 7 step moving plan, which was used in previous projects.

RESIDENT NO	STATUS	STEP ON MOVING PLAN	NOTES AND TARGET MOVING DATE
1	Moved	Step 7	Moved and follow up visit due
2	Resident	Step 4	Looking at various options. Specific room requirement must be met.
3	Resident	Step 4	Looking at various options. Specific room requirement must be met.
4	Resident	Step 5	Placement identified, assessing for suitability
5	Moved	Step 7	Moved and 4 week review planned
6	Moved	Step 7	Moved and 4 week review planned
7	Moved	Step 7	Moved and 4 week review planned
8	Resident	Step 4	Looking at various options. Way forward identified and being planned.

Key:

Step 1	Deciding who needs to be involved in your moving plan
Step 2	Meeting to look at what is most important to you in a new home
Step 3	Your social worker carries out a new assessment of your needs
Step 4	Meeting to review your moving plan and agree what will happen next
Step 5	Planning your move
Step 6	The day you move
Step 7	After you move

3.3 Closure of Preston Lodge EPH and transfer of the Intermediate Care service from Brookside Court to Preston Lodge

3.3.1 Initial planning for a phased approach to transferring the Intermediate Care service from Brookside Court to Preston Lodge is in progress.

3.3.2 Discussions have taken place with the Leicester Clinical Commissioning Group (CCG), who fund a number of beds at Brookside Court to ensure that the transfer plans are in alignment with their requirements.

3.3.3 The organisational review of staff at Preston Lodge and the Intermediate Care service continues. A small number of staff transferred to Arbor House or Thurn Court as part of the TUPE arrangements.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications of this report.

Stuart McAvoy, Accountant

4.2 Legal implications

Legal Services have been actively involved in the project and advise accordingly.

4.3 Climate Change and Carbon Reduction implications

Climate change implications have been reported previously for the EPH project as a whole.

4.4 Equalities Implications

Equalities information is included in the EPH project EIA and are considered on an individual basis when working with residents.

5. **Background information and other papers:**
Nil
6. **Summary of appendices:**
Nil
7. **Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?**
No
8. **Is this a “key decision”?**
No
9. **If a key decision please explain reason**

Adult Social Care Scrutiny Commission

Draft Work Programme 2015 – 2016

Meeting Date	Topic	Actions Arising	Progress
4 th Aug 15	<ul style="list-style-type: none"> 1) ASC Revenue Budget – outturn and budget for 2015/16 2) Better Care Fund – issues relating to ASC 3) Adult Social Care Local Account 4) Herrick Lodge – update on progress 	<ul style="list-style-type: none"> 2) Progress report be brought back to the commission in six months' time. 3) Performance framework is brought to a future meeting including concerns raised relating to the review of care packages. 4) An anonymised version of the seven step moving plan is brought to the commission throughout the phase two process. 	<ul style="list-style-type: none"> 2) Added to work prog – 08/03/16 3) Added to work prog – 03/11/15 4) Added to work prog – 22/09/15
22 nd Sep 15	<ul style="list-style-type: none"> 1) Leicester Ageing Together Initiative (Vista) - progress after a year 2) Leicester Safeguarding Board – Annual Report 3) VCS Advocacy and Carers Spending Review - Update 4) Elderly Persons Homes Update - progress of residents' moves 5) Community Models of Screening and Assessment – Scoping Document 	<ul style="list-style-type: none"> 1) Item deferred 2) Clarification requested of the numbers detailed in para 5.8 of the report relating to the findings of completed safeguarding referrals and for the future reports to have more sophisticated data. 3) Findings of the consultation and the full EIA to come to the next meeting of the commission. 5) Scoping document agreed and task group to be set up. 	<ul style="list-style-type: none"> 1) Added to work prog – 03/11/15 2) Still awaiting 3) Added to work prog – 03/11/15
3 rd Nov 15	<ul style="list-style-type: none"> 1) Leicester Ageing Together Initiative (Vista) - progress after a year 2) Performance Framework 3) Update on the Development of a Specialist Dementia Care Scheme 4) Elderly Persons Homes Update - progress of residents' moves 5) Screening and Assessment Task Group Review – Update 		

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Appendix D

Meeting Date	Topic	Actions Arising	Progress
12 th Jan 16	1) ASC Budget 2) VCS Advocacy and Carers Review – Update Contracts – Pre-procurement 3) Elderly Persons Homes Update - progress of residents' moves 4) Intermediate Care Unit – progress on build (schedule and costs) 5) Extra Care Unit – progress on build (schedule and costs) 6) Shared Lives		
8 th Mar 16	1) ASC Peer Challenge – Outcome 2) Better Care Fund – update 3) Elderly Persons Homes Update - progress of residents' moves 4)		
3 rd May 16	1)		

Forward Plan Items

Topic	Detail	Proposed Date
Enablement	Progress against the strategy	
Mutual/Traded Services	Consider how this can be adopted locally	

