



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 8 SEPTEMBER 2016 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)

Councillor Dempster
Councillor Hunter

Councillor Khote
Councillor Riyait

Councillor Thalukdar

In Attendance

Councillor Rory Palmer – Assistant City Mayor (Adult Social Care, Health,
Integration and Wellbeing)
Pat Hobbs – Healthwatch Representative

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16. APOLOGIES FOR ABSENCE

An apology for absence was received from Councillor Chaplin, Vice Chair.

17. DECLARATIONS OF INTEREST

No declarations of interest were made.

18. MINUTES OF THE PREVIOUS MEETING

AGREED:

that the minutes of the previous meeting of the Adult Social Care
Scrutiny Commission held 12 July 2016 be confirmed as a correct
record.

19. PETITIONS

The Monitoring Officer reported that no petitions had been received.

20. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

21. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2016/17 - QUARTER ONE

The Strategic Director, Adult Social Care submitted a report that provided the Scrutiny Commission with an update on six strategic priorities for Adult Social Care as reported in May 2016, the quarter one financial performance and other aspects of department performance.

The Deputy City Mayor, with responsibility for Adult Social Care, Health Integration and Wellbeing, presented the report explaining that this was the first report of its type. Given the pace of change, the financial situation and the challenges that were being faced, he felt that the report's findings were very positive. The Deputy City Mayor acknowledged the efforts of Directors and Heads of Services and added that much of the report was based on people's experiences and not just statistics.

The Chair also commended the report and invited comments and questions from Members. A series of comments and questions were raised including the following:

- A Member referred the Deputy City Mayor to the six priorities, as listed in section 3.1.1 of the report and asked him what he considered was the number one priority for the Service.

The Deputy City Mayor responded that he considered the most important priority was SP1: *'Improve the experience for our customers of both our own interventions and the services we commission to support them'*. This priority spoke directly about the customer, with the aim to continually improve the service and not to remain static. This principle sat behind all the remaining priorities; there was a need to continually try to improve and to be mindful of the experiences of real people.

- In response to a query relating to complaints and how the council learned from those complaints, Members heard that Strategic Priority 6 addressed the need to learn, improve and innovate. Where concerns, rather than formal complaints, were raised, they were usually dealt with by the practitioner. However, if they were not addressed, they would progress to a formal complaint.
- Members queried the work being undertaken to support the transition of young people, with care and support needs, into adulthood. The Strategic Director explained that they were working with officers in the Children's Services to enable an earlier intervention and to improve the dialogue with young people and their families.
- A concern was raised that there had been an increase in the number of reviews that were overdue by 12 months, from 1207 at the end of March

2016 to 1288. The Strategic Director explained that the performance report related to the first quarter of the year which ended in June 2016. The number of reviews overdue by 12 months had now decreased and the situation was back on target. A Member asked why there had been so many overdue reviews and the Strategic Director explained that the departmental focus had been on meeting immediate, high risk and crisis referrals / casework and subsequently the work on annual reviews had lagged behind over the previous two years. However, in order to improve, on this position, new initiatives had subsequently been put into place, including a tracking system and giving higher priority to outstanding reviews.

- A Member referred to Section 3.3.2 of the report which stated that the level of net increase in the number of long term service users in quarter one was slightly lower than the growth seen in 2015/16 and questioned whether there was any reason for this. The Deputy City Mayor and Strategic Director responded that as the figures related to quarter one, it was too early to draw any meaningful conclusions; trends might be more evident once the quarter three figures were available.
- A member referred to paragraph 3.2.5 of the report and noted that 37.1% of people involved in a concluded safeguarding enquiry had had their safeguarding outcomes either partially or fully met. She asked how many people this percentage represented. The Strategic Director responded that he would forward this information to Members as he didn't have those figures with him.
- In response to a query relating to alerts, Members heard that referrals could be submitted from any source and every contact was recorded. Some were relatively straightforward while others would progress to a Section 42 safeguarding enquiry. The completion of 81.9% safeguarding enquiries within 28 days was an improvement.
- Strong concerns were expressed that the financial viability of existing and new schemes for Extra Care Housing were being jeopardised because of government plans to cap housing benefit payments for residents in Extra Care flats. The Deputy City Mayor commented that he had written to the Secretary of State and would continue to campaign against the proposals. The Strategic Director also expressed concerns that the proposals to cap benefit payments for residents in Extra Care facilities was contradictory to the policy of promoting self-independence. It was agreed that the Chair, with the assistance of Councillor Dempster, would write to the Secretary of State, expressing the concerns of the Scrutiny Commission about the proposal.
- A Member queried the levels of sickness absence, asking how they compared to other services across the Council. The Strategic Director explained that the service's sickness levels were in the top third in the Council and were too high but over the past few months were being managed with a more robust approach to applying the Council's procedures. At the same time there was a need to manage sickness levels positively

rather than negatively, for example ensuring people’s ability to return to work, as it had been demonstrated that this resulted in better outcomes.

- A Member referred to the results from the national survey of service users which showed that Leicester was rated as poor compared to other authorities. The Deputy City Mayor responded that it was perplexing that the national survey contradicted information obtained locally. He was of the view that the local data was more reliable, but cautioned that this should not lead to complacency. The representative from Healthwatch confirmed that from their experience of dealing with service users, the data from the national survey conflicted with that obtained locally.

The Chair thanked officers for the report stating that it was clear and interesting to read. The Strategic Director informed Members that any feedback on the report would be welcome and he would be happy to amend future reports or present information in a different way if requested.

RESOLVED:

that the report be noted and for further reports to be received when available.

Action	By Whom
For the Chair and Councillor Dempster to write a letter to the Secretary of State, expressing the Commission’s concerns relating to proposals to cap housing benefit payments to residents in Extra Care.	Chair / Councillor Dempster
For details of the numbers of people who had their safeguarding outcomes either partially or full met to be sent to Members.	The Strategic Director Adult Social Care.

22. RE-PROCUREMENT OF DOMICILIARY CARE SUPPORT SERVICES

The Strategic Director, Adult Social Care submitted a report that provided the Commission with an analysis of service user engagement completed as part of the re-procurement of domiciliary care support services. The engagement exercise was undertaken for both Adult Social Care and health service users, as consideration was being given to jointly procuring domiciliary care support with the Leicester Clinical Commissioning Group (CCG).

The Deputy City Mayor, with responsibility for Adult Social Care, Health Integration and Wellbeing, presented the report explaining that the Council wanted to continue to provide good domiciliary care and to meet as many of the criteria set out in the care charter, as possible. There had been a 30%

response rate to the consultation, which was considered to be very high for a consultation of that nature. It was expected that a decision would be made within the next two to four weeks regarding the joint procurement with the Leicester CCG. The contract to be awarded was very considerable and it was important that the right decision was made. Joint procurement could show immediate benefits but there was a need to consider what it would mean for service users.

In response to questions raised, the Deputy City Mayor explained that he had approached the proposed joint procurement exercise with an open mind; consideration needed to be given as to whether there were sufficient advantages in departing from the Council's current practice. If domiciliary care services were jointly procured and resulted in greater stability for service users, then this would be a good outcome.

A question was raised relating to the budget, and the Director for Adult Social Care and Commissioning explained that currently about £10.5m was spent on domiciliary care. When the Council tendered the contract, they would offer a financial envelope and invite tenders within that. The tender would state what training was necessary and there would be quality control checks to ensure that this was carried out. As part of the Quality Assurance Framework, care provider's training records would be checked and views of service users and their families were also taken into account. The Strategic Director added that the service providers were also regulated by the Care Quality Commission.

A Member questioned how language difficulties were managed and heard that as part of the tendering process, providers were asked how they would be able to provide people with the appropriate language skills.

A concern was expressed that where a service was procured, rather than being offered 'in-house', it took longer to resolve problems. A suggestion was made that the Council needed to be more robust with providers where issues and problems were raised. The Strategic Director responded that whether in-house or with a provider, any problems or issues would be dealt with, with the same timeline and expectations. It should not take any longer to get a resolution with a provider, but if this happened, he would want to be informed.

RESOLVED:

- 1) that the Adult Social Care Scrutiny Commission note the report; and
- 2) for officers in Adult Social Care to give due consideration to all the comments made by Members of the Commission.

23. INCREASING DEMAND IN THE WORKING AGE ADULT POPULATION

The Strategic Director for Adult Social Care, submitted a report that provided an overview of the issues relating to a rise in demand for Adult Social Care services from people aged under 65.

The Chair expressed some disappointment that the printed agendas were in black and white, which made it difficult to understand some of the graphs because they had been designed in colour.

The Deputy City Mayor, with responsibility for Adult Social Care, Health Integration and Wellbeing, presented the report. The Commission heard that nationally there had been growing concerns about the ability of social care and health services to manage the cost and capacity issues that arose from an ageing population. Further to those concerns, in Leicester there had been a significant growth in demand for support from people of working age. This led to questioning whether people were able to care for their elderly relatives; and what it would mean for those elderly people where their families could not provide that support.

The Chair asked how Leicester compared with others in the East Midlands. The Director of Adult Social Care and Safeguarding responded that she had data for the East Midlands region, but comparisons with similar national authorities were more informative; Leicester was very diverse and could not therefore be realistically compared with all parts of the East Midlands, such as shire authorities.

Comments were made that it was important to promote healthy lifestyles and if preventative health work could be carried out with children, they were less likely to have health problems in adulthood.

Members heard that there was a higher prevalence of mental health issues in Leicester than elsewhere. The Deputy City Mayor expressed concerns about a person's general wellbeing if s/he had to wait for a year to receive treatment for mental health problems. A view was expressed that adults with mental health issues had often been reluctant to ask for help when they were younger. The Chair of the Health and Wellbeing Scrutiny Commission responded that she believed that children had asked for help, but that help had not been forthcoming because the child had been considered to be naughty. The Health and Wellbeing Scrutiny Commission was currently undertaking a Task Group Review into the Child and Adolescent Mental Health Services (CAMHS).

RESOLVED:

that the report be noted.

24. DISABILITY RELATED EXPENDITURE (DRE) - CONSULTATION FINDINGS

The Strategic Director, Adult Social Care submitted a report that provided an outline of Disability Related Expenditure (DRE) and the means test, and which presented the findings from a 12-week consultation on changes to DRE that was carried out between 19 January 2016 and 12 April 2016.

The Deputy City Mayor, with responsibility for Adult Social Care, Health Integration and Wellbeing presented the report and commented that the findings from the consultation did not produce any great surprises. Currently there were no plans to change the current DRE arrangements, though the

Deputy City Mayor added that he could not guarantee that this issue would not be considered again in the future.

General concerns were expressed that the National Health Service needed to provide some of the resources or services that they currently left to the individual or to the local authority to provide.

The Chair asked that if in the future, any changes to DRE were to be considered, a further report be brought back to the Scrutiny Commission.

RESOLVED:

- 1) that the report be noted; and
- 2) that a further report be brought back to the Scrutiny Commission, should any changes to DRE be considered.

25. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

The Chair asked Members to email her if they had any suggestions for additions to the Adult Social Care Scrutiny Commission work programme.

RESOLVED:

that the work programme be noted.

26. CLOSE OF MEETING

The meeting closed at 7.20pm.