



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 24 JANUARY 2017 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)

Councillor Dempster
Councillor Khote

Councillor Riyait
Councillor Thalukdar

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54. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Chaplin (Vice Chair), Councillor Hunter, David Henson (Healthwatch Representative) and Councillor Palmer, Assistant City Mayor for Adult Social Care, Health Integration and Wellbeing.

55. CHAIR'S ANNOUNCEMENTS

The Chair announced that at the previous meeting, the Commission had looked at communication in relation to Autism and discussed what needed to be done to raise awareness. Since then, the Chair had carried out a lot of work with the Autism groups that attended the meeting and an outcome of that was a rap song that had been written by two local artists who were present to perform their rap.

The Chair introduced LackyC and AmyG to the Commission, after which Lacky and Amy performed their rap which was called Wired Differently.

The Chair stated that the rap could be downloaded from 3 February 2017 and proceeds, after a modest payment to the Download Company, would be divided between the National Autistic Society, The Monday Club and The Carers' Centre all of whom supported people with autism.

The City Mayor and Members of the Commission congratulated Lacky and Amy stating that the rap gave a powerful and strong universal message which needed to be heard. A Member expressed concerns about a lack of understanding in some Asian communities where parents could face bullying because they had a child with this condition.

56. DECLARATIONS OF INTEREST

No declarations of interest were made.

57. MINUTES OF THE PREVIOUS MEETING

AGREED:

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

58. PETITIONS

The Monitoring Officer reported that no petitions had been received.

59. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

60. ADULT SOCIAL CARE ELEMENTS OF THE GENERAL FUND REVENUE BUDGET 2017-18

Members were asked to consider the Adult Social Care elements of the General Fund Revenue Budget 2017 -18. Comments made by the Commission would be considered by the Overview Select Committee at their meeting on 2 February 2017, prior to the budget being approved by Council on 22 February 2017.

The Strategic Director, Adult Social Care presented the Adult Social Care element of the budget and stated that the future of Adult Social Care funding was challenging both locally as it was nationally. There was a continued growth in demand for the service as a result of an ageing population and increasing frailty; these factors along with the impact of people with multiple health conditions placed significant cost pressures on the service.

The Chair stated that she was pleased that the budget had been increased to deal with the pressures facing Adult Social Care in this financial year, but the situation was still volatile. She questioned whether the Strategic Director was comfortable that the budget going forward would be sufficient to meet demand. The Chair and Members sought assurance that there would be an opportunity for meaningful scrutiny if any changes to the service or to the budget were being proposed.

The Strategic Director responded that Adult Social Care was a demand led service and needs had to be responded to along with effective arrangements to manage demand. The budget had been based on what was known at the time, but a relatively modest increase in demand could incur additional significant costs. It was the aim that the service would remain within budget.

A Member referred to the actions that the department was taking to live within its resources (para 7.7d) and concerns were expressed about any potential risks that may arise from reducing staffing levels to make savings. The Strategic Director responded that the Council's staffing levels were above regional comparatives with other authorities, but to enable a reduction in staffing, the work load needed to be reduced and risk managed effectively. There were ongoing projects to look at ways of reducing workload pressures; these included for example a system to manage care reviews more efficiently.

A Member referred to the issue of staff stability and stated that when staff knew that a review was forthcoming, they often resigned in order to work elsewhere. Concerns were raised around the difficulties in recruiting social workers. A suggestion was made that it would be useful for the Commission to receive a report with data on staffing levels, such as starters and leavers.

A Member commented that one of the problems faced by Leicester City Council, as opposed to Leicestershire and Rutland authorities, was that the City generally had had a low wage economy which meant that pensioners were often unable to save money towards their care support. The Strategic Director acknowledged that the demographics in Leicester presented budget pressures as there was a lower proportion of those self-funding their care and support and subsequently seeking statutory funding support from the Council.

Members commented that more money was needed from the government to fund the costs of providing adult social care. It was noted that the Government allowed Councils to increase council tax to raise funds for Adult Social Care and concerns were expressed that this was a tax on the poor and placed the blame for the situation local authorities. Views were expressed that the Council and Members needed to be more proactive in explaining to the public that because of the Government's spending cuts, there was a crisis in funding adult social care.

The Strategic Director stated that Adult Social Care locally and across the sector in England had been efficient in making savings but now fundamental efficiencies were having to be made because of the budget cuts. The service was now under extreme pressure and in Leicester for example, the demographic pressures had not been addressed through the funding arrangements made available by the Government.

At the suggestion of a Member, it was agreed that the minutes of the discussion on this item should be sent to the Labour Members of Parliament for Leicester, with a request for them to raise the concerns expressed in the House of Commons.

A number of questions were submitted on behalf of the Vice Chair who had submitted her apologies:

The Vice Chair questioned whether any provision had been made for any overspend (if there was one) in 2016/17 or 2017/18. The Strategic Director responded that an overspend for 2016/17 was not predicted; if there was an

overspend in 2017/18, this would either be met by underspends in other service areas or by reserves.

The Vice Chair also submitted some questions for the Executive. These related to reducing corporate reserves and/or asking people if they would be willing to pay more in council tax in order to increase funds available for Adult Social Care.

In a further question, the Vice Chair stated that the Executive had promised to carry out some work on the mental health impact of the budget and she questioned when this would be available. The Vice Chair also asked for details of the proposed savings from the review of Community and Voluntary Organisations and the groups that might be affected. It was agreed that these questions would be forwarded to the Deputy City Mayor as Lead Member for Adult Social Care, Health Integration and Wellbeing as he was unable to be present at the meeting.

Concerns were expressed as to the risks to the service if savings could not be made on time; and the need for early engagement with Scrutiny was reiterated.

A Member also expressed concerns about drawing on reserves to deliver the service; she expressed a view that it was preferable to manage the budget in such a way that reserves were kept for emergencies. The Strategic Director responded that efficiencies would be delivered and that it was not expected to have to draw on the reserves during the current year and where possible, if savings could be delivered earlier than originally planned and in an effectively managed way, then this would likely ease the use of reserves.

AGREED:

- 1) that the Adult Social Care element of the General Fund Revenue Budget 2017-18 be noted; and
- 2) that a minute extract of the Commission's discussion on the budget be forwarded to the Labour Members of Parliament for Leicester, with a request for them to raise the concerns in the House of Commons.

61. FINAL 2015/16 ADULT SOCIAL CARE OUTCOME FRAMEWORK

The Strategic Director Adult Social Care submitted a report that presented information on Leicester's own comparative performance against measures in the Adult Social Care Outcome Framework (ASCOF), the national performance regime for Adult Social Care for the financial year 2015/16.

The Strategic Director presented the report after which Members raised a number of comments and questions, including the following.

The Chair asked why there appeared to be deterioration in the number of adults with learning difficulties in paid employment and whether any action was being taken to address this. The Commission heard that one issue was that the

indicator to measure this had been changed. As part of the implementation of the enablement approach and new Enablement Service, the Council was supporting people towards being independent and not relying on care and support from the Council and as such they were not counted because they were not in receipt of social care, in paid employment and therefore not included in the statistics. There was an employment team which helped people into paid employment and volunteering and a suggestion was made for the department to liaise with the Assistant City Mayor for Jobs and Skills to see if she might be able to raise this issue when she met employers in Leicester.

The Chair raised a query relating to the number of working age adults whose long term support needs were met by admission to residential or nursing care. The Commission heard that it was forecast that 26 people of working age would be admitted to residential care in 2016/17 compared to 39 for 2015/16, which demonstrated the department's commitment to look at other options to support people to live independently in the community.

Councillor Dempster commented that as the Chair of the Health and Wellbeing Scrutiny Commission, she wished to congratulate staff in Adult Social Care for the progress they were making in relation to the transfer of care from hospital to home or residential care. She added that any blame for the delays could not be attributed to Adult Social Care. The Director for Adult Social Care and Safeguarding responded that the situation relating to delayed transfers of care continued to improve. The Adult Social Care department also continued to engage with the National Health Service as there was no desire for people to remain in hospital any longer than was necessary.

The Chair raised a question on behalf of the Vice Chair, relating to reablement. The Director, Adult Social Care and Safeguarding explained that the reablement services between councils varied significantly. In Leicester, the service was targeted to those with a level of need, which if unaddressed, would likely require support through Adult Social Care. In addition, many people were supported through the Integrated Crisis Response Service rather than reablement. Leicester had a slightly different way of organising this but it was proving to be effective.

There was some discussion relating to the England Quartiles (appendix 5 of the report). The Strategic Director explained that much of the feedback they received was very positive, but some of the indicators relating to the perception of service users (for example about their quality of life) tended to receive a low response. There was a need to try to understand the impact of the service as the questionnaires did not provide rich data about why people answered the way they did and the rationale for the answers, but only gave a yes / no type of response. There was a hope however that with all the work being undertaken, those perceptive indicators would improve.

The Chair thanked the officers for the report and asked Members to note the report.

AGREED:

that the report be noted.

62. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2016/17 QUARTER 2

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 second quarter of 2016/17.

Members of the Commission considered the report and raised a number of comments and queries, including the following.

A Member referred to para 3.5.2.3 and noted that the number of complaints was forecast to be higher than the previous year. She stated that she was pleased that lessons were being learned from complaints received and queried whether there were more complaints because of raised awareness of the complaint procedure.

The Strategic Director responded that complaints may be made because the service user did not like the outcome of the decisions made relating to, for example, their assessment or review. The department had a dedicated officer who oversaw the process of dealing with complaints and identifying any areas for improvement or learning, and identified any particular themes arising from complaints.

A Member questioned what action was being taken to address the significant demand for Extra Care Accommodation. The Director for Care Services and Commissioning (Adult Social Care) responded that there were about 400 working age adults in residential care; about 200 of those would manage in Extra Care accommodation. However, the two schemes to build more Extra Care Accommodation in Leicester had been put on hold because of the introduction of the housing benefit cap. The Council and other Local Authorities were giving a strong response to the Government about the problems arising from the benefit cap and housing associations and social landlords were putting their schemes on hold as they could not be guaranteed to receive the full cost of the rent.

A Member raised a concern that 59% of safeguarding enquires had been completed within the target of 28 days, compared to 81.9% in the previous quarter. The Director of Adult Social Care and Safeguarding stated that they were investigating the reason for this. As part of the investigations they needed to check whether enquiries in different settings (in a hospital for example) were taking longer to complete. It was possible that the target needed to be re-set. A Member commented that quality was more important than meeting a target and suggested that this could be discussed again at a future scrutiny meeting.

A Member referred to case management and queried whether in cases which were open for more than 100 days, the service user would be receiving care during that time. The Strategic Director confirmed that most arrangements were finalised within 100 days, but there may be reasons why a case was kept open.

For example, if a person was continually at risk, their case would be kept open. However the department was particularly focused on understanding the number of cases over 100 days which either did not have any active care arrangements in place, or at the point of reaching the 100 day threshold, no assessment or review for example had been completed and signed off.

A concern was raised as to whether the pressures the hospitals faced during the winter months would affect Adult Social Care. The Director for Care Services and Commissioning confirmed that the situation was challenging, but with the partnership arrangements that were in place, they believed that they could maintain their position.

A Member queried whether the number of repeat enquiries was reasonable or high, as they had increased from 204 in Quarter 1 to 211 in Quarter 2. The Strategic Director thought that this was slightly high and stated there was a need to continue look into the reasons for this.

In response to a query regarding the data for care providers (the final three indicators of Appendix 4), the Director of Care Services and Commissioning explained that care providers were monitored for quality and if there were any issues, an improvement plan would be put in place. Where appropriate, the Council could terminate a contract with the care provider.

In response to questions over staffing, the Strategic Director stated that levels of sickness were still high but the situation was improving. There had been a considerable reduction in spending on agency staff and overall there had been a reduction in the number of staff. The Strategic Director noted that during this period of reduced spend on agency staff and overall reduction in the staffing establishment, that overall productivity in the department had increased.

The Chair thanked officers for the report and asked the Strategic Director to congratulate staff on the positive achievements.

AGREED:

that the report be noted.

63. OUTCOME OF THE MENTAL HEALTH RECOVERY HUB CONSULTATION

Late Report: Re-Procurement of Mental Health Preventative Services

Under Scrutiny Procedure Rule Part 4E (14) the Chair accepted the above report, as urgent on the grounds that the Clinical Commissioning Group (CCG) had needed time to assimilate the findings from the Mental Health Recovery Hub Consultation and Scrutiny's views were sought prior to commencing the procurement exercise.

The Strategic Director, Adult Social Care submitted a report that provided the Adult Social Care Scrutiny Commission with a summary of the outcome of the consultation exercise which proposed to create a number of Recovery and Resilience Hubs across Leicester, Leicestershire and Rutland, to provide non

clinical mental health preventative services.

The Director for Care Services and Commissioning (Adult Social Care) stated that there were currently three organisations in the City that provided non clinical low level support. The proposal was for the Leicester City CCG and Leicester City Council to joint fund two Recovery and Resilience Hubs in the City. There would also be a number of Hubs across Leicestershire and Rutland to provide a coordinated response. The aim was to commence the procurement exercise at the end of February 2017. The specifications were currently being written and it was anticipated that they would be finalised within the next two weeks, subject to Executive agreement. The timing was tight because existing contracts expired in September 2016. There was a need to coordinate the programme across the County and Rutland so that the CCGs and authorities were working to the same timeline. The Strategic Director added that he believed the unified service, with the CCGs would be beneficial.

A Member supported the proposals but expressed a concern that the CCGs and the NHS were not used to being scrutinised and asked that they be reminded about adhering to timelines to allow time for meaningful scrutiny. The Strategic Director commented that he understood those concerns and confirmed that they were working with the CCG on such issues.

It was noted that as part of the consultation, 749 people were engaged with overall, although some may have been duplicated as some people attended events more than once. The Chair commented that this appeared to be a small sample and questioned what percentage this represented service users, family members and potential future users. The Strategic Director responded that every single person living in Leicester, Leicestershire and Rutland could be a potential user of a Hub. The consultation had been posted on the Council Website, but responses relating to social care consultations generally and through experience, tended to be quite small. Officers were satisfied that the consultation process would stand up to scrutiny if challenged.

The Chair thanked officers for the report stating that she was aware that they had worked hard to bring it to this meeting of the Commission. At the suggestion of a Member, it was agreed that a progress report on the joint commissioning of the Mental Health Recovery Hubs would be brought to a future meeting of the Commission in a few months' time.

AGREED:

that the Commission note the outcome of the consultation exercise and request that a progress report on the Joint Commissioning of the Mental Health Recovery Hubs be brought back to the Commission in a few months' time.

64. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

There were no questions or comments on the work programme.

65. ANY OTHER URGENT BUSINESS

There were no other items of urgent business.

66. CLOSE OF MEETING

The meeting closed at 8.06 pm.