



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 4 APRIL 2017 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)
Councillor Chaplin (Vice Chair)

Councillor Khote

Councillor Thalukdar

Councillor Riyait

In Attendance

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

Ms Sally Grundy: Operations Manager, Alzheimer's Society
Ms Chris West – Director of Nursing and Quality, Leicester City Clinical Commissioning Group

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67. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Dempster and Hunter. Ruth Lake, Director, Adult Social Care and Safeguarding also submitted an apology.

68. DECLARATIONS OF INTEREST

No declarations of interest were made.

69. MINUTES OF THE PREVIOUS MEETING

AGREED:

that the minutes of the meeting of the Adult Social Care Scrutiny Commission held 24 January 2017 be confirmed as a correct record.

The Chair said that there had been an intention to write to Members of Parliament to ask them to raise concerns around the lack of funding for adult social care. It was now known that the Government would be investing more

into this area, however the Chair suggested that they kept this matter under consideration and should there be any further concerns, the letter could be sent. The Deputy City Mayor confirmed that the Government had given some more funding towards adult social care but this would not be enough to address the challenges that the authority faced.

The Deputy City Mayor said that as this was the last meeting of the Commission before the end of the municipal year, he wished to take the opportunity to acknowledge the hard work and diligence of the Chair and Vice Chair during this time.

70. PETITIONS

The Monitoring Officer reported that no petitions had been received.

71. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

72. THE ALZHEIMER'S SOCIETY

The Chair welcomed Ms Sally Grundy, Operations Manager, Alzheimer's Society to the meeting and invited her to talk about the work of the society.

Ms Grundy gave an outline of the experience of someone, in a utopian world, who was living with dementia. In that utopian world, the person with dementia and their carer, would be seen promptly by trained health professionals, who had time to listen. The person living with dementia and the carer would be very well supported and there would be clear signposting to supporting groups and appropriate health professionals.

Ms Grundy then reported on an actual case, of a woman living with dementia and diabetes. She was lonely, suffering from low moods and as she had diabetes she was finding it very difficult to take her insulin. She had English as a second language; her family worked and could only offer limited support and her husband did not understand the condition. The Dementia Support worker found a dementia guide written in a community language to help the husband understand the condition and arranged for a nurse to help with her insulin injections. The Dementia support worker helped the family put together a plan of care for the woman and to help with the loneliness put her in touch with a local group of other ladies. Ms Grundy explained that the timing of when the Dementia Support worker became involved was critical; they worked around what people wanted, what they needed and when. The meeting heard that the Alzheimer's Society ran activity groups, Dementia Cafes and peer support groups where carers could share experiences and talk openly. Generally speaking, people wanted more groups and for their groups to meet more frequently. When asked about the location of support groups, Ms Grundy explained that people generally did not want to meet too close to home; they tended to prefer to meet further away where they were less likely to be known.

The society did not provide transport to those groups but they took transport links into account and tried to buddy up people if they needed a lift.

A Member questioned the reality of the journey of someone living with dementia, compared to the utopian situation as described earlier in the meeting. Ms Grundy responded that some aspects could be compared favourably with the utopian picture described; some were nearly there. For example, diagnosis in relation to dementia was improving and more communities were becoming dementia friendly.

Ms Grundy was asked about any research the Alzheimer's Society carried out and the meeting heard that the society's work included research into dementia with lewy bodies, links with diabetes and the quality of dementia services.

A Member asked whether there was a threshold in diagnosing dementia, to stipulate what was or was not dementia. Ms Grundy explained that some GPs used a diagnostic tool that required more than a yes/no answer and also took the carer's views into account. This diagnostic tool was not routinely used in care homes; the Lead Commissioner (Dementia) commented that up to 80% of residents in care homes would have undiagnosed dementia and people deserved to have that diagnosis made. In one part of the country, staff in care homes were being trained to ask the similar diagnostic questions that G.P.s were asking. Ms Grundy added that one of the Alzheimer's strategies going forward aimed to address the problem of undiagnosed dementia in care home residents. The Chair suggested that activity co-ordinators in care homes were skilled members of staff and could potentially carry out some assessments and the commission could recommend that the council worked with care homes to facilitate this.

A Member asked whether the Alzheimer's Society recognised and catered for people who belonged to minority ethnic groups and/or the Lesbian, Gay, Bi-sexual and Transgender (LGBT) communities. Ms Grundy responded that while the society was not quite as advanced in this area as it should be, in Leicester it had made considerable improvements compared to elsewhere in the country. There were issues that needed answers such as the reason behind the relatively low diagnostic rate for people in the Black and Ethnic minority groups. For example was this because the diagnostic tool was inappropriate for people in this community?

The Chair drew the discussion to a close and thanked Ms Grundy for attending the meeting and extended an invitation for her to return to a future meeting of the Commission.

AGREED:

that the Commission recommend that Leicester City Council work with care homes to train Activity Co-ordinators, if possible, to use a diagnostic tool for dementia on residents.

73. UPDATE ON THE DEMENTIA PROGRAMME

The Strategic Director, Adult Social Care submitted a report that updated the Commission on the Dementia Programme. As part of the update, a presentation was also shown, a copy of which is attached to the back of the minutes.

The Lead Commissioner (Dementia) presented the update and talked about the City Action Plan for 2016/17 and the Dementia Strategy 2017 – 2020. The work on the revised strategy was slightly behind schedule because of capacity issues, but hopefully a draft report would be brought to the Commission later on in the year.

The meeting heard that they were slightly behind in recruiting as many dementia friends as they had hoped, and Members were urged to undertake the training (which could be done online) if possible. A Member suggested that it might be worth contacting people who worked in hair salons, as they were well known for their skills in talking to and listening to their clients. The Lead Commissioner suggested that everyone could take opportunities to talk to people in places such as hair salons, post offices and shops, about becoming a dementia friend.

Funding had been made available to make improvements to city council buildings to make them more dementia friendly. Ten bids had been received for work to buildings which included the Town Hall and the Abbey Pumping Station. The funding could be used, for example, to improve signposting to make it easier for people with dementia to get around the building, or by making the décor dementia friendly by using a strong contrast of colours.

The meeting heard that the 92% diagnostic rate for dementia in Leicester was one of the highest rates in the country. It was acknowledged that Leicester was doing very well in relation to diagnosis, but the Deputy City Mayor commented that there would be a considerable challenge in the future to sustain this. There were still some communities where there was a stigma attached to dementia. He added that it was important to continue to raise awareness.

There was some discussion relating to the Herbert Protocol which had been developed by the West Yorkshire Constabulary. Through this protocol, certain vulnerable people (such as those with dementia) would have a two page document of information about themselves including a photograph. If they went missing, that document would be immediately available to the police, saving valuable time. The Chair suggested that Leicester should adopt this policy and draw up a two page history as soon as someone was diagnosed with dementia.

The Chair asked about dementia friendly cities and the Lead Commissioner explained that achieving a dementia friendly city was challenging because of the size of the task, so actions were achieved through the Dementia Action Alliance (DAA). Leicester was close to achieving dementia friendly status. As well as improvements being made to city buildings, services had been commissioned and trained staff would be more patient with those people living with dementia. The meeting heard that Leicester museums were doing a lot of work to improve the experience for people with dementia and the Highcross

Shopping Centre was one of the first dementia friendly shopping centres in the country.

A Member questioned whether any of the Leicester sporting clubs had been approached to make improvements for people with dementia and the Lead Commissioner responded that they had tried the various sporting organisations but so far had not had much success.

A Member commented that some people were frightened to go to their G.P. in case they were diagnosed with dementia. She questioned whether printed, rather than electronic information could be used to raise awareness. The Deputy City Mayor responded that the use of technology for finding information was empowering but acknowledged that some people needed to be reached by other means. Digital versions could be very easily updated, but if printed copies were needed, it would be more effective to print those as and when required, rather than print a large number of leaflets which could be out of date before many of them were read.

The Chair drew the discussion to a close and thanked the Lead Commission and officers for the report and presentation.

AGREED:

that the report and presentation be noted.

74. CONTINUING HEALTHCARE FUNDING

The Strategic Director introduced a verbal update on continuing health care funding and explained that this was predominantly an issue for the Health and Wellbeing Scrutiny Commission, but a request had been received for a presentation to be brought to the Adult Social Care Commission as well. Chris West, the Director of Nursing and Quality, Leicester City Clinical Commissioning Group (CCG) was then invited to present the item. Points made included the following:

- The work around continuing health care fell within the responsibility of the CCG with a new contract for an end to end service taking effect from 1 April 2017.
- The CCG aimed to deliver the same service across all the areas. A consultation had taken place and an analysis of the feedback was underway. A final decision on the consultation was expected in May 2017.
- There had been a lot of discussion about cost effectiveness and using NHS funding fairly and equitably. Continuing Healthcare Funding was about making the best use of current resources and the end to end service would result in improved and better informed health care.

The Strategic Director stated that he supported the new contract and move to an end to end process, although he had concerns as to how the changes,

including the financial impact would affect social care. However, an improved CHC process and service was a move in the right direction and there would be opportunities to discuss any financial issues in due course. The Vice Chair commented that there were problems with the current system and she also believed that this would lead to improvements.

The Chair thanked the Director of Nursing and Quality for the update and, subject to the agreement of the new Chair, requested that this issue be brought back to the Commission in a timely manner in order that Members could be given the opportunity for effective scrutiny.

AGREED:

- 1) that the update on continuing healthcare funding be noted; and
- 2) subject to the agreement of the new Chair, that the issue be brought back to the Commission in a timely manner, to give Members an opportunity for effective scrutiny.

75. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT - 2016/ 17 QUARTER THREE

The Strategic Director, Adult Social Care submitted a report that provided the Commission with information on various dimensions of adult social care performance in the third quarter of 2016/17.

The Strategic Director presented the findings and points made included the following:

- The experience for customers - positive feedback had been received with 98% of service users saying that their needs were at least partially met and 97% saying that their quality of life had improved as a consequence.
- The number of contacts to the department - customers had been signposted to other services, where it was considered that it was not necessary for Adult Social Care to be involved, but it had been noted that some people were coming back within two or three months. The reasons for these recurring contacts were being investigated.
- Keeping people safe - the target for the completion of safeguarding enquiries was within 28 days. The measure for Quarter 3 was 44.7% (compared to 59% in Quarter 2) and it was hoped to improve on this figure.
- Managing our Resources: Budget – a major challenge related to the frailty of the customer; some had multiple frailty indicators and were not all age related.

- Managing our Resources: Workforce - the workforce had decreased in size, but processes had been reviewed and reduced. It was aimed that there would be no reviews outstanding for more than 15 months and while this had not yet been achieved, significant progress towards this had been made.
- Customer Services – the number of complaints relating to practice decisions, delays to services and staff attitudes was currently forecast to be higher than the previous year and action was being taken to address this. If someone needed to be referred for Occupational Therapy, their referral would be made immediately. Some complaints were made because people believed that they had a need which should be supported by Adult Social Care, but the outcome of assessments indicated otherwise. Where customers were unhappy with the outcome, the case could be addressed through the council's complaints process and then referred to the Ombudsman. It was expected that the Quarter 4 results would show an improvement in these figures.

The Chair commented that families could be in a difficult financial situation if they had funding towards adult social care withdrawn and they would need to be signposted to other services or organisations so that they could seek support.

In response to a question about a young person's transition to adulthood and whether improvements to the process could be made, the Strategic Director explained that a Peer Review had taken place recently which had identified some areas for possible improvements. A report would be going to the relevant Executive Leads in due course. It was aimed for transition to commence at an earlier age than was the current practice, but there were also issues around what happened to that person in later years when perhaps their parents were no longer there to support them. The Deputy City Mayor added that this was a challenging area, with individual and complex issues and it was important that changes to policy were brought about sensitively. The Vice Chair commented that transition could be a frightening subject for a young person and if people were willing to have those conversations, it would be best to hold them early and before the age of 14 if possible.

The Chair referred to the plans for extra care accommodation, which had been put on hold by the council. It was noted that the scheme was being reviewed in the light of recent announcements from the Government and the Vice Chair asked for the Commission to look at this again where more information was available.

The Chair noted that it was forecast that the measures for both mental health and learning disability service users in employment would fail to reach their target. The Director for Care Services and Commissioning explained that the Adult Social Care Outcomes Framework indicator had changed and many local authorities were finding this target challenging. The city council however did refer people for employment; some had part time hours and some were

volunteers. They were taking steps to improve this measure.

The Chair concluded the discussion and thanked officers for the report.

AGREED:

- 1) that the report be noted; and
- 2) the Adult Social care Integrated Performance Report 2016/17 Quarter Four be brought to a future meeting of the Commission

76. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

The Vice Chair asked that the Commission recommend to the new Chair, that issues relating to Extra Care Accommodation be added to the work programme for consideration, when more information from the Government became available.

77. VOTE OF THANKS

The Chair thanked the Directors and officers in Adult Social Care, the Vice Chair, the Deputy City Mayor, the Scrutiny Support Manager and the Democratic Support Officer for the support they had given to her and the Commission during the year.

78. CLOSE OF MEETING

The meeting closed at 8.15 pm.

Dementia Programme Update April 2017

Contents:

- Update on City Action Plan 2016 - 2017
- Dementia Strategy 2017 - 2020
- Dementia Friendly Leicester
 - Dementia Friends recruitment
 - Dementia Capital
- Joint work with LL partners
 - Joint commissioning of post diagnostic support service
 - Update on diagnosis rates
 - Memory clinic waiting times
 - Dementia Friendly GP practice initiative
- Dementia Action Alliance/s

City Action Plan 2016 - 2017

Quarter 1:

- Review dementia pages on LCC website
 - Completed, new information added
- Audit customer facing information
 - Completed, links to website
- Form a conclusion about the need for a specific residential care home for dementia
 - Completed – decision not to proceed
- Recruit 500 Dementia Friends within the LCC workforce
 - Achieved

City Action Plan 2016 - 2017

Quarter 2:

- Conclude review of in-house Dementia Care Advisor service
 - Completed, proposal to commission an external service agreed and moving forward
- Develop a report which sets out the case for a LCC Dementia Action Alliance (DAA) and supporting forum
 - Agreed and DAA in place

City Action Plan 2016 - 2017

Quarter 3:

- Explore training for carers around end of life care
 - Completed - information about available training from VCS partners circulated to carers groups
- Review training offer for care homes and community providers
 - Completed – this is led by LSCDG
- Explore joint working with higher education providers to develop skills within the wider health and social care workforce
 - Completed – this is led by LSCDG

City Action Plan 2016 - 2017

Quarter 4:

- Explore how Schools can become involved in raising dementia awareness
 - Completed – DMU are working with a number of schools with specific sessions timetabled
- Identify contacts in higher education to explore raising dementia awareness amongst students
 - Completed – links made with DMU Faculty Lead for Dementia

Dementia Strategy 2017 - 2020

- Drafting process being led by EL&RCCG
- 'Chapters' will be
 - Achievements of previous strategy
 - Updated population analysis
 - Service mapping
 - Priorities by outcome
 - Preventing Well
 - Diagnosing Well
 - Supporting Well
 - Living Well
 - Dying Well
- Delivery plans to support implementation
- Engagement has/is taking place with people with dementia and their carers
- Due to be completed in April for consultation with more stakeholders

Dementia Friendly Leicester

- Dementia Action Alliance/s
 - New Leicester City DAA being established
 - LLR DAA well established – LCC co-chair
- Council's role in this is:
 - Dementia Friends recruitment
 - 724 LCC staff are Dementia Friends – new target 1000
 - Workplace Dementia Champions programme
 - Dementia Capital
 - £250,000 capital monies to improve LCC buildings and make them dementia friendly
 - Bidding process ended 31 March
 - Links to UBB programme

City Action Plan 2017 - 2018

Next Steps:

- Awaiting new LLR Dementia Strategy in Spring 2017
 - City Delivery Plan will be updated in response to that
- Continue to support the DAA movement
 - New DF target of 1000 by end of March 2017
 - Roll-out Dementia Friendly Buildings initiative
 - Develop 'Work place Dementia Champions'

Joint work with Partners

- Joint commissioning of post diagnostic support service with County and 3 CCGs
 - Service will include advice, information, peer support, activity groups, memory cafes, advocacy; support in the community and in hospital
- Update on diagnosis rates
 - Current diagnosis rate is 92% of expected population
- Memory clinic waiting times
 - Currently 6 weeks
- Dementia Friendly GP practice initiative
 - Looking at Dementia Leads
 - Improving environment
 - Raising awareness of practice staff
- Links to STP workstreams

Dementia Action Alliance

- Leicester City
- First meeting October 2016
 - Second meeting February 2017
 - Overarching Action Plan being put together
 - Raising awareness of dementia
 - Recruiting dementia friends
 - Making Leicester a Dementia Friendly City
 - Recruiting more members to the DAA
 - Steering Group in Place
 - Members include:
 - City Council: ASC, Housing, Museums, Estates & Buildings
 - VCS; Highcross; Centrebus & First; Curve, Phoenix and Printworks
 - Focus on the experiences of people living with dementia

Dementia Action Alliance

- Leicester, Leicestershire & Rutland
- Co-chairs LCC & Leicestershire Police
 - Oversees the work of 4 local DAA's with more in development:
 - Hinckley & Bosworth
 - Blaby
 - Charnwood
 - Leicester
 - Other members are those with a LLR footprint e.g
 - UHL, LPT, NHSE, VCS, DMU
 - Information sharing
 - Coordinates events for Dementia Awareness week
 - Developing a local 'Herbert protocol' - a multi agency response to missing persons