



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 19 MARCH 2019 at 5:30 pm

P R E S E N T:

Councillor Cleaver (Chair)

Councillor Aldred
Councillor Osman

Councillor Thalukdar
Councillor Unsworth

In Attendance

Councillor Dempster – Assistant City Mayor, Adult Social Care

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75. APOLOGIES FOR ABSENCE

Apologies were received from Councillors Chaplin and Joshi, Mr Michael Smith from Healthwatch, and Mr Stefan Douglas, Leicestershire Fire and Rescue Service.

76. DECLARATIONS OF INTEREST

No declarations of interest were made.

77. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held on 22nd January 2019 be confirmed as a correct record.

78. PETITIONS

The Monitoring Officer reported that no petitions had been received.

79. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

The Chair agreed to hear the agenda items out of order.

80. PREVENTION, FALLS, FIRE AND HOME SAFETY

The Strategic Director for Social Care and Education had invited the Clinical Commissioning Group, Age UK and Leicestershire Fire and Rescue Service to the meeting to speak about what they could do with regards to prevention, falls and home safety. Apologies were received from Age UK and the Fire Service. Information from the Fire Service is attached to the minutes for information.

Age UK had provided a statement prior to the meeting, in that they did not receive any funding for the type of work referred to and had no dedicated department or person to deliver the service. All staff received health advice on safety and other related training and so were in a position to offer advice and help where needed. It was further noted that up until recently Age UK hosted a falls clinic from a building in Melton Mowbray and had a UHL consultant on the Board whose specialism was falls and trips.

Mr Mark Pierce, Senior Strategy and Implementation Manager (CCG) was present and provided an overview of the system of care commissioned with Adult Social Care for those at risk, or who had previously had a number of falls. A falls prevention leaflet approved for use in the city is attached for information. The following information was provided:

- Older people fell for a wide variety of reasons. Services not immediately connected to falls prevention were just as important in support, and there were range of medical and non-medical interventions.
- The Local Authority had statutory responsibilities, for example, good state of pavements to prevent the infirm from falling.
- For patients who had a trip hazard, a range of services would be commissioned i.e. practical help at home for minor home adaptations, smoothing of services (removal of rugs, etc.) good lighting at night, assistive technology service, either stand alone or plug in, sensors to show a front door had been left open.
- There were over 5,000 types of devices – 2,500 people were using them.
- A home-based assessment for environmental checks was carried out for 1,800 people each year. Assessors would also check whether home care was needed.
- An integrated crisis response service, hosted by the Better Care Fund, had an average response time of 28 minutes, and was crucial in terms of keeping people at home and independent. A pendant alarm could be pressed and had a better response time than EMAS.
- Patients also fall due to poor balance or heart problems. All GPs were familiar with assessing patients. For those where an initial assessment was not clear, commissioned in the city was a falls specialist at Leicester General Hospital, and included services such as Occupational Health in one place to assess. Balance training for core strength was given, and community-based services, for example gyms, could provide extended periods of physiotherapy, to increase balance.

- Another group of patients in residential or nursing homes were of higher risk and had a tendency to fall more commonly given the degree of dependency. Further commissioned through LPT was a care team to assess high risk individuals – those who had fallen or were becoming infirm, prescribing equipment if needs be. Also, residential and nursing home staff were being trained to spot those at risk of having a fall.
- Recently invested through the Better Care Fund were replacement podiatrist approved flat soled slippers to reduce further incidents of falling.

The Chair thanked Mr Pierce for the information.

The Director of Adult Social Care and Safeguarding gave a brief update on actions taken by the Fire Service:

- Officers in the Fire Service were building relationships with vulnerable adults. Adult Social Care joined in with meetings with the Fire Service, who had a very well-established home safety checklist service, and would provide a home safety check on request.
- The vulnerable person role was for officers to try to understand, for example, those residents having small fires within the home environment, which may have been caused through other issues, for example, a wheelchair user could not manoeuvre a wheelchair through doorways quickly enough to reach a stove.
- There were clear lines of communication between ASC and the Fire Service. ASC were alerted and received referrals, which could then be followed up with the individual and families.
- There was lots of information available with regards to seeking support and guidance, for example, the GP practice to establish a cause that might require further investigation.

The following information was provided in response to Members' questions:

- The Care Act included a definition of vulnerability. 5,400 people were in receipt of a service from ASC as they met the definition, but vulnerability was wider ranging. Equipment was provided free of charge, and not means tested under that threshold.
- The Strategic Director for Social Care and Education sat on the Vulnerability Executive, which also covered domestic abuse.
- Equipment available included kettle cradles to help tilt kettles, grab sticks, hand rails, specially designed cutlery, for example, for people with arthritis.
- The Leicester Care Alarm was available to everyone in the city for a small fee (£3 per week if not paying for care), and was considered disability related expenditure, and taken into account as non-available income. The fee covered line rental and staff time. Anyone could have a community alarm and the threshold was low.
- Persons living with a carer would probably have different equipment provided, for example, ability to support someone in the shower to stand, as opposed to a seat in the shower for someone living alone.
- The Translation Service (or a competent member of staff) was used to

engage with people. Generally a close family member would not be used to communicate with the person as officers needed to know what the person was saying for themselves.

The Chair recommended that the comments be noted and that also the ASC service worked with the communications team to look into putting up prevention materials already existing on the council's website, in GPs surgeries and community centres as standard procedure. She also asked that the service look at a citywide campaign for older persons looking at prevention and what could be done, as prevention would result in savings for the service.

The Chair thanked officers for their contributions.

AGREED:

1. That the comments made be noted.
2. That ASC look into curating a citywide campaign on prevention awareness.
3. ASC and the Communications Team look into putting prevention materials already in circulation into GPs surgeries and community centres as standard procedure.

81. LEICESTER AGEING TOGETHER: PROGRESS, OUTCOME AND LEARNING UPDATE

The Strategic Director for Social Care and Education submitted a report for noting to the Commission which provided an update on the outcomes of the Leicester Ageing Together (LAT) programme.

Ruth Rigby, Programme Lead, LAT was present, and provided the following information:

- The lottery funded programme was coming to an end of its four-year programme.
- There was clear evidence that interventions had reduced social isolation and loneliness amongst people aged 50+ and had increased peoples' sense of wellbeing.
- Appendix 1 to the report provided a list of interventions, and a lot of activities continued to be led by members of the community independently of funding or only receiving small amounts.
- Community Connectors were working with the strengths already in communities and supporting them to develop their own solutions. It was reported that this could be extended if core funding for the Community Connectors could be secured. LAT has various bids for funding in progress.
- If funding for the Community Connectors is secured, then ASC could assist with the start-up funding for new groups, this is likely to be up to £100.00 per group.
- The use of Social Value arising from ASC contracts could also be offered , for example, free room hire, which were hugely valuable to some of the groups supported.
- LAT provided social contact and a 1:1 support befriending type service. It

was also looking at project called 'Give and Take' – volunteers working with individuals who required support. It was thought the mix of Community Connectors and Give and Take workers would hopefully provide a good fit for the statutory work colleagues were doing.

- Getting people to continue to learn as they aged linked well with community development work and gave people confidence and skills. There was currently no funding for learning, and LAT were looking for partners, for example, WEA, LASALs.

The Director for Adult Social Care and Commissioning expanded on work planned with the LAT programme. In contracts organisations were asked to put tenders forward to state what social value they provided. Having spoken to LAT it had been agreed with the Executive to use social value to look at a pilot area in July 2019 for a year working with community connectors. The Chair asked that other areas which showed extreme poverty, loneliness and isolation be looked at and not clustered together. It was reported that previous areas had been gained from Big Lottery, based on looking at the demographics and more deprived areas of the city, though acknowledgement was made to other areas of need. It was further noted that future funding alluded to conditions and might refer to geography. It was recognised there would be a limited number of Community Connectors across the city and was a matter of best use of resources. Members said there were a lot of wards that had had little input and perhaps knew nothing of the service, and there had been no impact in the west of the city. It was noted there were potentially a need in all of the outer city estates.

- Projects supported were set up in a way that they would have to continue on their own. £5million over the four years had gone to a range of other organisations who had been working to make them self-financing, for example, RVS was now funded through CCG.

The Chair said that LAT had done good work, and a lot of groups had been established because of LAT. She added Ward Councillors would be keen to work with LAT going forward.

Ruth Rigby was asked to relay congratulations from the Commission on the success of the work of LAT to team members.

AGREED:

1. That the report be noted.
2. Ruth Rigby pass on congratulations from the Commission to LAT team members on the success of their work.

82. UPDATE ON LEARNING DISABILITIES STRATEGY AND EMPLOYMENT OPPORTUNITIES

Tom Elkington, Business Change Commissioning Manager, delivered a presentation on the Joint Health and Social Care Learning Disability Strategy: Consultation Update (attached to the minutes for information).

The following points were highlighted:

- Consultation would run until 23rd April 2019.
- Consultation would take place at several venues across the city but it has not been possible to visit every ward. The Chair asked that consultation take place in all areas on rotation in different venues to gain maximum input.
- Access to public transport needed to be included in the strategy. It had been noted that people with walking aids were not always able to get on a bus and had been taken back as an action.
- Leicester did well with the number of people having a health check, but the point of a health check was an action plan, which was not happening across the board – there were inconsistent experiences of health services.
- Other events would also see colleagues speaking to Leicestershire Partnership trust and Leicester College to find out what they would like to see included in the strategy.
- Information on the consultation survey would be forwarded on to Ward Members with an explanation, to enable Members to relay the information to constituents.

The Assistant City Mayor, Adult Social Care and Wellbeing, thanked the officer for the presentation. She stated that as a member on the Learning Disabilities Board she had found it hugely beneficial, and that the Chair of the Board themselves had a learning disability. She suggested that every division in the city council could look to provide a job opportunity for a person with a learning disability, and that it could be looked at as part of the procurement process.

The Chair noted the comments made by the Assistant Mayor and put it to the Commission that a recommendation be made that council look at providing job opportunities for people with learning disabilities, and that it be put to the City Mayor as a business commitment.

The Chair thanked the officer and his method of presenting.

AGREED:

1. That the presentation and comments made be noted.
2. Details of the consultation would be sent to all Ward Councillors so that they could relay information to constituents.
3. That consultation events be held in rotation geographically to gain maximum input.
4. That all departments in the city council look to provide a job opportunity for someone with a learning disability, and it be put to the City Mayor as a business commitment.

83. INDEPENDENT LIVING SUPPORT (ILS) SUPPORTED HOUSING SERVICE: UPDATE

The Assistant City Mayor, Adult Social Care and Wellbeing wanted to bring to the Commission's attention that participants in the consultation had been

listened to, and that organisations across the city were negotiated with to try and reach the right decision for the residents of the city.

It had been necessary to deliver savings, and there had been some difficulties. The Assistant City Mayor gave thanks to the officers who had persevered with organisations and had managed to reach an agreement.

AGREED:

1. That the update be noted.

84. ADULT SOCIAL CARE ANNUAL OPERATING PLAN 2018/19: UPDATE

The Strategic Director for Social Care and Education, delivered a presentation on the Adult Social Care Annual Operating Plan for 2018/19 (attached for information).

The following additional points were made:

- Training on the Mental Capacity Act was being developed, and there had been significant improvement.
- Under safeguarding, providers, for example nursing homes, could report issues online, and had improved the flow in information coming into ASC.
- It was important that an individual had their views taken into account.
- Work was underway to make sure all staff and partners worked to the same competency framework.
- A Team Manager had moved into the post of Practice Implementation Lead.
- Shared Lives had been scoped in as an alternative to residential care.
- The use of Assistive Technology would be maximised, for example, a community alarm scheme, gas emissions readers.
- A new Accommodation Board had been established to oversee residential care. A review of fees had been undertaken successfully with the nursing home sector, with no legal challenge or dissent from homes.
- The Transitions Strategy launched on 6 March 2019 had good representation across the health and social care sector across the city.
- Good enough within resources – a number of things had been flagged and the QA system and audits demonstrated improvement.
- Savings for 19/20 had been delivered in 18/19, which would offset growth pressure which will manifest itself in 2021, and there would be no more savings to be made.
- The Enablement Service was critical to get people back on their feet and able to care for themselves.

The Chair thanked the Strategic Director for the presentation.

It was confirmed with the Chair that knowing that people might need ASC services, every financial assessment undertaken went through a screening service to determine individuals were getting all of the benefit they were entitled to.

The Chair said it was important that every member should know about safeguarding training. It was noted that safeguarding training was mandatory for staff in the department, and that specialist training was taken where necessary to work with distinct groups of people.

The Chair thanked the Assistant City Mayor, the Strategic Director and Directors for their work. She added that officers in the department worked incredibly hard and that a very strong message of support from the Scrutiny Commission be forwarded to officers.

AGREED:

1. That the information delivered in the presentation be noted.

85. OUTCOME OF TEST OF ASSURANCE - BRIEFING

The Strategic Director for Social Care and Education submitted a report for noting which summarised the process and outcome of the Local Authority Test of Assurance taken by the Local Government Association (LGA) in November 2018.

The Strategic Director reported that the test of assurance was taken following combined Director of Children's Services and Director of Adult Social Services roles to ensure that the post holder and department could meet requirements.

The following points highlighted in the report were:

- The combined departmental structure worked well.
- Statutory duties were met relating to the roles of the Director of Children's Services and the Director of Adult Social Care Services.
- Leadership and partnerships were operating well.
- Effective governance arrangements and delivery mechanisms were in place.
- Staff had a shared and common purpose.

The Chair asked that Members submit questions on the report to the Strategic Director for Social Care and Education, and a response to the questions would be circulated to Scrutiny Members.

AGREED:

1. That the report be noted.
2. Members submit questions they may wish to raise with the Strategic Director of Social Care and Education, and a response to any questions to be circulated to Scrutiny Members.

86. END OF LIFE CARE: EXECUTIVE RESPONSE TO SCRUTINY

The Strategic Director for Social Care and Education submitted a report for noting to the Scrutiny Commission which provided the Executive response to

the Commission's Task Group report presented at the meeting of the Commission on 16th October 2018.

The Chair stated she was pleased to see that the Executive had taken on board the recommendations in the report and had endorsed each one. She was also pleased to read that the service intended to conduct reviews in relation to End of Life and Independent Living, which provided opportunities to monitor the achievement of the recommendations.

The Chair asked that the service continue to work towards the recommendations endorsed as part of day-to-day functioning.

AGREED:

1. That the report be noted.
2. That the service continue to work towards the recommendation endorsed as part of day-to-day functioning.

87. ASC INTEGRATED PERFORMANCE REPORT - QUARTER 3, 2018/19

The Strategic Director for Social Care and Education submitted a report to the Commission for noting which brought together information on various dimensions of adult social care performance.

The report had been read by the Commission Members.

The Chair raised a question under 3.2.5 in the report, Keeping People Safe. She asked that the safeguarding procedure from initial concern being alerted to outcomes being met be explained, as the information did not provide enough information to be able to see where exactly cases were being dropped, and the percentage of concerns that hadn't been addressed.

The Assistant City Mayor for Adult Social Care said it was imperative that if a Member of Scrutiny raise a safeguarding issue it be addressed.

The Director of Adult Social Care and Safeguarding said the aim was to make a threshold decision quickly, but other information might need to be investigated. She added it was not always possible to complete a case within 24 hours, for example, the individual might be in hospital and it would not be appropriate to speak to them, but they would be safe.

Further work was required on Liquid Logic to complete. The process was being looked at to ensure when closing a safeguarding enquiry, other work might be continuing but the person would be safe.

The Chair thanked the Director for the explanation.

The Assistant City Mayor asked that training for Members on safeguarding and its impact be arranged as a priority. The Strategic Director for Social Care and Education reiterated the importance of Members being aware of children's

and adult's safeguarding.

The Chair acknowledged that Safeguarding training was provided as part of the Member Development Programme, and that Elected Members should attend.

The Chair congratulated staff on the successes in Quarter 3, in particular the quality of life score, which had hit its highest score. She added it was good to see the highest percentage of service users feeling they had control over their daily life.

The Chair recommended that complete, in-depth data on workforce management be brought to the Scrutiny Commission in the new Municipal Year.

AGREED:

1. That the report be noted.
2. Elected Members be encouraged to attend the Safeguarding training as part of the Member Development Programme.
3. In-depth data on workforce management be brought to the Scrutiny Commission in the new Municipal Year.

88. ADULT AND SOCIAL CARE SCRUTINY COMMISSION WORK PROGRAMME

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

89. ANY OTHER URGENT BUSINESS

The Strategic Director Social Care and Education, Director for Adult Social Care & Safeguarding, and Director for Adult Social Care & Commissioning gave thanks to the Chair for her challenge and thoughtfulness during her time as Chair.

It was also acknowledged that it was the last meeting for Megan Law, Scrutiny Policy Officer, and she was thanked for all of her work in support of the Commission and Chair.

The Assistant City Mayor gave thanks to the Commission Members, officers supporting the Commission, the Strategic Director, Directors, and all members of staff who have attended the meetings to present reports. She added her job had been made much easier by the fact they were truly brilliant officers, knowledgeable and competent, and such the city was lucky to have them.

There being no other items of urgent business, the meeting closed at 7.43pm.



LEICESTERSHIRE

FIRE and RESCUE SERVICE



Community Safety

Minute Item 80

protecting our communities

Our Community Educators

- Main responsibilities...
 - Deliver the school education programme to years 1 and 5
 - **Post Incident Response** to any serious or fatal fire
 - Where possible support stations in events / local initiatives
 - Primarily to work with the most vulnerable in the community
 - Deliver safety talks to local groups / personalised HFSCs in the home
 - **What do you class as vulnerable?**
- Have a range of skills
 - Languages
 - British Sign Language
 - Building construction
 - Fire behaviour
 - Breakaway training
 - De-escalation training
 - First aid trained
- Have external agency training
 - Stop smoking
 - Energy awareness
 - Cyber crime
 - Trading standards
 - Vista
 - Suicide awareness training

Home Safety Check

- A FREE personalised visit that takes place in the person's home
- Based on the contents of "Fire Safety in the Home" booklet:
 - How to prevent common fires around the home
 - To give reassurance on smoke alarms
 - What is a smoke alarm
 - How to test your smoke alarm
 - How to look after your alarm
 - Identify potential risks
 - Evacuation plan
 - Smoking
 - Candles
 - Cooking
 - Electrical safety
 - Planning an escape route
- Ability to refer on to partner agencies where needed
- Have the knowledge of what groups and activities are in the local area
- Now developing this visit to a "Safe, Secure and Well" check to include Warm Homes and Falls.



What we can do to help?

In cases of arson threat:

- Letter box jammers
- Window alarms



- Smoke alarms
- Specialist alarms for deaf people



- Carbon monoxide detectors
– Sponsored by Cadent gas
(National Grid)



protecting our communities

What we can do to help?



Refer to other agencies,
including using
First Contact +

Promote Emergency
SMS

www.emergencysms.org

emergencySMS SMS to the emergency services

Accessibility

[About emergencySMS](#) [Registering your phone](#) [Sending a text to 999](#) [Giving us feedback](#) [Questions and Answers](#)

Register your mobile phone now; don't wait until you need the emergencySMS service.

BSL Video – Welcome to the emergencySMS service(1min 47sec)

Please note: There is no sound on this video

Welcome to the emergencySMS

The emergencySMS service lets deaf, hard of hearing and speech-impaired people in the UK send an SMS text message to the UK 999 service where it will be passed to the police, ambulance, fire rescue, or coastguard.

Simply by sending an SMS message to 999 you can call for help and the emergency services will be able to reply to you.

You will need to register your mobile phone before using the emergencySMS service, click on the [Registering your phone](#) link above for more information.

Click [here](#) to download the emergencySMS leaflet.

REMEMBER: This is an emergency service and must only be used in an emergency as below.

When...

- Life is at risk;
- Crime/trouble is happening now;
- Someone is injured or threatened;
- Person committing crime is near;
- There is a fire or people trapped;
- You need an ambulance urgently;
- Someone is in trouble, or missing, at sea.



Latest news

[List all](#)

protecting our communities

How to refer to us:

<http://www.leics-fire.gov.uk/>

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FIRE and RESCUE SERVICE *protecting our communities*

Home Fire Safety Check

What is a home fire safety check?
This is a service which offers you advice in place at your home, lasting approximately 30 minutes. The responsibility of the homeowner. Smoke detectors should be checked and replaced if necessary. We will help you to determine your risk and what you can do to reduce it.

Who is eligible?
We can visit your home if you are aged 16 or over, please contact us if you are a homeowner or a tenant.

Why is it important?
If you have a home fire safety check, you will be able to identify any fire risks in your home and take steps to reduce them. This will help to prevent a fire starting and reduce the risk of injury or death.

How to book a home fire safety check
You can book a home fire safety check online or by phone. Please contact us if you are a homeowner or a tenant.

Leicestershire Fire and Rescue Service Secure Form

Welcome to the Leicestershire Fire and Rescue Service Secure Form, this service is provided free of charge to our end users by Egress Software Technologies on behalf of Leicestershire Fire and Rescue Service.

We have implemented this new data transfer portal to allow for the submission of potentially sensitive information from third parties and members of the public to their recipients within Leicestershire Fire and Rescue Service. Your connection is secured using HTTPS and any information that is submitted via this service is encrypted so that only the intended recipient may access it.

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Partner agency

Partner Agency Request

Assessment

Please answer the following series of questions based on the person/property where the home fire safety check will be conducted.

Is the client a single parent with dependent children? *

Please select one

Is the client or anyone living with the client aged over 75? *

Please select one

Does the client or anyone living with the client have hearing difficulties? *

Please select one

Does the client or anyone living with the client have difficulties with sight? *

Please select one

Does the client or anyone living with the client smoke more than 15 times per day? *

Please select one

Is the client or anyone with the client known to be a problem drinker or substance user? *

Please select one

Does the client suffer from a mental health condition? *

Please select one

Is the client or anyone living with the client on medication that causes drowsiness? *

Please select one

Is the client or anyone living with the client subject to a recent arson threat? *

Please select one

protecting our communities

Response times

- **P1**
 - Threat of arson / immediate threat to fire or harm to themselves
 - To make contact and visit within 24 hours
- **P2**
 - Hearing / Sight / history of fires
 - To make contact and visit within 5 working days
- **P3**
 - Dementia
 - Has a care package
 - Drinker / Substance user
 - Smoker
 - Limited mobility
 - To make contact and visit within 16 working days
- **P4**
 - Over 75
 - Lives alone
 - To make contact and visit within 30 working days

LFRS Risk Factor Questions					
Priority	Working Days	Risk Factor	Question on LFRS HFSC Online Request Form		Additional Bump-up Rules
			Partner Question	Public Question	
1	1	Imminent fire risk	Is the client or anyone living with the client subject to a recent arson threat?	n/a	No changes based on answers to these questions
2	5	Impaired hearing	Does the client or anyone living with the client have hearing difficulties?	Do you or anyone living with you have hearing difficulties?	No changes based on answers to these questions
2	5	Impaired sight	Does the client or anyone living with the client have difficulties with sight?	Do you or anyone living with you have difficulties with sight?	No changes based on answers to these questions
2	5	History/evidence of fires	Is there a history of fire setting or evidence of burn marks?	Has the property suffered from a fire recently?	No changes based on answers to these questions
3	16	Dementia/mental health	Does the client suffer from mental health condition?	Do you or anyone living with you have an issue with short term memory?	If three or more yes change to priority 2
3	16	Occupant has care package	Are they in receipt of a care package?	Are you in receipt of a care package?	If three or more yes change to priority 2
3	16	Problem drinker or substance user	Is the client or anyone living with the client known to be a problem drinker or substance user?	n/a	If three or more yes change to priority 2
3	16	Drowsiness from Medication	Is the client or anyone living with the client on medication that causes drowsiness?	Are you, or anyone living with you on medication that causes drowsiness?	If three or more yes change to priority 2
3	16	Heavy smoker	Does the client or anyone living with the client smoke more than 15 times a day excluding e-cigarettes?	Do you or anyone living with you smoke more than 15 times per day excluding e-cigarettes?	If three or more yes change to priority 2
3	16	Limited mobility	Is the client or anyone living with the client mainly confined to a bed or chair?	Are you or anyone who you live with confined to a bed or a chair?	If three or more yes change to priority 2
4	30	Age 75+	Is the client or anyone living with the client aged over 75?	Are you or anyone who you live with you aged over 75?	If two or more yes change to priority 3
4	30	Hoarder/exits obstructed	Is the client or anyone living with the client considered to be a hoarder?	Are any of the exits from your property obstructed by your belongings to the extent it delays you leaving the property?	If two or more yes change to priority 3
4	30	Lives alone	Does the client live alone?	Do you live alone?	If two or more yes change to priority 3
4	30	Single parent	Is the client a single parent with dependent children?	Are you a single parent to children under the age of 18?	If two or more yes change to priority 3
4	30	Solid fuel/portable heaters is primary heat source	Is the clients main source of heating either a solid fuel fire or portable heaters?	Is your main source of heating either a solid fuel fire or portable heaters?	If two or more yes change to priority 3
5	60	n/a	Priority 4 questions		If three or more yes change to priority 4

Hoarding Risk Assessment Matrix.



-
-
-
-



1



2



3



4



5



6



7



8



9

protecting our communities



General advice on detectors

- **Should be on every level**
- **There are a number of types of detectors**
 - Battery / Mains
 - 1 year battery / long life battery / mains battery back up
 - Smoke / Heat
 - Deaf alarms
 - Carbon Monoxide detectors
 - Log burners / boilers / open fires
- **Should be tested monthly**
- **They do need to be hoovered out**
- **Alarms will chirp if...**
 - The battery is flat
 - A sudden change in temperature
 - May have some contaminant in them

What “you” can do...

- Check that they have a smoke detector
- Ask if they know what it sounds like if it goes off
- What to do if it goes off
- Check that the deaf alarm is plugged in and turned on
- Check that sockets are not overloaded
- Do they have a telephone in the bedroom
- Are heaters too close to anything combustible
- Look at their exit route
- What do they do with Smoking material
- Keep ignition sources away from Oxygen
- Open fires
 - Ensure fire guards are in place
- Do they know what number to call if they need an emergency service?
- Make individual aware of emergency lines
 - Register with www.emergencysms.org
- Refer to First Contact – if in doubt refer again !
 - <http://www.firstcontactplus.org.uk/>

Remember...its not just the elders !

- **Firecare**

- Free of charge service aimed at early Intervention for young people 3 – 17 years who set fires or play with fire. Anyone can refer via website or phone.

- **Fire Skills**

- Dependent on external funding, commissioned by schools, local councils etc. Approx (max) £1600 per course for up to 14 young people
- 30 hour experience (can be delivered very flexibly, over at least 5 days) consisting of basic fire-fighting drills such as hose-running and pitching ladders mixed in with “classroom” session on arson/ hoax calls/ first aid.

- **Fire Cadets**

- Weekly 2 hour after-school sessions open to all young people aged 13 – 17 years.
- Links into the new government-backed National Fire Cadets model, focusing on community action and volunteering.

Schools Education

- We make annual visits to all primary schools in LLR, targeting Years 1 and 5.

Preventing falls

Falls can have a serious effect on anyone, here are some basic steps you can take and some exercises to help you prevent them.



Anyone can have a fall, but older people are more vulnerable and likely to fall, especially if they have a long-term condition. Don't worry, there is lot of help available.

Do you:

Yes

- feel nervous about the possibility of falling?
- hold on to furniture as you move around?
- have dizziness or feel light-headed as you get up out of a chair or bed?
- feel more drowsy than usual?
- have difficulty walking or feel unsteady on your feet?
- find it harder to see or things look blurry?
- find it harder to hear what people are saying to you?
- take regular medication for a long-term condition including heart disease, dementia, diabetes, blood pressure or asthma? ...
- exercise less than twice a week?
- rush to, or need to go, to the toilet more often?
- feel confused even for a short while?

If you tick yes to one or more of these questions, then you might be at risk of falling and the information in this leaflet could help.

If you think you are at risk of having a fall, talk to your GP or pharmacist – many falls can be avoided with help

Top six ways to prevent falls



1. Look after your feet

- Make sure your shoes/slippers keep your foot firmly in place. Avoid narrow heels, open backs or worn soles.
- See a podiatrist if your feet are painful.



2. Stay well

- Eat a balanced diet, including foods rich in calcium (dairy products, foods fortified with added calcium, canned sardines and salmon, green leafy vegetables) and vitamin D (fatty fish like tuna, mackerel and salmon, foods with added vitamin D, cheese, egg yolks, beef liver) for healthy and strong bones.
- Avoid going for long periods between meals.
- Drink plenty of fluid: about six to eight glasses each day. This does not have to be water; tea, coffee, fruit juice, squash or even yoghurt or custard will help.
- Always take your medicines on time and as prescribed. Check if they have side effects like dizziness/light headedness or drowsiness. If you aren't sure, ask your pharmacist when you pick up your prescription.
- Be aware of changing weather conditions, especially if rain or freezing temperatures are forecast.



3. Look after your eyes

- Have your eyes tested regularly (every two years if under 70, annually thereafter) – it's free if you're over 65.
- Look after your glasses and clean them often.



4. Stay active, stay steady

- Be active – try to do 30 minutes of moderate activity every day. Moderate activity means you will be slightly out of breath.
- Try to avoid sitting for longer than 30 minutes at a time, keep doing little things every day, like the exercises in this leaflet.
- On two days per week try to do exercises to increase your strength (eg carrying shopping) and balance (eg dancing, Tai Chi).
- Continue with any exercises you have been advised to do.



5. Look after your home

- Replace worn floor coverings.
- Replace or remove rugs that have curled edges.
- Remove clutter and trailing cables and ensure your home is well lit.
- Replace low beds and chairs if you struggle to get up from them.
- Use non-slip mats in the bath/shower and anti-slip rug underlay. Have grab rails fitted next to the toilet and in the bath/shower.
- Keep items you often use in easy reach, so you don't have to climb to get them. NEVER stand on a chair to reach up to higher shelves. Have someone to help you if you're using a stepladder.
- Keep your home warm.
- If you have pets, be aware of them when moving about
- Keep garden paths clear and free from moss. Watch out for uneven paths and slippery surfaces. Hand rails or posts can be helpful.

6. Try not to rush

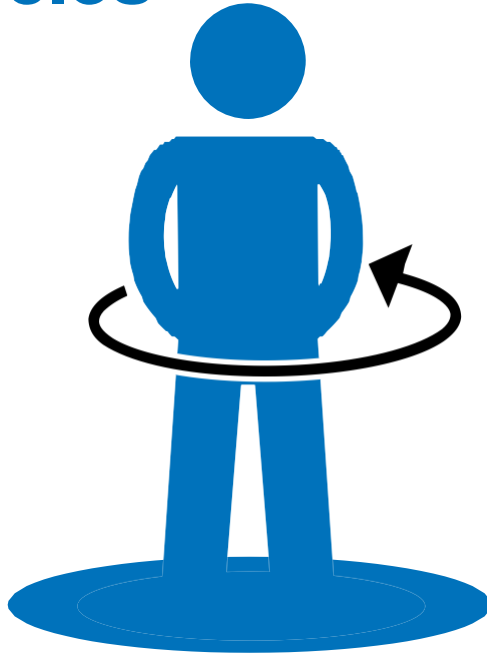
- If you find you are having to rush to the toilet, don't be embarrassed, this is not uncommon and can be improved. Talk to your doctor or nurse.
- Speak to your doctor about medications that have changed your bladder or bowel habits.
- Always leave a light on in the hallway or a night light when getting up to the toilet during the night.



Exercises you may find helpful

You may find it safer and more fun to have someone with you when you do these

Hip circles

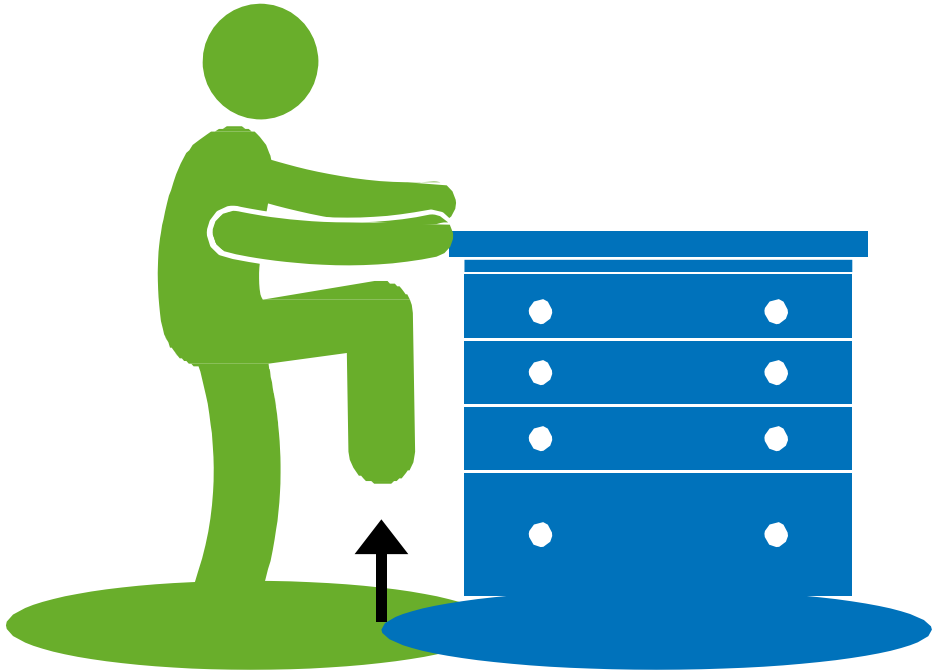


Standing with feet hip width apart, hands resting on a surface if required.

Slowly circle your hips 5 times in one direction, then 5 times in the opposite direction.

Whilst doing this, concentrate on your feet - you should feel your body weight shifting over different portions of your feet as you circle.

High knees



Standing with feet hip width apart, hands resting on a surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady.

Start movement at your ankle and pull your toes upwards then lift your whole leg up in front of you.

Bending at your hip and knee. Hold the leg up for 3 seconds, then slowly lower.

Make sure your heel hits the ground first and you maintain the hip width stance throughout.

Repeat 10 times each leg

Hip extension



Standing with feet hip width apart, hands resting on surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady.

Keeping your knees straight, move your straight leg backwards extending your hip (without pointing your toes).

Make sure you keep your back straight - do not lean forwards.

Repeat 10 times each leg.

Heel raises



Standing with feet hip width apart, hands resting on a surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady.

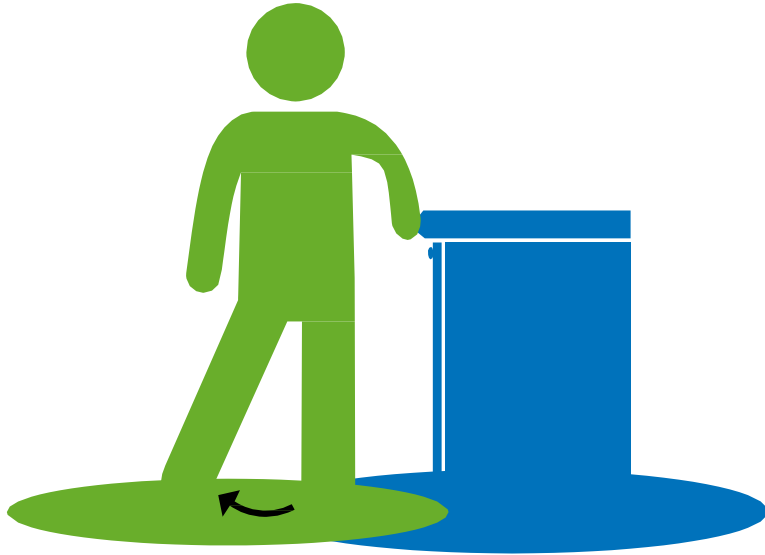
Slowly raise up onto your tip toes, pushing through feet not hands.

Hold for 3 seconds and gradually lower your heels back down.

Do not let your body rock backwards when you lower back to the floor.

Repeat 10 times each leg.

Hip abduction



Standing with feet hip width apart, hands resting on a surface if required. A kitchen worktop or chest of drawers is best, but if you use a chair, make sure it is steady. **Important: your toes must face forwards at all times during this exercise.**

If you imagine you are standing in the middle of a clock your toes need to be pointing towards 12 o'clock. Do not let them turn to face 2 o'clock or 10 o'clock.

If they do not face forwards you are not working the correct muscles. Keeping your knee straight and toes forwards, slowly lift one leg out to the side and hold for 2 - 3 seconds then return to the original position.

Make sure your body remains upright. Do not lean over to lift your leg higher.

Repeat 10 times each leg

Sit-to-stand



Sitting in a stable chair of adequate height (your hips and knees should be in line).

Come forwards in the seat, feet flat on the floor and lean forwards with your body.

Push down through your legs and stand up straight without using your arms to assist. Stand for a few seconds before slowly sitting back down.

To sit; stick your bottom out and sit down slowly again without using your arms for support. Do not drop down in to the chair.

Repeat 10 times each leg

What to do if you have a fall

FALL

Stay calm - take some deep breaths

Check for injuries – move your arms and legs

Can you try and get up?

Yes

Plan how you will get up

Take your time

Roll onto your side

Move on to your hands and knees

Use a firm chair or surface to help you stand up

Once standing, turn and sit down

No

Summon help

Personal alarm, phone, shout or bang something

Stay warm

If you can reach safely, pull a blanket, towel or the bed clothes over you to keep warm. Support your head with a cushion or rolled up item of clothing

Keep moving

Move limbs if possible to avoid stiffness and help with circulation

Stay dry

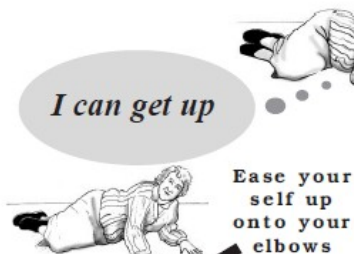
If you are able to, move away from any wet areas

INFORM YOUR GP

It is important to tackle the cause of your fall

I have had a fall

I can get up



Move onto your hands and knees



Facing the chair ease yourself to a standing position



Turn yourself gently and sit on a firm surface

Tell your G.P. or Health Professional about your fall

I can't get up



Can I attract attention?
•Shout and bang something
•Press your pendant alarm
•Use the telephone if you can



Can I get comfortable?
Find a near by •Pillow
•Cushion •Rolled up item of clothing to put under your head



Can I keep warm?
Cover yourself with clothing,
•Tablecloth
•Rug



Can I keep moving?
•Move position to avoid getting pressure sores
•Move joints to avoid stiffness and help circulation
•Roll away from a damp area if your bladder "Lets go"



Do you feel safe and secure?

- Would a lifeline or community alarm system help? Not all falls can be prevented, but if you do fall, wearing a pendant alarm will enable you to get help quickly



- Where do you feel off balance? – would a rail there help?
- Are your alarms/pull cords easy to reach when necessary?

For information about all of these, please contact Leicester City Council, Adult Social Care & Safeguarding Tel: 0116 454 1004 (Monday-Friday 8am-6pm)

<https://mysupportneeds.leicester.gov.uk/web/portal/pages/supportathome>

For further information visit **NHS choices**:
www.nhs.uk/conditions/Falls/Pages/Introduction.aspx

Do you need more advice?

If you are worried about falling or are concerned about a relative falling, talk to your GP or pharmacist or call the number listed below that covers the area where you or your relative live.

Leicester (city residents only)

0116 454 1004

Mon - Fri 8am - 6pm

Leicestershire

0116 305 0004

Monday - Thursday, 8.30am – 5pm

Friday, 8.30am - 4.30pm

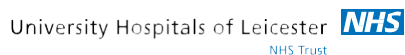
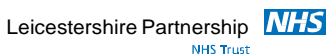
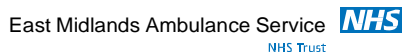
Rutland

01572 722 577

Monday, Wednesday, Thursday, 8.30am – 5.00pm

Tuesday, 9.00am – 5.00pm

Friday 8:30am – 4.30pm



Joint Health and Social Care Learning Disability Strategy: Consultation Update

Tom Elkington – Business Change
Commissioning Manager

Minute Item 82

Background

- The existing strategy ends on March 31st. 2019
- A new draft strategy has been co-produced with service users and other stakeholders
- It will run from 2019 to 2022
- Consultation is now open and will run until 23rd of April

What have we done so far?

- Sent out letters to all our contracted providers and to and posted 750 letters to people with a learning disability
- Held five open consultation meetings at across Leicester
- Attended the Leicestershire Partnership Trust 'Talk and Listen' service user group
- We have received over fifty online and postal survey responses.

Consultation Events

Venue	Number of sessions	Dates	Time	Locality
Town Hall Tea Room Town Hall Square Leicester LE1 9BG	X2	Thursday 28 February Friday 1 st March	10 am – 12 pm	City Centre
The BRITE Centre Main Hall Braunstone Ave Leicester LE3 1LE	X2	Wednesday 6 March & Thursday 7 March	10 am – 12 pm	West Locality
Leicester Quaker meeting house Library 16 Queens Road Leicester LE2 1WP	X2	Thursday 14 March & Friday 15 March	10.00am – 12.00pm 2.00pm – 4.00pm	South Locality
Peepul enterprise, Training Room 4 Orchardson Avenue Leicester LE4 6D#	X2	Tuesday 19 March & Thursday 21 March	10.30am – 12.30pm	East Locality
Voluntary Action Leicestershire Orange rooms Conference Room 3, Level 3 9 Newarke street Leicester LE1 5SN	X1	Wednesday 3 rd April	6.00pm – 8.00pm	Central



What have we found out?

- We need to include access to public transport in the strategy.
- Some people have health checks but not a Health Action Plan.
- Most people so far agree with our plans
- Having inconsistent experiences of health and social care services has been reflected in the responses.

Other events

- Health and Social care Professionals session
- Care Provider session
- Leicestershire Partnership trust talk and listen group
- Leicester College supported learning students

How to contribute

- Information and consultation survey can be found on the Leicester City Council consultation pages

<https://consultations.leicester.gov.uk/>

Any Questions

Annual Operating Plan 2018/19

Adult Social Care

Steven Forbes

Strategic Director, Social Care and Education

Minute Item 84



Leicester
City Council

Introduction to the AOP

- underpins delivery of our Strategic Priorities
- Builds on previous years progress
- delivery of 'change' not day to day business
 - process change
 - professional practice change
 - cultural change
- operationally focused – driven by Heads of Service

Strategic Priorities

- Carried forward 'as is' from 2017/18
- Six SPs:
 - 1) protecting from harm and abuse
 - 2) strength based, preventative - promoting wellbeing
 - 3) independent living – working age
 - 4) supporting remaining at home for older people
 - 5) improving transitions to adulthood
 - 6) improving customer experience

Progress at Q3 / Period Nine

- Mental Capacity Act (SP1) —
 - Staff guidance for completing Mental Capacity Assessments published in July 2018
 - Training relating to the Mental Capacity Act, based on feedback from managers, is being developed.
- Safeguarding (SP1) —
 - New on-line incident reporting form and process for providers developed and tested. Planned to go live by year-end.
 - MSP scoped into In-house safeguarding training. MSP recording on LiquidLogic improved.
 - Work underway through an LSAB task and finish group to update the Safeguarding Competency Framework.

Progress at Q3 / Period Nine

- Strength Based Practice (SP2) –
 - Fixed-term post of ‘Practice Implementation Lead’ established and appointed to.
 - Oversight Group established to drive and champion the shift to a strength based approach to practice
- Supported Housing (SP3) –
 - Commissioning Strategy for Independent and Supported Living drafted.
 - Strategy is supported by demand forecasting and delivery plan.
 - Shared Lives service now engaged in wider work around the ASC accommodation based support portfolio.
- Assistive Technology (SP3) –
 - Guide for ASC staff published in November 2018.
 - AT Co-ordinator appointed.
 - Work underway to establish AT Project Manager post to drive AT Strategy and operating model.

Progress at Q3 / Period Nine

- Residential Care (SP4) –
 - Accommodation Board established to oversee the strategic and operational ASC accommodation offer.
 - Comprehensive review of fees consulted on and implemented successfully
- Transitions (SP5) -
 - Joint Health, Social Care and Education Transitions Strategy and underpinning delivery plan subject to public consultation. Positive comments received with over 90% in support of proposed aims/ambition.
 - Strategy and delivery plan to be amended in response to consultation prior to sign-off by the City Mayor, and official launch of strategy at joint partnership event on 6th March.
- “Good enough within resources” (SP6) –
 - Evidence as to ‘what good looks like’ gathered from various agencies including SCIE, TEASC, ADASS, LGA, NICE, LG&SC Ombudsman, CQC and Healthwatch.
 - QA system and audits embedded – demonstrating improvement

Progress at Q3 / Period Nine

The “must do”:

- Spending Review 4 –
 - all agreed SR4 projects delivered for 19/20
 - totalling £4.5m
- Managing Demand –
 - At the end of Q3 2018/19 we had a 17.6% increase in requests for support from new clients compared to the same period in 2017/18.
 - Over the same period we had a 27.1% decrease in requests for support resulting in long-term packages of care.
 - We are forecasting that we will contain spend within agreed budget.

Planning Ahead

- Business planning events held with managers from ASC, Children's and Learning and Inclusion
- Developed a common purpose across the whole department
- Developing a Social Care and Education AOP for 2019/20

AOP themes for 2019/20

- Workforce
- Transitions
- Doing the basics consistently
- Partnership and Integration
- Finance and Income Generation
- Empowering and Enabling
- Practice quality and methodology
- Prevention and sustainability

