



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 26 JUNE 2014 at 5.30pm

P R E S E N T :

Councillor Chaplin – Chair  
Councillor Riyait – Vice Chair

Councillor Alfonso  
Councillor Cutkelvin  
Councillor Dawood

Councillor Kitterick  
Councillor Willmott

In Attendance

Councillor Rita Patel – Assistant City Mayor (Adult Social Care)

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**1. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor Dawood.

**2. DECLARATIONS OF INTEREST**

As a Standing Invitee to the Commission, Mr Philip Parkinson (Healthwatch invited representative) declared an Other Disclosable Interest in the general business of the meeting in that he had a relative in receipt of a social care package from the City Council.

Councillor Willmott declared an Other Disclosable Interest in agenda item 10, “Elderly Persons’ Homes Update”, in that since the last meeting of the Commission he had been asked by the applicant for a judicial review of the decision to close elderly persons’ homes to provide a witness statement.

Councillor Kitterick noted that a report would be made to the Planning and Development Control Committee, of which he was Chair, on the proposed intermediate care provision, for the discussion of material planning matters, (agenda item 11, “Provision of Intermediate Care and Short Term Residential Beds Facilities”, referred). Councillor Kitterick confirmed that he would not prejudice his consideration of those matters through consideration of the report now before this Commission.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective people's judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

### **3. MEMBERSHIP OF THE COMMISSION 2014/15**

NOTED:

That the membership for the Commission for 2014/15 is:-

Councillor Chaplin (Chair)  
Councillor Riyait (Vice-Chair)  
Councillor Alfonso  
Councillor Cutkelvin  
Councillor Dawood  
Councillor Kitterick  
Councillor Willmott  
1 vacancy for a non-grouped Member

### **4. DATES OF COMMISSION MEETINGS 2014/15**

NOTED:

That meetings of the Commission are scheduled to be held at 5.30 pm on the following dates for 2014/15:-

Thursday 26 June 2014  
Thursday 14 August 2014  
Thursday 25 September 2014  
Thursday 20 November 2014  
Thursday 8 January 2015  
Thursday 13 February 2014  
Thursday 5 March 2015

### **5. MINUTES OF PREVIOUS MEETING**

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held 15 May 2014 be approved as a correct record.

### **6. PETITIONS**

The Monitoring Officer reported that no petitions had been received since the last meeting.

### **7. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

## **8. PROPOSED INDUCTION SESSION**

### **RESOLVED:**

That an induction session to introduce / refresh major issues under consideration by this Commission over the coming year be held from 4.30 pm to 6.00 pm on Tuesday 12 August 2014.

## **9. REVIEW OF VOLUNTARY AND COMMUNITY SECTOR PREVENTATIVE SERVICES (ADULT SOCIAL CARE)**

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining proposals for implementing the findings of a review of the Voluntary and Community Sector preventative services funded by Adult Social Care.

The Director explained that contracts for the current services expired on 31 March 2015 and under the Council's Procurement Rules and European legislation it was not possible to extend them further. In addition, the Council could not commit funding for more than two years, due to the current financial situation, although there would be an opportunity to extend for a further two years if the funding was available. The review of the services asked for opinions on whether there should be one generic advocacy service in the future, or individual ones. Responses to the consultation favoured a range of specialist services. The report also recommended that temporary funding should be provided to support counselling services pending consideration of future funding by health.

Mr Bhodrashi Tridedi, Chair of Leicestershire Ethnic Elderly Advocacy Project (LEEAP), addressed the meeting at the invitation of the Chair. He reminded Members that written information about LEEAP had been circulated prior to the meeting and made the following comments:-

- LEEAP was a Council-funded project that had been in operation for 20 years;
- The charity promoted and protected the interests of approximately 100 people. These people required intense social care, so their condition could deteriorate quickly if this was not available;
- There had been considerable distress when those helped by the project had heard of the Council's decision to withdraw funding;
- The decision to withdraw funding should have been taken in consultation with those affected by the decision, but this had not been done;
- LEEAP was very concerned that no response had been received to its letter of 9 June 2014, requesting information on how the decision had been taken to change the funding for the project;
- LEEAP wanted to continue to work in partnership with the Council,

particularly with regard to issues such as financial and legal issues, and those arising under the Transfer of Undertakings Protection of Employment (TUPE) regulations;

- The forthcoming change would disrupt long-standing services; and
- LEEAP hoped that the Council would consider its request for continued funding favourably.

The Assistant Mayor (Adult Social Care) advised Mr Tridedi that a reply to LEEAP's letter of 9 June had been drafted and would be sent soon. If the organisation wanted to meet the Assistant Mayor at any time to discuss the issues, this could be arranged.

The Assistant Mayor also advised the Commission that all VCS organisations that provided preventative services funded by the Adult Social Care department, had been consulted about the review and many had attended briefing sessions arranged by the Council. It was also explained that the Council wanted to continue to work with organisations to deliver good quality services, but could not guarantee which organisations those would be, as it was required to go through a procurement process.

The Council was doing all it could to support organisations through the procurement process. For example, potential bidders needed to be made aware of TUPE regulations if a current contractor was not successful in continuing their contract. Two briefing sessions had been arranged for early July 2014 to include advice on completing the procurement process and TUPE. In addition, officers could provide assistance to organisations going through the process, but it was stressed that officers could not fill out tender documents for such organisations.

The City Mayor confirmed that there was no expectation that any organisation currently providing adult social care preventative services would be unsuccessful in the tendering process, but the fears expressed by organisations such as LEEAP were recognised.

The Commission asked whether the services provided by LEEAP could be grant-funded, or whether they would need to be considered under the procurement process. The Lead Commissioner (Early Intervention and Prevention) reported that advice had been taken from the Council's procurement and legal officers and grant funding usually contributed to general service delivery, not to services where it was specified that certain things were required on certain days. The Council was very clear on what was required from advocacy services, so officers had advised that a service specification was needed. This meant that grant funding was unlikely to be appropriate in this case.

In response to a question from the Commission about how the provisions of the Social Care Act would be applied, the Lead Commissioner (Early Intervention and Prevention) advised that, when tender documents were prepared, quality

of service was very important, but the Council would want to know what bidders did in the community. The documents were not finalised yet, but the questions to be asked were being considered very carefully.

The Commission welcomed the pragmatic approach being taken by the Council to how adult social care preventative services could be continued and noted that there was ongoing work with the Leicester Clinical Commissioning Group on the whole mental health pathway. In addition, the refreshed mental health strategy for the city had identified a gap in counselling services.

Members asked if it was possible to keep an element of flexibility in the contracts by awarding some of them as grants, such as to lunch clubs run by the community. This could be assisted by proportioning funding to each service and enable assistance to be given towards running costs, such as rent for premises.

The Commission noted that officers working on the procurement of these services would be working with community services to get a unified approach to groups such as lunch clubs across the Council.

The Assistant Mayor (Adult Social Care) confirmed that the Council understood issues faced by smaller organisations and reassured Members that extensive discussions already had been held with officers. The Assistant Mayor then gave an undertaking that she and officers would look at the provisions of the Social Care Act to see what flexibility could be achieved.

Concern was expressed that some organisations could not have capacity to complete the documentation required and so could lose funding. Members asked that consideration therefore be given to ensuring that support for organisations was appropriate to their needs.

Philip Parkinson, of Healthwatch, advised the Commission that Healthwatch had attended each of the separate events held to advise organisations of the proposed changes. Healthwatch had found that all attendees had been made to feel very welcome and that their views were important. The report under consideration accurately reflected the outcome of these meetings.

The Commission agreed that the consultation undertaken had produced good proposals for the way forward for these services. However, it was concerned to ensure that all possible options for what would happen when interim funding for counselling services expired had been explored. The Lead Commissioner (Early Intervention and Prevention) noted that criteria for grant funding were being developed and would be ready soon.

It was noted that, when the new contracts were in operation, a list of services would be compiled that would be available to interested groups and individuals. This would be done through information advice services funded by the Council and community organisations.

RESOLVED:

- 1) That the Director for Care Services and Commissioning (Adult Social Care) be asked to give consideration to whether it is possible to look at whether some services can be grant aided and the procurement process be proportionate to the level of the contract value to be awarded.
- 2) That the Executive be advised that, subject to the comments recorded above and resolution 1), this Commission supports the procurement of new voluntary and community sector services with effect from 1 April 2015, as set out in Option 2 in the report; and
- 3) That the Director for Care Services and Commissioning (Adult Social Care) be asked to advise this Commission at a future meeting of how the procurement process is progressing.

## **10. ELDERLY PERSONS' HOMES UPDATE**

The Director for Care Services and Commissioning (Adult Social Care) submitted a report outlining progress with individual residents' moves to alternative accommodation, where their current homes were to be closed in phase 1.

The Adult Social Care Business Transition Manager drew the Commission's attention to the fact that Elizabeth House and Nuffield House had now closed and a property guardian service would start on 27 June 2014. Some of the residents in Herrick Lodge did not want to move until the outcome of the pending judicial review was known.

RESOLVED:

That the report be noted.

## **11. PROVISION OF INTERMEDIATE CARE AND SHORT TERM RESIDENTIAL BEDS FACILITIES**

The Director of Adult Social Care and Safeguarding submitted a report outlining recommendations to be made to the Executive for the development of intermediate care and residential beds facilities that would be provided directly by the Council.

Councillor Kitterick reminded Members of the declaration he had made in respect of this item.

The City Mayor advised the Commission that he was confident that the chosen site for the new facility was the correct one. He reconfirmed the Council's commitment to the provision of the facility, stressing that capital funding would remain available for it.

Members supported the choice of site for this development, noting that there was good public transport access. Members also expressed that sustainability options should be fully considered. For example, it was suggested that, if a single storey building was provided, there would be no lift maintenance costs. It therefore was suggested that the design process should properly assess the impact of such options.

The Director of Adult Social Care and Safeguarding noted that a priority for adult social care was supporting people who were at vulnerable points in their lives. This needed to be done in a way that was affordable to the Council and incorporated the best elements of good design.

Alistair Jackson, Chief Executive of the Leicester Quaker Housing Association (LQHA), addressed the Commission at the invitation of the Chair. He drew particular attention to Appendix B to the report, which set out anticipated staffing costs for a 30-bed intermediate care unit, expressing concern at the differences in staffing costs between what was proposed for the unit and what the LQHA understood was being proposed following fee negotiations. This was demonstrated in information tabled by Mr Jackson at the meeting, a copy of which is attached at the end of these minutes for information.

Mr Jackson then made the following comments:-

- Although the LQHA provided residential care, a significant number of residents went there direct from hospital, so needed a level of intermediate care;
- The Council stated that a registered manager was needed at the facility, but the cost shown in the Council's report was a lot lower than the salary paid by LQHA;
- In the Council report, Care Assistants were to be paid more than the registered care manager in a care home funded by the Council;
- The fees proposals for providers were that, when a manager was not present, cover would be provided by someone paid £6.70 per hour. LQHA could not consider doing that as, in their view, it would mean that inadequate management cover was able to be provided; and
- LQHA was receiving fees that had been set two and a half years previously. Consequently, the Association had a shortfall of approximately £800 per week, which would fund two care assistants, and a total shortfall annually of approximately £50,000. This was causing problems financially and operationally for LQHA.

The Director of Adult Social Care and Safeguarding advised the Commission that an intermediate care unit was different to a residential setting, in that an intermediate care unit would be required to accept people for stays ranging in length from a few days to up to six weeks. The unit also would have to respond to requests for admissions out of hours and with a two-hour turn-

around. The repeatedly changing resident group would require greater management capacity than a typical residential home. In addition, there would be a regular turnover of users at the intermediate care unit who had nutritional and hydration problems, as well as an on-site café, hence additional catering resource would be required.

In reply to a question from the Commission about partnership working with the NHS, the Director of Adult Social Care and Safeguarding explained that the provision of intermediate care by social care services were part of a coordinated continuum of services. Officers had explored the possibility of bringing some bed bases together, but consideration had to be given to issues such as the physical environment required for a NHS facility, I, so this sort of joint facility was not considered to be the best environment for people who were closer to being independent enough to go home.

However, current and proposed facilities had been developed with partner services. For example, therapy services had had an input in to current provision at Brookside Court. The aim was to provide a very good, “homely”, environment through co-operative working with NHS partners and this had been very successful in enabling people to return to their homes and live there, (including with some support where needed).

It was suggested that it could be useful for the Commission to receive plans for the development, before it progressed too far, to enable Members to review the scheme. This would provide reassurance that matters such as whether the unit was of an appropriate size and potential issues such as how problem patients would be dealt with had been considered.

The Commission asked what services would be provided at the new unit. In response, the Director of Adult Social Care and Safeguarding explained that the Council already had a successful model at Brookside Court. This facility would close when the new one opened, but the model would be used for the new facility and expanded. Members were welcome to visit Brookside Court to see these facilities for themselves.

In response to further questions, the Director of Adult Social Care and Safeguarding advised that a decision to close Brookside had been included in the decisions regarding the Council’s elderly persons homes and was hoped that a capital receipt could be achieved.

The Commission expressed disappointment that information on the intermediate care unit had not been provided earlier in the decision-making process. In addition, concern was expressed that a decision on how to proceed with this facility was scheduled to be taken the day after the proposals were scrutinised, as this did not give time for consideration to be given to any challenges to the proposals made during the scrutiny process.

**RESOLVED:**

- 1) That it be noted that a decision on the provision of intermediate care and short term residential beds facilities is



scheduled to be taken by the Assistant Mayor (Adult Social Care) on 27 June 2014;

- 2) That the Assistant Mayor (Adult Social Care) be asked to note the Commission's concerns about the timing of the scrutiny of the proposals in relation to the proposed date on which a decision is scheduled to be taken on these proposals;
- 3) That the Director of Adult Social Care and Safeguarding be asked to submit a report to the Commission providing information on:-
  - a) the plans for the new building to be used for intermediate care and short term residential beds, including the cost of the building across its whole life;
  - b) unless already included under a) above, sustainability options such as using a single storey building that does not need a lift; and
  - c) the way services would be delivered at the new facility, including how the behaviour of service users would be managed; and
- 4) That the Scrutiny Support Officer be asked to present a scoping document to the Commission for a review of the value-for-money of proposed staffing levels at the intermediate care and short term residential bed facility, this review to include the resolution of outstanding fee arrangements.

## **12. IMPLEMENTATION OF THE ADULT SOCIAL CARE COMMISSION**

The Assistant Mayor (Adult Social Care) submitted an update on the implementation of the Independent Adult Social Care Commission on Aging Well and an overview of its objectives. She explained that it had been more complicated than anticipated to establish the Commission, but a first meeting had now been arranged.

It was anticipated that the Commission would work to a programme of theme headings, but retain scope for other issues to be discussed. It also would help in the development of an Aging Well Strategy for the city.

Philip Parkinson, of Healthwatch, asked if there was scope in the membership of the Commission for Healthwatch to be involved. The Assistant Mayor explained that potential members had been invited from specific organisations and businesses, in order that they could give a specific input to the Commission, but she was willing to consider the request.

The Assistant Mayor advised the meeting that officers from adult social care services would be involved in supporting the work of the new Commission. They, and the Assistant Mayor, could report back to this Commission on a regular basis. It also was envisaged that, as the new Commission's work developed, it could want to hear evidence from all scrutiny commissions, (for example, through the Chairs).

In noting the work programme for the new Commission, it was suggested that meeting 4 should focus on isolation, as loneliness followed on from this.

RESOLVED:

- 1) That the Assistant Mayor (Adult Social Care) be asked to submit the notes of each meeting of the Independent Adult Social Care Commission on Aging Well to this Commission if possible; and
- 2) That the Assistant Mayor (Adult Social Care) be asked to provide further information, when available, on how the work of the Independent Adult Social Care Commission on Aging Well will link to the rest of the work of the Council.

### **13. CLOSURE OF DOUGLAS BADER DAY CENTRE - UPDATE**

The Director for Care Services and Commissioning (Adult Social Care) submitted a report providing an indicative timetable for the actions needed to support existing service users attending the Douglas Bader Day Centre to find alternative services before the Centre closed. The report also included a summary of the progress of individual service users moving to alternative provision.

The Adult Social Care Business Transition Manager advised the Commission that:-

- All 45 service users had now been allocated a worker, or had already moved on;
- 13 service users had found alternative provision that met their needs and so no longer attended the day centre;
- The general disposition of the remaining users was much better than previously, with enthusiasm being shown for new services; and
- Two users were considering having personal assistants to help them undertake activities, rather than link with specific services.

The Lead Commissioner (Mental Health/Learning) advised that:-

- Staff at the Centre were more positive now. Support for staff was being provided and they were seeking alternative employment opportunities. Work was underway to identify the skills of the staff involved;

- One person had found a new post internally and some were being considered to fill posts that would enable other staff to take voluntary redundancy;
- One person had found employment in a care home in the private sector; and
- Some members of staff would take redundancy.

The Commission noted that awareness of personal assistants was low and suggested that those opting to have them could be asked to use their experience to help others. For example, an article in Leicester Link could explain that training was offered to personal assistants and how having a personal assistant could add value to a person's life.

**RESOLVED:**

- 1) That the Director for Care Services and Commissioning (Adult Social Care) be asked to continue to provide an update at each meeting on progress with finding alternative services for users of the Douglas Bader Centre at each meeting of this Commission; and
- 2) That the Adult Social Care Business Transition Manager be asked to arrange for an article to be included in Leicester Link explaining the benefits of using personal assistants, this article to include the experiences of people who use personal assistants and information on the training available for personal assistants.

#### **14. WORK PROGRAMME**

It was noted that, at open sessions with representatives of voluntary and community groups held by the Health and Wellbeing Scrutiny Commission on 4 and 5 June, a group representing lesbian, gay, bisexual and transgender people had identified that health care for these groups could be problematic. Scrutiny of adult social care implications of this could be included in the work programme.

Other items to be included were the receipt of the notes of the meetings of the Independent Adult Social Care Commission on Aging Well, (minute 12, "Implementation of the Adult Social Care Commission", above referred) and progress with the development of an intermediate care facility, (minute 11, "Provision of Intermediate Care and Short Term Residential Beds Facilities", above referred).

**RESOLVED:**

- 1) That the work programme be received and noted;
- 2) That the Scrutiny Support Officer be asked to circulate notes

of the Health and Wellbeing Scrutiny Commission open sessions held on 4 and 5 June 2014 to the members of this Commission;

- 3) That consideration be given at the next meeting of this Commission to whether a review should be made of any aspects of issues identified about access to health care by lesbian, gay, bisexual and transgender people;
- 4) That regular receipt of the notes of the meetings of the Independent Adult Social Care Commission on Aging Well and progress with the development of an intermediate care facility be included in the work programme; and
- 5) That the Democratic Support Officer be requested to ask members of the Commission for suggestions of other matters that could be included in the work programme.

## **15. CLOSE OF MEETING**

The meeting closed at 7.34 pm