



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 5 SEPTEMBER 2017 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Vice Chair in the Chair)

Councillor Aldred  
Councillor Dempster

Councillor Chaplin

In Attendance

Micheal Smith - Healthwatch

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**17. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Thalukdar and Councillor Palmer, Deputy City Mayor with responsibility for Adult Social Care, Heath, Integration and Wellbeing. The Chair, Councillor Newcombe had also submitted his apologies and the Vice Chair Councillor Cleaver, took the Chair for the meeting.

**18. DECLARATIONS OF INTEREST**

Micheal Smith, declared that as the Healthwatch representative he would withdraw from the meeting if during agenda item 11, Adult Social Care Procurement Plan 2017/18, there was any discussion relating to Healthwatch. Mr Smith added that he was also a member of the Leicester Safeguarding Adults Board

**19. CHAIR'S ANNOUNCEMENTS**

The Chair made no announcements.

**20. MINUTES OF THE PREVIOUS MEETING**

AGREED:

that the minutes of the meeting of the Adult Social Care Scrutiny

Commission held 29 June 2017 be confirmed as a correct record.

**21. PROGRESS ON ACTIONS AGREED AT THE PREVIOUS MEETING - END OF LIFE CARE TASK GROUP**

Members were asked to note an update as attached to the agenda in Appendix A, on the progress made in the Task Group review into End of Life Care.

AGREED:

that the update on progress made into the End of Life Care Task Group Review be noted.

**22. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

**23. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

**24. BETTER CARE FUND UPDATE 2017/19**

The Director of Adult Social Care and Safeguarding submitted a report that set out the new requirements of the Better Care Fund (BCF) for 2017-19. The Director and Rachna Vyas, Deputy Director of Strategy, Leicester City Clinical Commissioning Group (CCG) introduced the two year plan. The Commission heard that the authority was building on the scheme's previous successes and the allocation of funding depended on a scheme's performance.

Members considered the report and during the ensuing discussion, the following comments and queries were raised:

- It was noted that the statistics for Leicester indicated that the City was 10% over plan for Emergency Department (ED) attendances. Members heard that this was old data within the 16/17 update appendix, and current data indicated that attendance had stabilised. There had been a small rise in the number of children being admitted into the ED; this was in part due to the new Children's ED and an increase had been expected and planned for.
- The issue relating to double counting of patients (patients who were seen in the Urgent Care Centre and then again in the ED) had arisen due to disparate IT systems, but this was being rectified.
- A Member referred to the Sustainability and Transformation Plan (STP) and expressed some concern as to its effect on the BCF and how it would be managed. The Strategic Director for Adult Social Care explained that the BCF had running for four years; in Leicester, the BCF schemes were working well for individuals and were effective in keeping people out of hospital. The Council would protect and continue to put resources into the

fund. However, the BCF was part of the wider STP; Leicester had some influence in the scheme and needed to promote the scheme to ensure future funding. A Member suggested that it might be useful for the Adult Social Care Scrutiny Commission to write to the STP Board to seek assurance about the future of the BCF.

- Micheal Smith commented that Healthwatch had witnessed effective interaction in the Admissions and the Emergency Department and its preventative work to reduce future admissions. The Deputy Director of Strategy, Leicester City CCG added that some colleagues from the County had noticed how effective the City Council strategies were and had requested further details.
- A Member referred to the reasons for LPT Mental Health delays which pointed largely to patients awaiting completion of health assessments. The appended 16/17 update report stated that no improvement had yet been seen, but the Deputy Director of Strategy commented that since then, the situation had improved.
- The Strategic Director explained that in relation to delayed discharges, there was an issue around the availability of appropriate housing. Suitable accommodation could not always be found for some patients whose needs were particularly challenging. Concerns were expressed that it would not be helpful for patients to be kept in a hospital setting because appropriate accommodation could not be found. It was questioned what was happening nationally and it was suggested for the Scrutiny Policy Officer to carry out some research into the lack of appropriate housing across the country. This could perhaps be brought to a joint Scrutiny Commission meeting with Health and Adult Social Care. The Strategic Director added that finding suitable accommodation was part of the issue; there was also a need to find the right service to support the person's needs.
- A concern was expressed that there were issues relating to the deprivation of liberty, where people were kept in hospital because of the lack of suitable accommodation. The Strategy Director commented that the issue was about managing the risk appropriately when someone was discharged.
- The Chair expressed a view that there were many benefits to be gained by gardening, both physical and social, and more should be done to encourage this activity.
- Concerns were expressed that some organisations, such as Network for Change, who provided support for people with complex needs, were closing down due a lack of funding.

The Chair drew the discussion to a close and thanked officers for the information provided.

AGREED:

- 1) that a letter be sent to the Sustainability Transformation Plan

Board asking them to note the very good work taking place by Leicester City Council on the Better Care Fund , and to seek assurances that the commitment would continue;

- 2) for the Scrutiny Policy Officer to carry out some research relating to the availability of suitable accommodation across the country, for people with complex needs and awaiting discharge from hospital; and
- 3) for a further update be brought back to the Commission in six months time.

## **25. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2016/17 - QUARTER 4 / PROVISIONAL YEAR END**

The Strategic Director, Adult Social Care submitted a report that brought together information on various dimensions of Adult Social Care (ASC) performance in the final quarter of 2016/17. The Strategic Director introduced the report and explained that overall, while not all the targets had been met, those that had been met had been very challenging. Productivity had increased and people's satisfaction with their experience was very high at almost 98%. The Chair commented that excellent work had taken place within the department.

Members considered the report and comments and questions raised included the following:

- In response to a query around admissions to residential care, the Strategic Director explained that they were working to reduce admissions to residential care but there was a challenge to identify appropriate community provision; for some people with complex needs, community provision was not tenable. A Member referred to an earlier decision to close elderly persons' homes and queried whether the council had been right to do this. The Strategic Director responded that there were no fewer beds and some homes had remained open and were being successfully run under different management.
- In relation to the length of stay in care homes, Leicester was below the national average for the length of stay. This was a positive measure which demonstrated that people were being admitted at the right time rather than earlier than necessary.
- It was noted that people were living longer, though some people lived longer with a lower quality of life; the Strategic Director said that the aim was to help people to live longer with a better quality of life.
- In response to queries relating to the workforce and absenteeism, the Commission heard that stress and mental health wellbeing was the biggest factor in staff absences. Strategies included looking at what might help people at work and making work a good place to be. If someone was off

work with a stress related illness, it was much more difficult to get them back to work. The Chair suggested that it might be appropriate for Scrutiny to consider what other organisations did to help their staff manage stress.

- A Member commented that the report showed a slightly higher call abandonment rate in Quarter 4 (measure ABP1c) and heard that while there had been a relative minor shift, Leicester's figures were very low compared to the national standard. Calls were recorded and reviewed which enabled feedback, whether good or not to be given.
- It was noted that the Quarter 4 measure APB1b showed a significant increase in the number of 'other contacts'. The Commission requested more information on this measure.
- The Strategic Director expressed concerns that in Leicester, the general health of the population was less good than in other areas with some young people today likely to need adult social care support when s/he reached their forties or fifties. Once people were receiving adult social care support, they were likely to remain in the system for the rest of their lives. The Chair commented that there was a need to raise awareness. The Commission heard that the majority of the adult social care activity was in meeting the needs of people, but the prevention aspect was the role of the whole Council, not least public health. Members suggested that it would be useful to carry out a joint piece of work with the Health and Wellbeing Scrutiny Commission to consider ways of raising awareness and encouraging people to take responsibility for their own health and wellbeing.
- There was some discussion around the transition of care from Children's to Adult Services. Members heard that there were on average about 20 individuals who met the threshold to transfer from Children's to Adult Social Care every year. A Transition Board had been set up and had recently held their first meeting where a positive discussion had been held. The Board were due to meet again in about five weeks' time.
- In response to a query, Members heard that the outcome of the carer's survey would be made available in the autumn 2017. The Chair asked for the survey to be added to the work programme.
- The Chair referred to measure ABP5q relating to cases allocated to a worker for more than 100 days and questioned the significance of this data. The Strategic Director explained that the 100 days was an arbitrary number; and a question would be asked if a case was open for more than 100 days. Usually a case would be closed within that time frame, but some cases were more complex.
- A Member questioned how often the senior management looked at the information contained within the report. The Commission heard that the data was reported on a monthly basis to the ASC Directors and the Deputy City Mayor (with responsibility for Adult Social Care) as appropriate and was acted upon.

- The Chair referred to the quality of life outcomes as detailed in the ASC customer measures dashboard, stressing that this was an important issue. The Strategic Director explained that overall the feedback from the questions had been positive with service users responding that their quality of life had improved as the result of their care package and that they believed that their needs had been met in their previous assessment.
- It was noted that in the customer measures dashboard for quarter 4, 91% of service users had indicated that they would not have changed anything in the process and it was questioned what the remaining 9% would have liked to have changed. Members heard that this may be because within that 9%, some people did not like the outcome of the process, or it may have been an issue around contact and response relating to the call centre process. In response to a request for further information, Members heard that there was an opportunity for the customer to give their comments and more details could be brought back to the Commission.

The Chair concluded the discussion and congratulated the department's officers for their hard work.

**AGREED:**

- 1) that the report be noted and the department congratulated on their hard work;
- 2) that further details be brought back to the Commission on the customer measures indicating 9% of service users who might have wanted to change something in the process;
- 3) that further information be brought to the Commission on the Quarter 4 measure, APB1b relating to number of ASC 'other' contacts received.
- 4) for the Chair to raise the issue of workforce management at the forthcoming meeting of the Overview Select Committee, noting that it was on their work programme for the November meeting;
- 5) for the Carer's Survey to be added to the Adult Social Care Scrutiny Commission work programme; and
- 6) to recommend that the Commission carry out a joint piece of work with the Health and Wellbeing Scrutiny Commission to consider ways of raising awareness and encouraging people to take responsibility for their own health wellbeing.

## **26. ADULT SOCIAL CARE PEER CHALLENGES - PROGRESS REPORT**

The Strategic Director, Adult Social Care submitted a report that provided the Commission with a high level summary of actions / improvements initiated as either a direct result of, or informed by , recommendations from the three Peer

Challenges that the department had engaged with over the last two years. Any actions arising from the Peer Challenges had been embedded into existing plans, as opposed to creating three separate plans.

The Business Improvement Manager, Adult Social Care and Safeguarding commented that it had been beneficial in obtaining advice and views from the three separate peer reviews and a considerable amount of good practice had been identified. He was confident that the peer reviews were contributing to the department's own improvement journey.

In response to a question, the Strategic Director confirmed that the department was willing to share its good practice and he, the Director for Adult Social Care and Safeguarding and other senior staff had carried out peer reviews in other local authorities. This also provided an opportunity to see the practice at other local authorities which could in turn, contribute to Leicester's own practice and procedures.

The Strategic Director explained that a strategic plan for the Leicester Safeguarding Adults Board had been drafted and he believed that staff understood that the strategic priorities were about supporting and protecting people when they were at their most vulnerable.

In response to a question, the Strategic Director explained that there had been no surprises from the feedback of the peer review and if managers knew their department and what was happening, there should not be any surprises.

The Commission heard that the work the department had carried out relating to the delayed transfer of care was considered to be exceptional and the Director for Adult Social Care and Safeguarding was now involved in the regional peer reviews. This work reflected very well on the department and Leicester City Council.

The Chair commented that she had spent some time with staff during a peer review and understood that it could be a stressful time for them. She expressed a hope that the Directors would ensure that their staff felt valued.

AGREED:

- 1) that the report be noted; and
- 2) that the peer review section of the report relating to the Leicester Safeguarding Adult Board (LSAB) be brought to the Commission for consideration alongside the LSAB Annual Report.

## **27. ADULT SOCIAL CARE PROCUREMENT PLAN 2017/18**

The Strategic Director, Adult Social Care submitted a report that provided the Commission with an overview of the forthcoming Adult Social Care (ASC) procurement activities that needed to be in place for 2018.

The Head of Commissioning presented the report and in response to a request

for more detail, the Chair asked that a small amount of information on each of the procurement plans be brought to the next meeting.

The Chair asked Members to email her, and copy in the Scrutiny Policy Officer, indicating which of the procurement plans they were particularly interested in. Three of the plans would then be chosen for detailed consideration by the Commission. Members were asked not to include any of the procurement plans that were currently paused.

AGREED:

- 1) that the report be noted;
- 2) that a small amount of information be brought back to the Commission on each of the procurement plans; and
- 3) that Members email the Chair and Scrutiny Policy Officer, indicating which of the plans they would like to be brought back to the Commission for more detailed consideration.

## **28. DOMICILIARY CARE PROCUREMENT**

The Head of Commissioning provided a verbal update on the domiciliary care procurement exercise.

Members heard that the Council currently commissioned domiciliary care but those contracts ceased in October. There had been a good response to the commissioning exercise which commenced in October 2016 and 26 providers had been selected. A major factor in making those selections had been the quality of the provision and 13 of those selected were already on the Council's framework.

All service users had been given a choice about their care and many had chosen direct payments which meant that they could remain with their existing provider if they wished.

Officers had visited all the providers; checked their policies and ascertained that they had the capacity to take on the contract. The new contracts would go live on 9 October 2017 and would be monitored to ensure that all the required standards would be adhered to. The Head of Commissioning commented that she thought that the domiciliary care procurement had been a very successful joint exercise with the Leicester City Clinical Commissioning Group.

Members commented that they wanted to know that service users were satisfied with the new arrangements and were pleased that officers were already checking that this was the case.

AGREED:

- that the update on domiciliary care procurement be noted.



## **29. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME**

Members were asked to consider and comment on the Adult Social Care Scrutiny Commission work programme.

Members heard that the Leicester Safeguarding Annual Report would be added to the work programme for the December meeting.

A Member requested that a verbal update on the Voluntary Care Services be added to the work programme and the Strategic Director responded that they may be in a position to provide an update at the December meeting.

Micheal Smith, Healthwatch advised that there was a new Chief Executive at Healthwatch and she would be pleased for an opportunity to meet up with the Chair. The Chair responded that she would welcome this opportunity.

AGREED:

that the work programme be amended to incorporate Members comments.

## **30. CLOSE OF MEETING**

The meeting closed at 8.30 pm.