



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 28 AUGUST 2018 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)  
Councillor Joshi (Vice Chair)

Councillor Chaplin

Councillor Unsworth

In Attendance

Councillor Dempster, Assistant City Mayor – Adult Social Care and Wellbeing

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**15. APOLOGIES FOR ABSENCE**

Apologies were received from Councillor Aldred, and from Mr Michael Smith, Healthwatch (Standing Invitee).

**16. DECLARATIONS OF INTEREST**

Members were asked to declare any interest they may have in the business to be discussed on the agenda.

Clr Joshi declared an Other Disclosable Interest in that his wife was an employee of Leicester City Council in Adult Social Care.

In accordance with the Council's Code of Conduct, this interest was not considered so significant that it was likely to prejudice Councillor Joshi's judgement of the public interest. He therefore was not required to withdraw from the meeting during consideration of the item.

**17. MINUTES OF THE PREVIOUS MEETING**

AGREED:

that the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 19<sup>th</sup> June 2018 be confirmed as a correct record.

## **18. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

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

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

## **20. DELIVERING GOOD SOCIAL WORK PRACTICE**

The Strategic Director for Social Care and Education submitted a report which summarised the key findings from four key activities undertaken to explore social work practice, namely Healthy Workplace Survey, Employee Engagement Survey, My Time Peer Review and Annual Health Check. The Commission was asked to note the content of the report and comment on and endorse the progress made in improving the approach to social care practice within Adult Social Care (ASC), express its support to the continued progress and change in practice and culture that had occurred in ASC, and consider what further information could be provided which would assure the Commission that a positive change in social care practice continued to be embedded in adult social care services.

The Chair commended all employees in adult social care, and the challenging roles they undertook.

The Assistant Mayor noted that the report was about support for a range of staff. It was noted there were issues around money, but social care was down to the quality of staff, having the right supervision and support for staff, so they could work effectively for the residents of the city. Reports stated the section was going in the right direction, and were important for staff and the service.

A presentation was delivered on Social Care Practice (attached for information), and the following points were made:

- Findings showed how views and opinions on social care had changed over the last few years.
- Social work was challenging and emotional, and management visibility was paramount.

Councillor Chaplin joined the meeting at this point.

- Officers explained how an environment of trust, supervision time and team meetings had allowed staff to raise issues and concerns. Staff morale and confidence had increased over the past two years.
- Liquid Logic had been introduced a number of years ago, and processes that were initially difficult have improved over time. People had now got used to it, and it was considered better than the previous system, though more work could still be done to further streamline the system.

- Generic social work teams had now moved into a specialist team structure, which was better for staff and service users.
- The self-assessment pilot had allowed practitioners to work autonomously, and relationships to evolve with service users. Case file audits had been introduced.
- During the pilot, staff told managers that they were more engaged and implemented self-monitoring skills, felt more empowered and responsible. The pilot would now be rolled out in all service areas.
- Data on staff time was useful, to assure that people were doing what was expected of them, and staff had welcomed the change.
- Lots of positives had been gained from the My Time Peer Review with Nottingham City Council. Various things identified included LCC management supported workers, there were regular opportunities for supervision, reflective practice, positive risk taking and decision making, which gave a focus on moving forward with improved working. Areas to consider were how practitioners could develop further, and how lessons learned could be implemented into practice.

The Chair said it was clear a couple of years ago that staff needed to be given opportunities, and that the information presented at the meeting was very positive. The Strategic Director said it was important the Commission heard the information from staff, to talk about what practitioners do in social care was difficult to articulate, and credit should be given to the staff who had volunteered to come and speak about the impact they had on peoples' lives, which was the driver for most officers. He added it was important to hear staff say they were more confident, with the ability to challenge one another, and to feel they had done a good job.

- There were numerous different methods of support, both formal and informal, such as support from colleagues, divisional meetings, reflective practice where difficult cases and topics could be discussed, regular supervision, and the opportunity to approach the managers to discuss pressing urgent concerns. People were encouraged to reflect on their practice before they went home.
- It had been reported there was a lack of continued professional development for unqualified staff. The new Learning and Development Manager was developing support across the service, for example, an apprentice scheme for unqualified staff working in social work-type roles. There would be commitment for them to go to university, but a lot of training would be on site. Work would also continue with the corporate OD Team to look at leadership, with 360 Degree appraisal, and a bespoke development programme for leaders. The Chair invited the Learning and Development Manager to a future meeting of the Commission to discuss her work, and for a report to be brought back to the Commission in six months time.
- Comments following the Healthy Workplace Survey, of having no significant improvement of choice in what staff could decide to do in their work were from a specific team, i.e. the Contact and Response Team and was due to the nature of the work. Other teams had greater ability on the control of what they could do; more freedom and creativity.

- The focus was on trying to achieve a consistency in quality in how the service interacted with people, and staff would always be supported in the decision making. There used to be lots of complaints, for example, with regards to officers not getting back to people. The nature of complaints has shifted towards people not liking the outcome of decisions, for example eligibility. It was noted the frequency of complaints had reduced.
- Some areas would never be free of the demand for telephone services, but there was flexibility for those that manned the phones to undertake other roles.
- It was noted that whilst new managers would be expected to cover the full range of tasks, such as difficult HR conversations with staff, the Heads of Service or colleague managers would support a new manager as they made the transition from practitioner to management. A coaching programme for team leaders would be repeated, as people got a lot out of it and became confident team managers.
- Only a very small number of the people surveyed were bank staff, and information on this would be provided to the Commission Members.
- The combined department was new. Apprenticeships were a joint decision between management in discussion of temporary staff, and there would be 15 apprentices sponsored. An exercise on governance arrangements would be undertaken, and conversation would be held with children's colleagues to see if there were opportunities to develop practice.
- The levels of sickness had gone down substantially in the last year and were under target. Information on sickness levels would be provided at a future meeting. Managers worked on the assumption that if people were confident and supported in their job, it had a positive impact on their health and stress levels.

The Chair thanked everyone for their input, and asked that a message be delivered to staff to say the Commission was pleased with what they had heard at the meeting.

It was AGREED that:

1. The report be noted;
2. The Learning and Development Manager be invited to a future meeting of the Commission to discuss her work;
3. A report to be brought back to the Commission in six months time on professional development opportunities;
4. Information on the number of bank staff to be provided to the Commission Members;
5. Information on improved sickness levels to be provided at a future meeting;
6. A report on how social workers were supported to be provided at a future meeting.

## 21. STRENGTH AND ASSETS BASED APPROACH UPDATE

The Director for Adult Social Care and Safeguarding provided a verbal update on a strengths and asset based approach within social work practice.

The following points were made:

- Strengths based practice was a term used for building support within social care, and putting the person looking for support at the centre of social work, not just by focussing on their needs, but by really enabling them to identify the things they wanted to be different and to work up solutions about how they could achieve that.
- The practice focussed on an individual's strengths, which might be, families, communities, networks. The approach did not diminish Adult Social Care's statutory duties, nor did it take away things like eligibility for service provision. But it required Adult Social Care to get to those matters in a different way, to help people resolve their own situations, with Adult Social Care support as needed.
- The asset based approach was about how Adult Social Care helped people to make the best use of local assets, where they could use them to meet a need or desired outcome, for example, community services, informal networks. A pilot was run for about a year within the front door service, to test out what it meant for staff and customers in practice. Some of the key learning points were:
  - **Time** – staff spending more time with people in conversations aimed at finding sustainable solutions;
  - **Trust** – managers allowing staff to be more self-directing in how they help a customer achieve their outcomes;
  - **Sustainability** – solutions could take a little extra time to achieve but were sustainable for the longer term, meaning people were not coming back for support on a repeated basis;
  - **Confidence and satisfaction** – staff loved this way of working and customers found it beneficial;
  - **Training** – there were some extra skills that staff needed, for example in motivational interview techniques;
  - **Culture** – there was work still to do to support all staff to understand how they could adopt the strengths based practice;
  - **Assets** – people were able to use what was available but there was a limited amount of community capacity building resources within Leicester. Any solution to that was wider than Adult Social Care.
- Next steps – the Department would take the following three actions over the remainder of the financial year:
  - Defining strengths and asset based approaches to help staff understand the two.
  - Investment in training – developing a skills programme for staff to enable them to take a different approach to conversations with people who approach us for support and also with long-term clients;
  - Process – need to continually learn and develop processes, using customer outcome as a basis for forms.

- The Department hoped that the first three steps would support staff to work in a way the pilot identified was good for customers and good for the Department. A report on progress would be brought to a future meeting of the Commission.

The Chair queried that with continued government cuts, what would happen in a ward without buildings available and where would people go. It was explained that as part of the approach, things might take place in buildings, and it was acknowledged that it would vary in different areas. Assets could take the form of individuals, street level, families, connecting neighbours, as well as moving out to physical locations. Ensuring assets were available was a corporate issue and were being mapped along with health colleagues.

The Chair asked that the Department 'tapped into' gardening projects and allotments across the city, and to map the information. Also, that based on children going into local care homes, older persons should be encouraged to link up with the care homes.

The Strategic Director for Social Care and Education informed the meeting about the Mychoice directory, an online map for care and support products and services for people. It was described as being resource intensive, requiring input and keeping up to date. He explained there were dozens of schools across the city not in the control of the local authority, but could be approached and encouraged to connect to the service.

Members put forward that a report be compiled on the strength and asset based approach, and what made it a corporate concern. They suggested going to other authorities to see how they dealt with it and encapsulate it into a report to be taken to the Executive and then to OSC. They expressed concern that the Department would rely on small, intangible voluntary support, the issues around buildings availability, issues with schools, and the need for the Executive to look at the issue thoroughly.

Members added they would like to have more paper-based information in the future rather than verbal updates. It was unclear how this information differed to the report presented to a prior meeting. They asked how the approach would be monitored and evaluated, what mechanisms were in place to scrutinise and report positive outcomes.

The Director for Adult Social Care and Safeguarding explained that part of the work being undertaken was to see if the strengths and asset based approach was beneficial and sustainable, for example, by looking at repeat referrals. She clarified that there hadn't been a report at the previous Commission meeting, but a discussion about strengths and asset based approaches had been prompted by the Strategic Director's report on the ASC properties for 2018/19.

Members said there was no general parity of wealth, experience, education, or business to build on a material asset to benefit everyone, and that the procedure was also potentially an asset failure, and it was unlikely it could be provided equally across the city, as there were some patches of the city that

had less resources than others.

The Assistant Mayor for Adult Social Care and Health stated that resources had be placed in Adult Social Care to meet statutory requirements, to help those in dreadful circumstances. She added that what was trying to be achieved using the strength and assets based approach was to intervene before people got into crisis. Also, the model did not rely on building new buildings, but by using what was in existence in a better way. It was evolving in other parts of the country and there was no reason why it would not work here.

With regards to schools, many of them were collaborating with each other in the city, 60% of which were not academies or free schools. It was noted that if a tenth of primary schools wanted to be a part of the scheme, there would be a spread across the city, but again it would require a corporate approach.

In response to a question from the Chair, the Director for Adult Social Care and Safeguarding explained how the council already worked with partners in health across neighbourhoods. Work had already commenced to develop a local asset map, and by capturing information on the local community, working in a multi-disciplinary way, and by talking with partners on how to support individuals' positive outcomes could be achieved. An example given was small groups of people reaching out to each other, which would reduce isolation and improve mental health.

After discussion between Members it was suggested that a recommendation be made to the Executive. Having considered the approach, it was believed that the outcomes would be best achieved by a corporate approach, and would therefore ask the Assistant Mayor for Adult Social Care and Health to take a report to the Executive and feedback on the response to OSC.

The Chair thanked the officers for the update.

It was AGREED that:

1. The update be noted;
2. The Chair asked that the Department 'tapped into' gardening projects and allotments across the city, and to map the information;
3. A report be compiled on the approach of what made it a corporate concern, to go to the Executive, and feedback of the response to go to OSC.

## **22. CARERS STRATEGY: OUTCOME OF CONSULTATION AND EMERGING ACTION PLAN**

The Strategic Director for Social Care and Education submitted a report which provided the Adult Social Care Scrutiny Commission with an update on the outcome of the recent consultation exercise for the Carers' Strategy. The Scrutiny Commission was asked to note the report and provide any comments on the overarching consultation findings to the Strategic Director of Social Care and Education and/or the Lead Executive Member.

The report provided a summary of the findings of a public consultation exercise undertaken between 28 February 2018 and 22<sup>nd</sup> April 2018, on the draft Joint Leicester, Leicestershire and Rutland Carers Strategy 2018-2021 appended to the report.

The Lead Commissioner, Adult Social Care and Commissioning, provided the following information:

- There were 230 respondents, 62 of which lived within Leicester.
- Consultation was hosted by County Council, following which each authority was given its own data to analyse. Some themes identified during consultation were:
  - The draft strategy was well received by the majority of respondents who believed it reflected carers' issues, though more detail was needed.
  - People were a little unhappy on how health and social care worked with organisations.
  - More respite and services were needed.
  - Young carers in the city felt their needs were not recognised in the strategy.
  - Parent carers were underrepresented and their needs not understood.
  - Some of the language could be clearer.
- It was felt that the strategy itself could not be wholeheartedly accepted because of the number of young carers who felt their needs weren't reflected. Therefore, County had been informed the City could not sign off the strategy as yet to allow time for young carers' issues to be addressed.
- The next step would be to meet with young carers and to defer the launch of the strategy until further developed.

The Chair said there were significant concerns around young carers and how the strategy could be moved forward. She added it was something that should not be rushed into to avoid mistakes and ensure young carers were looked after.

The Vice-Chair asked that of the 230 responses received, what were the demographics; how many were carers and how many were service users. The Commission was informed that information was available and a breakdown by district and how people identified themselves, for example, carer, professional, would be provided to Members of the Scrutiny Commission by officers.

Further information was provided, as follows:

- Significant progress had been made through approaching Barnardos, to enable recognising carers in schools, helping under 18s with adulthood approaching, who wanted help with their future lives / to go to college / university, but wanted assurance that their parent / sibling would be looked after. It was recognised there was work to be done before a refreshed strategy could be signed off.



- Post-consultation the strategy would be revisited. Officers were confident that through a cohesive approach, the strategy would be delivered by the end of the year, to include young carer and parent carer issues raised.
- There were carers groups in the city supported by the council. Through new contracts, more peer group support would be introduced. Members suggested that communities should be advised on where to get funding to support community groups, for example, Health Lottery money, ward funding.
- Nothing had changed in the support to carers whilst the draft strategy was being updated. Whilst developing the strategy, carers should not have noticed any difference.
- Once the strategy was approved, there would be an increased focus on some of the comments, with increased support. There would be procurement of new services. Carers would be worked with using the strengths based approach. There would also be increased emphasis on recruiting volunteers.
- Through children's services' processes, carers needed to be able to fulfil their lives as children primarily, and not carers.
- If someone was identified as a carer, the council was under obligation to support them, and the strategy did not change that obligation to meet that need.
- There were some people across the service who met the threshold for support, but who continued to provide care themselves because they believed they had an obligation and duty to carry out care.
- There was no direct requirement for a person to tell a GP they were a carer. A piece of work looked at carer friendly GP practices to identify 'Carers Champions', people who would recognise when a carer presented at surgery, and this had seen an increase in the numbers of carers identified.
- It was confirmed that the services specifically for carers of people with mental health needs and learning disabilities from BAME backgrounds would still be in place.

The Chair noted there was a good support system for foster carers, and wondered if that group of people could offer respite care to carers in between fostering. It was noted that the Shared Lives services already offered short-term respite.

The Chair requested that the Commission receive an update when Adult Social Care had spoken with Barnardo's and amended the strategy.

The Chair also asked that an update report, including the Key Performance Indicators (KPIs) within the strategy and information on their success, be brought to a meeting of the Commission, six months after confirmation of the strategy.

The Chair discussed with Members of the Commission, and suggested that once the strategy had been amended, that Members of Children, Young People and Schools Scrutiny Commission be invited to attend a pre-meeting to be held prior to the next Adult Social Care Scrutiny Commission main meeting.

The Chair thanked the officer for the report.

It was AGREED that:

1. The update report be noted;
2. The Commission would receive an update after Adult Social Care had spoken with Barnardo's and amended the strategy following young and parent carer concerns;
3. An update report on the KPIs within the strategy and information on their success be brought to a meeting of the Commission six months after confirmation of the Strategy;
4. The update would be brought to a pre-meeting of the next main meeting, where Members of the Children, Young People and Schools Scrutiny Commission would be invited to attend.
5. A demographic breakdown of the 230 responders to be provided to the Commission Members.

### **23. OUTCOME OF VCS PHASE 1**

The Director for Adult Social Care and Commissioning provided a verbal update on recent consultation on three areas as part of Adult Social Care's requirement to find £790k from its VCS budget for 2018/19.

The following information was provided by the Assistant City Mayor for Adult Social Care and Wellbeing:

- Visual and Dual Sensory Impairment Support – currently Vista provide the service.
- The total contract value is £296,525, and the proposal was to reduce the budget to £188,129.
- For 2017/18 the contract value was reduced from £296,525 to £279,000 with agreement with Vista as they could not achieve the required contractual outputs due to lack of demand.
- The current contract was due to end on 31 March 2019. The proposal was to reduce the contract value and to fund only the statutory elements of the service.
- 244 people responded to the survey. 107 people (44%) disagreed with the proposal. 63 people (26%) agreed and 58 people (24%) did not know / not sure, and 16 people (6%) did not answer the question.
- The consultation proposed funding of £148,129, but as a result of feedback it was proposed to increase the funding to £188,129 (£40k increase). The additional £40k would cover the £35k for a specialist work for deafblind reablement and £5k for specialist equipment.
- Though the budget would be reduced, there would still be a significant service available.

Members noted that Vista was a long-established organisation. They asked that with the cutbacks recently, would Vista be able to deliver the services needed, were they going to be centrally located, or would someone go out to

see people individually. In response, it was noted that the contract with Vista had been in place for many years. With agreement the budget had been reduced from the previous financial year as not many people had used the service. As a statutory provision, it had been discussed in detail what was required. Vista would have a central point and outreach as part of the contract. It had been agreed the original proposed budget reduction was not sufficient and it had been agreed to increase from £144,129 pa to £188,129 pa to include reablement for deaf/blind users and monies for equipment. It was noted that other organisations would be able to apply for the contract.

The Strategic Director, Adult Social Care and Education informed the meeting that the decision had been reviewed, and the Assistant City Mayor for Adult Social Care and Wellbeing had made the decision to increase the proposed budget from £144,129 pa to £188,129 pa. The Chair added it was important that staff and the community were looked after, and to make it clear there were no consultations with a pre-set decision, but that results were analysed.

The Assistant City Mayor for Adult Social Care and Wellbeing, then provided an overview of the proposed changes to carers support services.

- There were current five contracts with three organisations (Carers Centre, Age UK, Ansaar). Consultation had been undertaken on the proposal to reduce funding from a total contract value of £252,562 to £154,063
- Current contracts were due to end on 31 March 2019, and it was a non-statutory service.
- The proposal was to reduce the five contracts to one from 1 April 2019.
- Three months consultation had taken place. Only 43 people responded, although there were several responses from The Carers Centre and feedback from meetings. 24 people (56%) did not agree with the proposal, whilst 19 people (44%) either agreed, weren't sure or did not answer.
- The main concern was about the level of demand on the services provided by the existing carers organisations and not be able to cope with a reduced contract value, which was contradictory to the monitoring information received from the existing organisations which showed some of the services were under-utilised.
- The new model was considered to be the most cost-effective way of providing support with the funding that was available, with no duplication of roles.
- The proposal supported the fact that the City was increasingly diverse and therefore having separate contracts for different demographic groups was no longer effective.

The Chair asked how could it be ensured that older people were not left socially isolated, and how would the needs of BME people be addressed by moving from five contracts to one. In response it was noted that the current five contracts did not reflect the reality of the diversity of the city, and it was preferable to have one contract that the carer could get access and support in one place. Also, the vast amount of carers initially presented themselves as such in a GP surgery, and a place to steer people to one place was required, and not dozens of organisations.

The Vice-Chair asked that if the contract was given to one organisation, that it be stipulated that BME groups be catered for. He added that £1.1 billion was left unclaimed by carers, and carers were not informed of carers allowance and support. He said he understood the reasoning of reducing the contract to one supplier, but wanted reassurance that whoever got the contract would take those concerns on board.

The Strategic Director, Adult Social Care and Education responded that with regards to access to benefits, it would not be expected of the contractor to be the main adviser of benefits and carers would be signposted to Welfare Benefits Advice.

It was suggested that the Commission put forward a recommendation to the City Mayor that the needs of the carers and appropriate information and guidance to be provided by Welfare Advice as a recommendation by the City Mayor, but did not need to be specific in the contract. Members were informed that they would no longer be able to go to Welfare Advice as the Team would be changing in the way it was working, and would only be working on high-level appeals work. Members in future would have to go to the external contractors as first port of call.

Members stated it would be an appropriate matter for training on Welfare Rights updates be organised as part of the Member Development Programme.

The Assistant City Mayor for Adult Social Care and Wellbeing, then provided an overview of the proposed changes to Lunch Clubs funded by Adult Social Care.

- The Council paid a subsidy of £139,719pa to 13 organisations.
- Most were inner city and BME / faith-based organisations.
- There was no rationale to the amounts paid or the organisations supported, and was a non-statutory service.
- The proposal to cease funding on a tapering basis over a three-year period, as it had been recognised that people were concerned – Year 1 by 25%, Year 2 by 50%, Year 3 by 75%, and Year 4 by 100%.
- Three months consultation took place between 9<sup>th</sup> April to 29<sup>th</sup> June 2018, and included one-to-one meetings with several of the providers and meetings with service users.
- There were 172 responses to the survey. Concerns were mainly focused around the likelihood of social isolation rather than the issue of older people not receiving a meal.
- A review of local groups for older people operating out of the council's libraries and community rooms showed there were alternative activities that people could go to.
- There are also likely to be many more facilities provided by non-funded community groups and religious organisations.
- Support will be given by Adult Social Care officers and VAL to develop sustainable plans with the clubs to become self-sufficient. The Director of Delivery, Communications and Political Governance will write to VAL asking them to assist the VCS with the development of plans.

Members queried what the funding was used for at lunch clubs, whether on wages or premises. They also raised concerns over the nutritional quality of the food, whether it was prepared in hygienic conditions and health and safety adhered to, and how it was monitored. It was explained that regulations under environmental health would be followed. It was noted however, that clubs could be inspired to provide a healthy option on their menus.

The Assistant City Mayor explained that there needed to be more of a shift to address isolation, and provide alternative places for people to meet other than lunch clubs.

An example was given by Members of how an allotment site in Western Ward had taught people about home grown produce and cooking. This in turn had evolved into a self-funded group of people, with a chef and premises to provide lunches. The Chair noted there was a lot of information across the city that could be shared.

The Chair thanked officers for the reports, and recommended that a full report on all the items discussed, with Equalities Impact Assessment attached be brought to the next meeting of the Commission.

It was AGREED that:

1. The update be noted;
2. Training on Welfare Rights updates be organised as part of the Member Development Programme;
3. A full report on all the items discussed, with Equalities Impact Assessment attached be brought to the next meeting of the Commission.

## **24. DISABILITY RELATED EXPENDITURE (DRE) CONSULTATION**

The Director for Adult Social Care and Safeguarding provided a verbal update on consultation undertaken.

It was noted that:

1. It was proposed to bring the standard allowance into line with what people actually spent on disability costs.
2. The consultation was still live online.
3. An Equalities Impact Assessment would be brought to a future meeting of the Commission.

In response to a question, Members were informed that changes did not affect the services that service users or their carers received.

The Chair noted that a full report and Equalities Impact Assessment would be brought to a future meeting of the Commission.

The Chair thanked the officer for the update.

It was AGREED that:

1. The update be noted;
2. A full report with the Equalities Impact Assessment attached be brought to a future meeting of the Commission.

**25. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME**

The Commission's Work programme was submitted and noted.

Task and finish group meetings on the Government's Adult Social Care Green Paper would be arranged ahead of publication.

**26. ANY OTHER URGENT BUSINESS**

- Under Member Development Training, the Scrutiny Skills training to include an item on forming recommendations.
- The Chair took the opportunity to thank Members for their involvement with the briefing on changes to advocacy services and reminded the Commission of the second briefing on Wednesday 12<sup>th</sup> September, and for attendance confirmation to be sent to the Scrutiny Policy Officer.

There being no other items of urgent business, the meeting closed at 9.05pm.