



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

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

P R E S E N T :

Councillor Cleaver - Vice Chair in the Chair

Councillor Chaplin  
Councillor Dr Chowdhury

Councillor Thalukdar

In Attendance

Councillor Dempster – Assistant City Mayor (Adult Social Care)  
Karen Chauhan – Chair of Healthwatch

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**31. APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillors Aldred and Newcombe.

**32. DECLARATIONS OF INTEREST**

Members were asked to declare any interests they had in the business on the agenda. No such declarations were made.

**33. MINUTES OF THE PREVIOUS MEETING**

AGREED:

that the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held 5 September 2017 be confirmed as a correct record.

**34. PROGRESS ON ACTIONS**

**End of Life Task Group Review**

The Scrutiny Policy Officer explained that he was investigating dates for further sessions for the End of Life Task Group Review, but it was possible that these

would be held on 15 and 29 November 2017 at 4.00pm.

**35. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

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

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

**37. ADULT SOCIAL CARE INTEGRATED PERFORMANCE REPORT 2017/18 QUARTER 1**

The Strategic Director submitted a report that brought together information on various dimensions of Adult Social Care (ASC) performance in the first quarter of 2017/18.

Councillor Dempster, Assistant City Mayor, Adult Social Care said that the report showed that performance was good, but it was important not to be complacent and to be aware that circumstances in adult social care could change very quickly. The Assistant City Mayor commended the staff for their hard work.

The Strategic Director, Adult Social Care stated that in some areas there was sustained improvement. There continued to be no further clarity from the Government regarding the proposed LHA cap that would fund and enable the development of supported accommodation, and without that clarity, the plans to provide that accommodation could fall two years behind schedule.

Continued pressure and growth in demand for social care arose from the increasing frailty of a growing population, and within adult social care, there was an increasing level of demand from those who already had a care and support package. The meeting also heard that Leicester had a higher number of working age adults who required adult social care than its comparators.

The Chair questioned whether, when work started on the supported living accommodation, it could be phased and heard that the council had agreed to provide 100 places but it would not be appropriate to build on a phased basis as this would impact on the economies of scale.

In response to a question about preventative work, the Strategic Director commented that most preventative work around those conditions that affected adults of working age, generally was within the remit of the Public Health and local health services i.e. in preventing ill health, supporting people to manage long terms conditions so as to minimise the impact on their general wellbeing and health. Adult Social Care itself was very limited in what it could do to prevent people of working age with long term conditions and major health needs to improve their health and minimise the impact and the need for future social care.

In relation to the ASC Strategic Priorities, the Strategic Director explained that one of the priorities related to supporting young people and their families in transition to adulthood. Work on transition had been delayed, but progress was now being made jointly with Children's Services and health partners on this priority. It was anticipated that there would be more detail on this in the Quarter 2 / Quarter 3 reports.

A Member referred to section 3.2.5 of the report which stated that 74.2% of enquiries had begun with 24 hours of the threshold decision being made and questioned what had happened to the remaining enquiries. The Director of ASC and Safeguarding explained that there could be a number of reasons for this, including an unwillingness to engage. Some of the enquiries might have been dealt with within 24-36 hours and all enquiries were actioned. The Strategic Director explained that there was no national or legal target for the department and that the 24 hour measure had been set by the department in order to get a feel of its performance. They could equally have set a measure of 48 hours.

It was noted that 44.7% of individuals had their safeguarding outcomes only partially met; this might have been because the individual had requested an outcome which would not have been possible to deliver. Karen Chauhan, Chair of Healthwatch requested more details on the outcomes that had only been partially met and the Director of ASC and Safeguarding confirmed that these details were available and were already produced for the Leicester Safeguarding Adults Board (LSAB).

In response to a query relating to the equalities implications, the Strategic Director offered to bring more information on specific protected characteristics should the Commission wish to look into these further.

A Member referred to Section 3.1 of the report which included details of the introduction of a new strategic priority, which made explicit the Council's commitment to keeping people safe and questioned whether this was a national priority. The Strategic Director responded that the priorities set were local as there were no national strategic priorities.

Members raised a concern relating to problems with the Council's Human Resources I.T. system and the Strategic Director explained that this was a new system but it was not working fully at the time of the completion of the Quarter 1 report. Some of the data, such as sickness recording was not available or reliable, but officers in HR were working with the supplier to address these problems and the department was assured that this information would be available in the second quarter.

A Member questioned whether there was a system in place with the Health Service to follow up on an individual who appeared to be making a recovery for example from an acute episode of mental health care, to track whether that recovery was sustained. The Strategic Director responded that there were requirements by GP practices to have a register of carers, for example, but

there was no national mandate for a 'tracking system' for those who had had acute episodes of mental health care and were discharged from clinical support. People did however have access at any time to their GP and that in their role the primary care clinicians offered that ongoing contact for people. At the request of Councillor Chaplin, it was agreed for the Commission to express concern to central government that funding cuts meant that health and care services could not be proactive in monitoring the wellbeing of individuals who did not receive statutory services.

Questions were raised around this issue, such as what would happen if the carer lived in a different local authority, or what might happen if someone experienced a recurrence of mental health problems several years after they appeared to have recovered. The Member asked whether some sort of tracking process could be put in place. The Strategic Director responded that with resources being so challenged, the priorities tended to focus on meeting immediate needs and while prevention was important primary care, Community and General Practitioners were themselves very pressured. Within current resources across health and social care there was no ability to set up an ongoing tracking service, other than people having access through their GP to services as and when they needed support.

A Member referred to Strategic Priority (SP) 4 to improve the offer to older people to support more of them to remain at home (as an alternative to residential care), and questioned what was being done to ensure their safety. The Strategic Director responded that Leicester, like other local authorities, received more reports of problems and safeguarding alerts relating to residents in care homes than from people in their own homes; though this was likely to do with the level of contact and monitoring that exists in and around care homes. An injury or incident for example in an individual's own home might not be identified or reported. Members also heard that there was a requirement for care homes and other regulated providers to report incidents to the local authority and the Care Quality Commission (CQC) and the Council worked to raise awareness of how to report concerns

The Strategic Director explained that more work was being done to raise awareness around the abuse that could occur within individual's homes, in families and around those who may be isolated. That abuse could occur in a number of different ways, for example though financial abuse; and low level abuse could be easily hidden. The service also relied on the community to report concerns of abuse and one of the priorities of the LSAB was to work with communities to raise awareness of this issue.

The Chair expressed a concern that the Council might lose funding as a result of changes around the Delayed Transfers of Care (DToC). Although Leicester's performance with DToC had been significantly better than the national performance, Leicester had been given a stretched target. The Council were very concerned that this target was unachievable but had had to submit a plan compliant to the target, as a non-compliant plan would not have been accepted. The Council would however be financially penalised if they did not achieve the plan as submitted. Members also expressed strong concerns at

this and noted that the Council received over £10m funding from the Better Care Fund which represented 10% of the ASC budget. There would be a very significant impact on the budget if the funding had been withdrawn and would likely impact on staff, may slow down assessment processes and slow down discharges from hospital. The Assistant City Mayor for Adult Social Care, directed criticism at the Government for forcing spending cuts on Local Government, adding that it was very difficult to plan for the future, where the Council had been under the potential threat of such a significant cut in funding.

The Chair stated that these concerns had been passed onto the relevant Executive Leads and letters would be sent to the Members of Parliament for Leicester. The Chair of Healthwatch added that they would also write to NHS England about this issue.

The Chair concluded the discussion, stating that very good work was taking place in the department and asked for this to be recorded in the minutes.

AGREED:

- 1) that it be recommended for the Adult Social Care Scrutiny Commission to express concern to central government that funding cuts meant that health and care services could not be proactive in monitoring the wellbeing of individuals who did not receive statutory services;
- 2) for the Chair of Adult Social Care Scrutiny Commission to write to the Chair of the Health and Wellbeing Scrutiny Commission to look into the issue.

**7.01 – 7.05. There was a brief adjournment; during which Councillor Thalukdar left the meeting.**

### **38. AUTISM UPDATE 2017**

The Strategic Director for Adult Social Care submitted a report that provided an update on the refreshed Leicester, Leicestershire and Rutland Autism Strategy Delivery Plan. The report was supplemented by a PowerPoint presentation; a copy of which is appended to these minutes. Dr Barrett and Dr Avinash Hiremath from the Leicestershire Partnership Trust (LPT) delivered the presentation after which Members raised comments and queries, which included the following:

- The Chair referred to the problem of obtaining a diagnosis for people with autism and the Asperger syndrome. Dr Barrett explained that it was difficult to obtain a diagnosis for adults; one of the problems was trying to get individuals 'through the door' for an assessment. A parent could also struggle for many years to get an assessment for their child, and it could then be very difficult to untangle several years of different issues. Dr Barrett said that they recognised that, at the moment, because of the financial challenges, they could not provide the level of support they would like. They were now however offering a speech and language and occupational

therapy service.

- A Member questioned whether the LPT Board had been asked to provide additional funding for the service. They had made a case to provide support for people with autism and although finances were limited, the Board had been responsive.
- A Member commented that she had met rough sleepers and homeless people with autism and there were few job opportunities for people who lived with this condition. She questioned whether the service could work with people in that community. The Strategic Director responded that there was a group of people who did not meet the requirements for an adult social care package; some of those had autism and were high functioning. He would like there to be more emphasis on employment training as some individuals entered the criminal justice system, which could be avoided if they were given opportunities for employment. Money had been secured from the European Social Fund for the Employment Hub to help specific groups of people, including people with autism.
- The Chair expressed a view that in the criminal justice system, the law looked at the crime first, rather than autism and there needed to be appropriate training of the professionals. The Strategic Director responded that the Leicester Safeguarding Adult's Board worked to raise the awareness of the Police and people within the criminal justice system; in his experience, people within the criminal justice system were tolerant.

Dr Barrett stated that there was an autism App and also an information pack that they gave out which contained an 'alert card' designed by the West Midlands Police. Dr Barrett offered to share the pack with the Chair. The Chair also made reference to a rap song about autism which had been performed by a family member and her friend. All proceeds from the song went to organisations that supported people living with autism.

The Chair drew the discussion to a close and thanked Dr Barrett, Dr Hiremath and officers for the presentation.

AGREED:

that the presentation be noted.

### **39. SURVEY OF ADULT CARERS IN ENGLAND 2016 / 17**

The Strategic Director, Adult Social Care submitted a report that considered the results of the Survey of Adult Carers in England (SACE) and the City Council's performance against the Adult Social Care Outcomes Framework (ASCOF) indicators derived from the survey. The report also gave a progress update on the work being done across Leicester, Leicestershire and Rutland to update the Carer's strategy.

The Strategic Director presented the report and stated that within the given indicators, Leicester was moving upwards in the ranking, though he felt that in

some of the areas, they were not moving up as much as they would like or against agreed local targets.

A Member referred to para 3.4.1. and expressed concerns at the extent to which a caring role was causing financial difficulties for carers. It was noted that 12.5% of carers who responded to the survey, reported that their caring role had caused 'a lot' of financial difficulty; this measure was within the top ten highest scores in England. The Member asked for this issue to be raised with the Executive.

It was noted that the survey was carried out every two years, and the Chair of Healthwatch questioned whether the five indicators that were measured, varied from survey to survey. The meeting heard that while there was some change, the indicators remained mostly stable.

A Member asked about respite for the carer from their responsibilities, and heard that respite was not necessarily about the carer getting away for a few days holiday. It could be about having a regular weekly half an hour break, something which Carers had said they greatly appreciated. Respite care might also be made available by enabling someone to go into residential care for a few days

AGREED:

that the report be noted.

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

It was noted that Councillor Chaplin had suggested items from the Procurement Plan for more detailed consideration. The Chair asked the Director for Adult Social Care and Commissioning to email Councillor Chaplin and the Chair to arrange a meeting to discuss the procurement plan further.

AGREED:

that the Chair and Councillor Chaplin meet with the Director for Adult Social Care and Commissioning to consider in more details, specific items from the Procurement Plan.

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

Members were invited to consider and comment on the work programme.

It was agreed that two further items should be added to the work programme for the December 2017 meeting:

1. Adult Social Care complaints annual report for 2016-17; and
2. A mid-term report on a four year Big Lottery funded project which was being delivered by Leicester Ageing Together.

It was further agreed that the item relating to the Extra Care Housing Allowance should be removed from the work programme for the time being. The Strategic Director would advise when it was appropriate to bring this back to the commission.

AGREED:

that the Adult Social Care Scrutiny Commission work programme be amended as detailed above.

#### **42. CLOSE OF MEETING**

The meeting closed at 8.12 pm



# Minute Item 38


## Autism Update 2017

Tom Elkington - Leicester City  
Council Commissioning Manager  
Dr Barrett / Dr Avinash Hiremath -  
Leicestershire Partnership Trust



### Purpose of the presentation

- To provide an overview of the diagnostic pathway
- Available support services
- Progress update on the LLR Autism Strategy and Self Assessment Framework
- Priorities for 2018/19
- Next Steps



### Dr Barrett – Leicestershire Partnership Trust


- Overview of:
- Diagnostic Pathway
- Post Diagnosis Support Services



### Autistic Spectrum Disorder Legislation and Guidance


National policies and statutory duties

- Think Autism (2014)**
  - Duty on public sector bodies to work in partnership to support people with an autistic spectrum condition
- Autism Act (2009)**
  - Strategic framework for supporting people with an autistic spectrum condition
- Statutory Guidance (2015)**
  - Clear requirements for Local Authorities & NHS partners on what must and what should be achieved




### Progress to date - What have we done?

- Leicester Leicestershire and Rutland Autism Partnership Board**
  - A board with members from across public and private sector services, carers, & adults with an Autistic Spectrum Disorder.
  - Creation of an LLR Autism Strategy 2014 to 2019
- Autism Carers group**
  - For carers of people with autism. Its feeds back carers concerns to the LLR Autism Board.
- Extended LLR Autism Board membership to include probation**
  - To ensure that there is representation from across education, the criminal Justice system, police, and the DWP.



### Progress to date - What have we done?

- Training E-learning**
  - Autism training commissioned by the LLR Autism group will offer a consistent message and autism awareness training.
- Autism Self-Assessment**
  - Self - Assessment set against Department of Health guidance co-ordinated by Local Authorities but included NHS and public sector partners.
- Autism Self Assessment framework (SAF)**
  - Leicester City Partners self assessed as being good in the following areas: Partnership work, Involving people, training, diagnostic pathway, Information sharing.



### Self Assessment – Actions to improve the following 3 Red Rated areas:

#### Post Diagnostic Support

- The TCP are looking at funding the development of a specialist Asperger's support service. A meeting to discuss is scheduled for the 30<sup>th</sup> of October 2017

#### Diagnosis waiting times

- £530,000 additional CCG investment into LPT assessment services to improve waiting times.

#### Data, intelligence and knowing locally how Autism effects people

- An Initial scoping meeting with Public health has been set up to discuss a city wide JSpNA to understand the local need.



### What are our priorities for 2018/19

#### Enhanced Governance

- To report to Learning Disability Partnership Board, to provide greater accountability

#### Post Diagnostic Support

- To support individuals and carers to understand what a diagnosis of autism will mean for them and how to manage this situation

#### Data Information & data quality

- Complete a JSpNA for Autism in Leicester City to Improve data accuracy and quality



### What are our priorities for 2018/19

#### Preparing for adult hood

- To help build skills for young adults to becoming independent.

#### Reasonable Adjustments

- Embedding the Equalities act and sharing information across services about our duty to people with autism under the equalities act.

#### Criminal justice system

- A flow of information has been provided to the Criminal Justice system and this partnership needs to be developed



### What's Next ?

#### LLR Autism Board

- Planned Training Audit 2018
- Completion of Completion of Strategy Delivery Action Plan
- National Autism Week
- Consultation and Engagement on Strategy 2019 to start in Q1 2018

