



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 14 NOVEMBER 2024 at 5:30 pm

P R E S E N T :

Councillor March (Chair)  
Councillor Cole (Vice Chair)

Councillor Joannou  
Councillor Kaur Saini

Councillor Sahu  
Councillor Singh Sangha

Councillor O'Neill  
Councillor Orton

In Attendance

In Attendance Deputy City Mayor, Councillor Russell – Social Care, Health and  
Community Safety Kash Bhayani – Healthwatch

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**82. WELCOME AND APOLOGIES FOR ABSENCE**

There were no apologies of absence.

**83. DECLARATIONS OF INTERESTS**

There were no declarations of interest.

**84. MINUTES OF THE PREVIOUS MEETING**

The Chair noted that the minutes from the previous meeting held on 29<sup>th</sup>  
August 2024 were included in the agenda pack and asked Members to confirm  
whether they were an accurate record.

AGREED:

It was agreed that the minutes for the meeting on 29<sup>th</sup> August  
2024 were a correct record.

**85. CHAIRS ANNOUNCEMENTS**

The Chair noted an update had been received from the Care Quality Commission (CQC). Ruth Lake, Director, Adult Social Care and Safeguarding confirmed that a notification had been received to start the next phase of the process and submit the required information return to CQC. Leicester City Council had been advised that the onsite inspection would take place within the next 6 months, with six to eight weeks' notice given of that date. A meeting with the senior leadership team and CQC would take place prior to inspectors arriving on site. Further updates will be given to the Scrutiny Commission.

The Chair further noted that a recent issue had taken place in which the Leicester City Councils phone lines went down.

Ruth Lake, Director of Adult Social Care and Safeguarding in response stated that the Council has a well-tested business continuity plan in place to manage these issues. The safeguarding line is one of the options when coming through on the Councils Automated Call Distribution System rather than a separate line. In the event that the telephone line goes down, three smartphones are in place and colleagues are immediately informed in the Communications and Media Team to circulate alternative numbers out on the Council's Public Facing information on the website, social media and internally to colleagues who may need to make contact Adult Social Care was able to ensure contact was possible throughout the significant IT outage that occurred in March this year.

The Chair asked Councillor Russell, Deputy City Mayor for Social Care, Health and Community Safety how the additional 600M in the budget for Adult Social Care for Local Authorities would impact Leicester City Council.

In response Cllr Russell stated that the increase was very welcomed, but still not enough. The detail of what the money will bring to the budget wont be available until the Christmas period. The National Insurance Increase and other elements were covered in the Main Council activities, however they are not covered in the contracted activities. Therefore the combination of the rise in National Insurance Contribution and the rise in Living Wage may take up a large percentage of that.

Laurence Jones, Strategic Director for Social Care and Education added that we as a Council would need to work through and there were also significant programmes to reduce the levels of growth, which would give some flexibility in which the Council were overdelivering in this year already. In terms of balancing the budget more widely, certain levers could be pulled. The Council would need to wait for the Settlement details and further communications on what it means in terms of social care.

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

The Monitoring Officer noted that none had been received.

## **87. PETITIONS**

The Monitoring Officer noted that none had been received.

## **88. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT**

The Director for Adult Social Care submitted a report providing the Commission with an overview of performance data analysed through the lens of ethnicity together with the key findings.

The Independent Chair of the Leicestershire and Rutland Safeguarding Adults Board gave an overview of the report. Key points noted:

- There was a joint board consisting of Leicester City, Leicestershire and Rutland. Leicester City had its own annual report and Leicestershire & Rutland produced an annual report. The strategic plan encompassed all three areas.
- The Chair was independently appointed and part of the role was to ensure safeguarding compliance within the partnership, whilst also providing an element of support.
- A subgroup cultivating the board, provided a further element, which was more localised to Leicester City. Leicestershire & Rutland had were updated on the subgroups work.
- The Care Act of 2014 had introduced three requirements which were being adhered to, these were:
  1. To have a Strategic plan
  2. To report annually to the public
  3. To review cases where serious incidents or deaths have occurred (with a particular focus on multi-agency communications.)
- Strategic priorities were set out and there were also annual business plan priorities which were dependent on local matters.
- There was a keen focus on the Mental Capacity Act.
- Everyday staffing compliance and daily issues such as abuse and neglect were also core priorities. It was noted that data on self-neglect was a problematic area, partly due to the breadth of scope.
- In the previous year, there were concerns of over representation for the white community with safeguarding concerns and enquiries. There was a need to ensure marginalisation didn't occur.
- Some of the work had been surrounding the high number of care home alerts and it was acknowledged that some communities tended not to use care homes.

In response to questions and comments from Members, it was noted that:

- Regarding public health data on suicide, the Case Review Group could examine whether failures had left the person exposed. Coroners would prioritise investigations into safeguarding. Suicide victims may or may not have interacted with social care.
- Two male suicide cases were reviewed by the subgroup, involving one Black individual and one White individual. The subgroup concluded that

both cases were reviewed consistently and in accordance with the same procedures. Significant work had been completed to ensure all communities had access to safeguarding services. This had possibly lead to an increase in referrals from ethnic groups who may not have made previous contact. It was also possible that data interrogation styles could also affect the statistical presentation. More work was required to delve into data and to investigate how best to meet the needs of all communities.

- It was recognised that professionals could feel uneasy about making safeguarding referrals. Groups wanting to raise awareness had access to resources such as the website short videos which could be used with organisations to raise awareness. The Making It Real organisation had produced a leaflet on recognising safeguarding issues which included contact points.

It was noted that a nuanced approach should be adopted for organisations ensuring that referrals were raised appropriately.

- In terms of benchmarking with other cities, the Safeguarding Return took review took place annually as part of the National Data Set. A subgroup could then analyse the data.
- Regarding promoting the Safeguarding campaign within the media, the National Safeguarding Week was to follow the next week. There would be training, learning events and radio interviews taking place.

#### AGREED:

1. That the Commission note the report.
2. Self-neglect would remain on the work programme.
3. The Leaflet produced by the Making It Real Organisation would be shared with Members of the Commission.

#### **89. UNDERSTANDING EQUITY IN ADULT SOCIAL CARE (A DEEP DIVE INTO RACE EQUITY)**

Councillor Russell, Deputy City Mayor for Social Care, Health and Community Safety introduced the item. She noted that the purpose of the report was to understand the data, to help the commission understand collectively what questions needed to be further explored and answered by analysing the data.

The Director of Adult Social Care and Safeguarding presented the report. It was noted that:

- The report used Quarter 2 data from last year in Adult Social Care to explore what data looks like through the lens of ethnicity to promote discussion and better understand why we see variation.
- White, Black and Dual Heritage working age adults were disproportionately more likely to be the subject of a contact. Asian working age adults are less likely to be the subject of a contact. This

reflects professional bias that may influence professionals that refer people to Adult Social Care, rather than bias in Council Staff.

- Adult Social Care assessments have emphasized the importance of reflection on practices. Whilst good, non-discriminatory practice ensures fairness, it could sometimes result in missed opportunities for early intervention, as some individuals present later in their care journey. Outcomes for those accessing short-term support are generally positive, reflecting effective staff practices and responsive services. However, for those requiring long-term support, particularly working-age adults with learning disabilities, individuals aged 55-65 with long-standing unhealthy lifestyles, or those involved in complex safeguarding situations, further analysis is needed.

In response to questions from Members, it was noted that:

- This exercise was conducted twice. First before the Census data was published and then repeated afterward to incorporate the most up to date public data. Quarter two data was used in the report because it represented the first full four quarters of data available after the Census information was received.
- This was the first time a deep dive had been done into the data, and the lens of ethnicity was chosen. Other key areas could be explored such as Gender and Life Expectancy.

Agreed:

1. Members note the report.
2. If data can be supplied to understand Race Equity for Looked After Children and their Care Experience.
3. An item on loneliness be added to the work programme.

## **90. SUPPORT FOR CARERS**

The Deputy City Mayor Deputy City Mayor - Social Care, Health, and Community Safety introduced the item, acknowledging the vital work of carers and the problematic area of carer identification.

The Director for Adult Social Care submitted a report on Support for Carers. It was noted that:

- The report provided an overview of some of the Commissioning and Social Care work undertaken.
- There was a commissioned Carer Support Service together with funding from central government with a scope to examine carer support.
- There had been around six hundred carer assessments, the numbers of which had steadily increased annually. As a result, there had been further access to information and guidance.

- There was a Commission of Carer Support Service which was ran by Age UK providing additional care such as respite support and personal assistants.
- Over the last three years, support had been provided to approximately three thousand carers which equated to around 12% of the identified carers within Leicester City. (There were separate figures for carers under the age of 18.)
- The Parents Support Service provided various help including information and guidance around carer benefits, accessing the Carer Passport and carer drop in sessions and peer support groups.
- The majority of carers supported by Age UK were female and tended to be in the higher age groups. It was acknowledged that carers of younger age might be less likely to seek support from Age UK.
- When first coming to the Carer Support Services, carers self-assessed their own confidence in being a carer and how well equipped they felt. This was then reassessed after three months with an outcome rate of 90-100% improvement.
- The Accelerating Reform Fund had been received from central government in January 2024. This could help families with contingency planning and matters such as carer aid for hospital discharge.
- The Leading Better Lives project had been effective in identifying carers.

In response to questions and comments from Members, it was noted that:

- At the close of the previous financial year, 26,000 unpaid carers had been identified in Leicester City. As of 1<sup>st</sup> October 2024 there were 11 people awaiting carer's assessments. Further work was still required to enable people to identify as carers and seek assistance.
- It could be problematic to register as a carer if you did not use the same GP Surgery as the person cared for. The Carer Passport would be useful for this situation.
- The Carers Support Service provided a 'voice' for carers. Significant work had taken place in developing the Carer Strategy. Further engagement work would continue.
- It was acknowledged that carers would not necessarily be paid and there was a wide network of unpaid carers to consider. Work was ongoing with contingency planning and with a promotion event in the voluntary sector and partners in Health scheduled.

AGREED:

The Commission noted the report

## **91. WORK PROGRAMME**

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with her and the senior governance officer.

**92. ANY OTHER URGENT BUSINESS**

With there being no further business, the meeting closed at 7.05pm.

