

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 2 DECEMBER 2021

TIME: 5:30 pm

PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

Councillor Joshi (Chair)

Councillor March (Vice-Chair)

Councillors Broadwell, Govind, Kaur Saini, Kitterick and Dr Moore

One unallocated Labour group place

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

For Monitoring Officer

Officer contacts:

Aqil Sarang (Democratic Support Officer),

Tel: 0116 454 5591, e-mail: aqil.sarang@leicester.gov.uk

Leicester City Council, Granby Wing, 3 Floor, CityHall, 115 Charles Street, Leicester, LE1 1FZ

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Aqil Sarang, Democratic Support on **(0116) 454 5591** or email aqil.sarang@leicester.gov.uk.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business to be discussed.

3. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 8)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on Thursday 7 October 2021 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any questions, representations or statements of case.

6. COVID 19 UPDATE

The Strategic Director for Social Care and Education will provide a verbal update on the current position.

Members of the Commission are recommended to note the update and pass any comments to the Strategic Director for Social Care and Education.

7. WINTER CARE PLAN - UPDATE

**Appendix B
(Pages 9 - 18)**

The Strategic Director for Social Care and Education will deliver a presentation providing Members of the Commission with information on the winter plan.

Members of the Commission are recommended to note the presentation and pass any comments to the Strategic Director for Social Care and Education.

8. LEARNING DISABILITIES PLAN UPDATE

Appendix C
(Pages 19 - 50)

The Strategic Director for Social Care and Education submits a report updating the Members of the Commission on the Learning Disabilities Plan.

Members of the Commission are recommended to note the report and pass any comments to the Strategic Director for Social Care and Education.

9. LEICESTER SAFEGUARDING ADULTS BOARD - ANNUAL REPORT

Appendix D
(Pages 51 - 70)

The Strategic Director for Social Care and Education submits the annual report on Leicester Safeguarding Adults Board.

Members of the Commission are recommended to note the report and pass any comments to the Strategic Director for Social Care and Education.

10. TASK GROUP REPORT - PROGRESS UPDATE

The Vice Chair of the Adult Social Care Scrutiny Commission will provide a progress update on the Task Group Report.

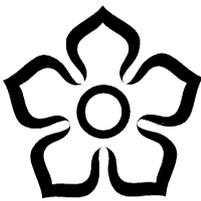
Members of the Commission are recommended to note the report and pass any comments to the Vice Chair of the Adult Social Care Scrutiny Commission.

11. WORK PROGRAMME

Appendix E
(Pages 71 - 74)

The current work programme for the Commission is attached. The Commission is asked to consider this and make comments and/or amendments as it considers necessary.

12. ANY OTHER URGENT BUSINESS



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Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 7 OCTOBER 2021 at 5:30 pm

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Broadwell
Councillor Kaur Saini

Councillor Kitterick
Councillor Dr Moore

* * * * *

26. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Govind.

27. DECLARATIONS OF INTEREST

The Chair noted that he had an ongoing declaration in which that his wife worked for the Reablement Team.

28. MINUTES OF THE PREVIOUS MEETING

The Chair noted that in terms of progress on actions recorded in the previous meeting, reports from Healthwatch Leicester and Leicestershire requested from Members had been circulated and the item had been added to the work programme to be considered early in the new year.

The item Domiciliary Care was an ongoing item on the Commissions work programme and was also included within the Task Group review. Additionally, the Carers Technology topic would be added to the work programme.

The Item on the Procurement Plan was on this evening's agenda for consideration by the Commission.

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission on 26 August 2021 be confirmed as a correct record.

29. PETITIONS

The Monitoring Officer noted that none had been received.

30. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received

31. COVID19 UPDATE

The Strategic Director for Social Care and Education provided the Commission with the latest updates.

It was noted that:

- The National Dashboard provided information on the infection rates and the number of positive cases in care homes.
- In the week commencing 25 September 2021 there were 18 positive cases, of which 11 were staff members and 7 residents. Most of these were associated with an outbreak in one care home and things were in place for providing the necessary support to the care home at concern.
- Positive cases in care homes had fallen, and Leicester was currently second lowest positive rate in the region. Over last couple weeks community infections had fallen incredibly one of the best regionally.

It was noted that there remained a significant burden to providers around testing and infection control in care homes and that the DHSC had been supplying additional funding for care providers on a formula basis to cover cost of associated activities.

Although the funding had been due to expire on 30 September, the scheme had at the last minute been extended until the end of March, though the Service were yet to be informed on what would be allocated. Estimates of what could be made available were based on previous rounds of funding. Additionally, guidance on what the funding could be spent on was also not yet available.

VACCINATIONS

Following a national public consultation, the Department for Health and Social Care had laid regulations for full mandatory vaccination for anyone that entered the care home environment in a professional capacity. The change in regulation affected some 500 council staff and the requirement comes into effect on 11 November 2021. It was the legal duty on care homes to check staff vaccination status and the CQC would monitor this as part of their inspections.

The NHS were maintaining a 12-week gap between the two doses, over 90% staff have had their first dose and 85% have had both doses. The department were working extremely closely with care homes to monitor the number of vaccinated staff and looking at any operational issues and contingency plans

that may need to be put in place. This would include working with staff who have not been vaccinated and looking at staff rotas and recruiting new staff where required. The department were concerned with a small number of staff but, Officers were hopeful that, come the deadline date there would be no disruption to the delivery of service.

It was also noted that the Government were considering mandatory vaccination to all staff who work within health and social care and Officers felt that it was likely that this would be announced in the near future. There had been some reports of staff resigning from care homes roles to go to work in the NHS, so this new plan could unravel more problems.

It was suggested that, there were a variety of people who the vaccines were not suitable for and information on clinical exemptions had not yet been published. The DHSC had published guidance for self-certification and they had now issued clinical guidance on whether staff were suitable for vaccines. Those staff who had self-certified would remain exempt until 24 December 2021 or until they had been reviewed by a clinician, whichever was sooner.

As part of the discussions it was noted that:

- Members of the Commission had concerns with the self-certification and its ambiguity.
- Hopeful that no one will need to be dismissed as a result of the new guidance.
- The service had an approach in place where staff would be redeployed when they are not willing to be vaccinated. Support was in place for staff and the service were hopeful these numbers would be small percentage of the workforce.
- Social care staff vaccination must be a positive and a good thing although some staff had worries and concerns.
- Confident that the introduction of mandatory vaccinations would not be a major factor in service delivery

Further into the discussions Members of the Commission suggested that the condition of the sector currently was unsurprising, and this was a result of disregard from central government towards Adult Social Care staff. It was suggested that the unfair treatment of care-workers over the years had played a part in workers leaving and finding alternative employment.

Members of the Commission welcomed the 95% of staff who had had their 1st dose and queried how the service compared to other authorities. It was suggested that, the vaccination rates were broadly lower than the national average and this impacts on the workforce but in comparison with neighbouring authorities the vaccination rates were similar.

Support was in place for staff for meeting target date and a very small number of staff members had refused the vaccination completely with fertility as the main issue. In general suspicion on the quickly produced vaccination and a lot of misinformation on Social Media also played its role in staff concerns. It was noted that the service had strategies in place to promote staff vaccination, and also to keep those that were exempt safe. There were a number of communications on the web page and provider forums had a constant stream of information that went out. Additionally, the service were facilitating clinical conversations with staff.

Following the query on impact planning from the Healthwatch Leicester representative, it was noted that the service were satisfied with the work that was being done during these challenging times and that the service were working with partners locally and beyond on impact analysis for care homes that could be affected with the potential of reduced staff or care home closures. Following the Chair's request for an update on the care homes on the red list, it was noted that, there were 11 care homes at the last meeting, the Head of Commissioning had worked with the care homes to bring this number down to 4 care homes on the red list and the department were working with every care home to bring this number down further by the deadline day. Contingency plans were in place should any care home not meet the requirements by the 11 November 2021 to ensure that the service delivery continued as usual. Officers were hopeful that no service will face major issues and arrangements were in place to ensure all care services were maintained.

AGREED:

- 1) That Officers be thanked for their update to the Commission;
- 2) That the Members of the Commission be requested to note the information provided; and
- 3) That the Covid 19 update remain on the agenda to keep Members of the Commission updated on the latest information in the area.

32. PROCUREMENT PLAN

The Head of Commissioning introduced the reordered procurement plan 21/23 adults and children's services.

It was noted that not all procurement is guaranteed, as there is a review process which could deem it unnecessary to go to market. The plan also showed the reviewed status of procurement activity, the status of contracts out for procurement and items at pre procurement stage which could be discussed further.

As part of the discussions Members thanked Officers for the new format and queried with officers whether Domestic Violence could be brought to Scrutiny. It was noted that Domestic Violence did not fit into the Strategic Director for

Social Care and Education's portfolio and it was a topic that went to the Neighbourhood Services Scrutiny Commission. Members suggested that they were happy if the Neighbourhoods Services Scrutiny covered the item but would add it to the Adult Social Care Scrutiny Commission's work programme if it was appropriate to be covered at this Commission.

Members of the Commission queried contract extensions and the impact of these contracts on the delivery of service. It was noted that in many cases the service were able to extend the duration of contracts within the terms of the original contracts, subject to them still meeting the needs of the people drawing on those services. It was further noted that there had been times where the service had to go beyond the terms of the contracts although this was in very few cases. Over the past 18 months there had been issues with the market's ability to respond to a tender.

Members suggested that the Commission should consider looking into Extra Care Development contracts at a future meeting. Members were aware and appreciated commercial confidentiality but suggested that these contracts could be considered in a private session and the Director for Adult Social Care and Commissioning welcomed a discussion with Members on Extra Care Developments in terms of future procurement and an early conversations with Members would be beneficial.

Members raised their concerns with the Vulnerable Passenger Transport Service contracts and whether this service would be better value for money if it was delivered inhouse rather than delivery through private companies. It was noted that there were currently in the region of 700-800 school children using this service delivered both by an inhouse fleet which supported the provision of transport for children and taxi providers as a last resort. Officers echoed their concerns on the price of the contracts and would also like this addressed with the procurement in process for change in approach where the service had moved to a dynamic purchasing system to drive up competition and in turn drives down the price. The Strategic Director for Social Care and Education noted that about 90% of the children using this service were attending one or other of the special needs schools and a regular update on this was provided at the Children, Young People and Education Scrutiny Commission.

Members of the Commission shared their concerns with the risk rating column on the plan and highlighted where there had been 13 instances where a commissioning review was in progress. Members queried how long the review process was and how it was managed. The Head of Commissioning noted that this was an 18-month process, leading time from the commencement of a review until the contract went live. This allowed for a thorough process and emphasised on co-production with those who receive the service. The Head of Commissioning's team dealt with the process, but it was noted that this process also overlapped with Children's Services.

It was suggested that this was the normal process to ensure no key aspects were missed and the service were delivered efficiently on the goals the team were commissioning. It was noted that there were dedicated Commissioning

and Procurement Teams. Risk factors were rated on things including price, volume, the vulnerability of people and the impact on the reputation of the Council.

AGREED:

- 1) That the Strategic Director for Social Care and Education be requested to provide an update to the Adult Social Care Scrutiny Commission on the Transport of Vulnerable Persons when further progress is made following the commissioning review;
- 2) That the item on Domestic Violence be considered jointly with the Neighbourhood Services Scrutiny Commission;
- 3) That the Strategic Director for Social Care and Education be requested to submit a report to the Adult Social Care Scrutiny Commission on the Liberty Protection Safeguarding – under Adult Social Care once further clarity and guidance is received from the Department of Health & Social Care and that this also include the associated Advocacy contracts;
- 4) That the Strategic Director for Social Care and Education be requested to further update Members of the Commission on Extra Care Development – under Adult Social Care following the Commissioning review;
- 5) That the item on Domiciliary Support – under Adult Social Care, to be considered as part of ongoing task group work into care costs packages review; and
- 6) That the Strategic Director for Social Care and Education be requested to provide a future report updating the Commission on the Procurement Plan in 6 months.

33. 'COST OF CARE PACKAGES' TASK GROUP SCRUTINY REVIEW

The Vice Chair of the Adult Social Care Scrutiny Commission provided a brief update on the Scrutiny review.

It was noted that:

- Most meetings have been taken place
- Thanked officers for support
- Triangulate work
- Hopefully conclude it the new year.

Members of the Commission noted that following this review the information that is derived should be uploaded onto a platform where it can be accessed by those involved.

Members were focussing on the change in cost of care packages in the year and looking at smaller patterns of why these changes happen to the cost of care. Members were considering whether the care that people were receiving had led to deterioration in health and Members were interested in investigating

this information further and using different techniques to tackle issues that arise.

Interesting to take a sample of cost varied to care packages. There was a suggestion that some providers might seek to come in low then push the price up. The Strategic Director for Social Care and Education noted that the rate in homecare packages were at a fixed rate and social workers decide the level of care for the individual drawing on care services. It was suggested that there could be scope for providers to seek to increase the size of packages (and hence bring more work in) by coaching clients to extend care packages as this was a practice in other sectors which could also benefit this sector.

The Deputy City Mayor for Social Care and Anti-Poverty noted that the recommendations of the Review were anticipated.

AGREED:

That the Commission be kept updated.

34. AFGHAN RESETTLEMENT IN LEICESTER

The Strategic Director for Social Care and Education noted that Leicester was one of the cities where refugees were being placed whilst permanent homes were being sought after. It was Important to note that the Afghans coming to Leicester had full rights of residence and they can choose to move elsewhere in the UK and some individuals had chosen to move out of Leicester. It was also noted that the new arrivals often had remarkably good level of English as they have worked with British personnel in Afghanistan.

One of the hotels in the city was being used to house a number of people funded by the Home Office with support in place. It was noted that to date, there were no calls on Adult Social Care support.

The Service were liaising closely with the NHS and GPs but at present no support had been required from Adult Social Care. It was noted as a positive that health services in Leicester are designed and used to working with people from different communities. It was noted that additional needs may arise in the future and service were monitoring closely and should the service be required the service will be made available.

Members of the Commission were proud that the city has been able to build a longer table rather than a higher wall.

AGREED:

- 1) That the Officers be thanked for their update and be requested to keep the Commission informed on any progress; and
- 2) That the Strategic Director for Social Care and Education be requested to keep Members informed of any progress, and that broader consideration be given to refugees and asylum seekers in the city, in relation to adult social care impacts.

35. WORK PROGRAMME

Members of the Commission were requested to pass any suggested items for consideration on the work programme to the Scrutiny Policy Officer.

36. ANY OTHER URGENT BUSINESS

Members of the Commission were reminded that the next meeting was scheduled for 2 December 2021.

There being no items of urgent business, the meeting closed at 7:03pm

ASC Scrutiny Commission

2nd December 2021

Adult Social Care and Winter
Planning



Context

- Annual process of preparation for winter
- Contribution to wider winter plans
- Delivering differently – building on priorities and approaches ‘post’ Covid-19
- Winter is a 12 month phenomenon!
- Heightened risks = harder to mitigate in full

DHSC Framework

- ASC Covid-19 Winter Plan 2021 – 2022
- [Adult social care: COVID-19 winter plan 2021 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/97222/adult-social-care-covid-19-winter-plan-2021-to-2022.pdf)
- National support offer
- No requirement to submit a plan
- Local Authority wide actions
- ASC reflected in local health system Winter Plan (formal submission) at local discretion

Infection Prevention and Control

Plan Expectation	Local Delivery / Assurance
PPE – Portal / free PPE	Regular contact with providers Internal 'back up' for emergencies Work with PAs
Testing – Support and compliance	Close relationship with providers Track compliance through data Internal requirement for ASC staff PH role in data analysis
Vaccination – Support and compliance	Work to support care homes Track compliance through data – Capacity Tracker Internal staff approach Successful management pre- 11 Nov Planning for extended mandate

Collaboration across health and care

Plan Expectation	Local Delivery / Assurance
Preventing avoidable admissions	Better Care Fund Urgent Community Response Enhanced Health in Care Homes Care provider support
Technology and Digital	System work on interoperability Use of (appropriate) virtual and online platforms Digital inclusion
Safe Discharge	Responsive ASC offer inc Reablement / ICRS Support to care market Partnership via Home First Designated settings
End of Life	City EOL pilot for LLR

Supporting people who provide care

Plan Expectation	Local Delivery / Assurance
Unpaid carers and respite	Enhanced funding for carers Flexible use of Direct Payments Maintaining access to services inc day services
Workforce Wellbeing	Range of support offers – internal / LLR Staff surveys on wellbeing Maximising flexibility and connectivity
Workforce Capacity	Constant challenge – agreed support from HR for internal staff Drawing in NHS / BCF funding Reducing bureaucracy to maximise capacity Workforce planning with providers, BCPs; Workforce grant
Professional Leadership	Role of DASS / PSW and others to ensure legal, ethical and safeguarding compliance

Supporting the System

Plan Expectation	Local Delivery / Assurance
Funding	Ensuring the best use of Infection and Workforce funding to support providers
Market / provider Sustainability	Relationship with providers inc active practical support Demand analysis and planning Contingency planning (tested) Understanding costs, making use of infection prevention control fund and workforce grant
National and Regional links	Strong regional networks with active involvement / leadership from LCC officers Use of ADASS voice Representation of ASC voice on NHS forums

Challenges (Winter plus...)

- The impact of Covid on providers = permanently increasing costs vs temporary extra funding + reduced occupancy
- Demand at front door / hospital discharge is leading to a growing backlog in reviews and less urgent assessments, impacting on people's quality of life and potentially allowing need to grow
- The scale of the changes to ASC set out in the government's reform programme (LPS, care cap, changes in financial thresholds, fair cost of care) will require capacity to plan, train and redesign, when capacity is already stretched



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Key Risks to a Safe Winter

- Acute hospital demand and consequences
- Workforce and capacity constraints
- Multiplying factors (acuity plus demand plus pace plus capacity gaps)
- Weather events
- Extended vaccine mandate for health and care staff
- Exhaustion and burn out



Leicester
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‘The Big Plan’

Learning Disability Strategy Annual Report

Adult Social Care Scrutiny Commission

02/12/2021

Lead director: Cllr Russell

Useful information

- Ward(s) affected: All
- Report author: Tom Elkington
- Author contact details: tom.elkington@leicester.gov.uk
- Report version number: V3

1. Summary

- 1.1. The purpose of this report is to provide the ASC scrutiny commission with a progress update on steps taken to embed the joint health and social care strategy for learning disability, also known as the 'The Big Plan'.
- 1.2. The 'Joint Health and Social Care Learning Disability strategy 2020 – 2023' was presented at a partnership event, hosted by Leicester City Council and Active Leicester, which provided the platform to launch the strategy in February 2020.
- 1.3. Part of the commitments in the strategy were to provide yearly reports highlighting successes, areas that still need development, and the priority areas for the following year. This report includes the presentation of the 'Big Plan Annual Report' see (appendix 1)
- 1.4. This report has been produced to inform the scrutiny commission of the achievements and challenges since the strategy launch in February 2020, and an easy read version (appendix 1), is included to ensure it is accessible to all people including those with learning disabilities, is included.
- 1.5. This report is in line with our strategic commitments within 'The Big Plan', which details the strategic aims for Leicester City's health and social care services to improve the offer for people with a learning disability.
- 1.6. The original plan for implementing the strategy was to have three strategic and operational partnership task and finish groups to look at specific objectives in the following areas.
 - Reasonable Adjustments
 - Equal and Equitable Health
 - Practitioner Development
- 1.7. However, the COVID -19 pandemic started to become a clear risk to the country, and to service delivery, in the weeks immediately after the launch, leading to a complete change to the way services worked.
- 1.8. 'The Big Plan' Annual report provides information and details outlining:
 - How key strategy deliverables such as Transforming Care Programme (TCP) and learning from lives and deaths of people with learning disabilities (LeDeR) were maintain.

- How the delivery approach was adapted to ensure the voice of experts by experience remain integral to the work delivered despite increased reliance on IT and internet-based solutions.
- What has been achieved from a social care perspective including both internal and external care and support service provisions.
- What has been achieved from a health provision perspective including support for people during the pandemic, and service improvements key to implementing the NHS 10-year plan.

2. Recommendations

2.1. Members are asked to note the report.

3. Supporting information:

- 3.1. Whilst the council have only recently adopted the Making it real framework (see appendix 2), the learning disability strategy used the ethos of this framework to understand what was needed in order to make our plan happen by 'making it real'.
- 3.2. Making it real has six core principles that puts local people at the centre of local service design, provision, and delivery.
- 3.3. The six principles and accompanying 'I statements' (appendix 2) provide a framework that will guide the work we have been doing, and continue to do, to deliver on the Learning Disability strategy actions. The six principles aims for people receiving any form of health or social care are to ensure that people are:
- Living the life, I want, keeping safe and well: (wellbeing and independence)
 - Having the information, I need, when I need it – (information and advice)
 - Keeping family, friends, and connections: (active and supportive communities)
 - My support, my own way: (flexible and integrated care and support)
 - Staying in control: (when things need to change)
 - The people who support me: (workforce development)
- 3.4. The 'The Big Plan' has eight priority focus areas that aims to improve the experience people with a learning disability will have of health care, social care and wider community services.
- 3.5. Each of these focus areas are being developed, and at the core of each section will be 'making it real'. The eight priority areas are:

- Social Care.
- housing and accommodation.
- equal healthcare.
- healthy lifestyles.
- access and inclusion to leisure, recreation, and public transport.
- work, college, and money.
- moving into adulthood.
- support for carers.

4. The Big Plan: Strategic achievements for 2020/21 and priorities for 21/22

- 4.1. Despite the covid-19 pandemic and the challenges this presented, much work has been completed. This progression will enable the council and wider partners to deliver on its strategic commitments.
- 4.2. There is a purpose to each of the actions in the strategy. However, we also need to demonstrate how our 'achievements' will impact services and truly ensure we are 'Making it real' for people who access health and social care support.
- 4.3. To assess how we are making the strategy intentions a reality each success will have a key 'I statement' at the core to guide the planning, delivery and understanding the impact of this work.
- 4.4. Social care and education have several teams, projects, and working groups that have already implemented several changes that meet the commitments of the LD strategy, and support the role out of 'Making It Real'.
- 4.5. Health and social teams have been working in the following areas to make the 'I statements' a reality for people. The actions that have been developed and implemented should influence positive change and ensure that we are 'Making it Real'. These statements and our responses include:

5. *'I am supported by people who see me as a unique person with strengths, abilities, and aspirations'* Making it Real

Work to improve Social Care service provision for 2020/21 and planned work for 21/22 to make this real include:

- 5.1. The Development of an easy read training package which has been delivered to social care and education teams. The priority for 21/22 will be to role this out to all teams.
- 5.2. This will include social workers, care providers and commissioning officers. This will enable our workforce to make necessary adjustments when corresponding with people who have learning disabilities and require this type of adjustment.
- 5.3. A training group to develop a package of training that meets the Learning Disability competency framework has been formed. The group will work to improve persons centred practice as well as developing organisational understanding and delivering of reasonable adjustments to overcome the

challenges that people with a learning disability can have when accessing social care and health services.

- 5.4. Social care is asking all its staff to stop using the term service user. This approach will focus on people's strengths and will enable people and practitioners to develop an equity in relationships where the people using services are central to that provision.
- 5.5. Being person centred and having a strength-based approach, and launching 'Making it Real' as the framework the local authority will use in social care, will mean people will be better placed to identify what is important to them in many areas including their social care support.

6. *'I have a place I can call home, not just a 'bed' or somewhere that provides me with care'*. Making it Real

Work to develop the offer, availability and quality of Housing and Accommodation opportunities for 2020/2021 and planned work for 21/22 to make this real include:

- 6.1. Work has started on improving housing documents and the housing application process for people with learning disabilities. This has been developed across the commissioning team and the supported living team with support from housing.
- 6.2. There is a specialist team that will be looking at Transforming Care Programme (TCP) referrals for health and social care. TCP means any person with a learning disability and/or autism with complex behaviour support requirements.
- 6.3. This 'TCP' team is now an LLR team hosted by Leicester City Council and works closely with health colleagues to help people in acute hospital wards to get all the support they need so they can leave hospital, when they are ready, and find a place to live in the community.
- 6.4. The new supported living framework offers a specific 'lot' to empower people with complex support needs to be more involved in the commissioning of their care. We will try and use this process whenever a person with LD/ASD and complex care and support needs is referred for supported living services. This will be further developed during 2021/22.
- 6.5. The Specialist commissioning process is designed to ensure that those people with complex behaviour, that services can find challenging, can find the right support at the right time by the right providers and prevent any future hospital admissions. This will be further developed during 2021/22.

7. *'I am supported to manage my health in a way that makes sense to me'* Making it Real

Work to develop the priority area 'Equal Healthcare' to ensure health care is equitable for people with a learning disability for 2020/2021 and planned work for 21/22 to make this real include:

- 7.1. There is now an LLR management team that will be looking at the learning from the lives and deaths of people with learning disabilities this is also known as LeDeR.
- 7.2. The LeDeR team will review the health and social care provision of any person with a learning disability.
- 7.3. The purpose of completing this work is to look at gaps and health inequalities within the health and social care support that person received and learn how to improve service delivery. This process also looks for examples of good practice to influence a programme of learning into action and SMART actions.
- 7.4. There were specific challenges this year for healthcare when ensuring COVID 19 jabs were available and delivered. The health and social care response ensured that there were COVID jab clinics just for people with a learning disability.
- 8.4. Some of the vaccination team members also made adjustments such as wearing fancy dress to help make the experience less clinical and less stressful. This enabled some people with learning disabilities, that were afraid of needles and the vaccine, feel at ease. Many people fed this back to the healthcare professionals.
- 8.21. Health and Social Care teams have been working very closely together to try and make sure that people with a learning disability are able to continue to stay safe from COVID-19 and other seasonal illness.

9. *'I can get information and advice about my health and how I can be as well as possible – physically, mentally, and emotionally'*. Making it Real

Work to develop priority area for 'Healthy Lifestyles' that are equitable for people with a learning disability for 2020/2021 and planned work for 21/22 to make this real include:

- 9.1. Healthcare services worked with the Learning Disability Partnership Boards to lobby central government and the department for health and social care to ask for COVID-19 jabs for people with LD to be a priority. Leicester and Leicestershire were at the forefront of this work.
- 9.2. Health and Social Care have been working together to try and make sure people are able to stay safe during COVID – 19 for the remainder of the year and this will be a priority for the coming winter months.
- 9.3. A learning theme from LeDeR reviews identified a need across many health and social care services to have access to the right kind of weighing machinery to meet different needs of people including those who use a wheelchair.
- 9.4. Work is now underway with GPs to make sure they get proper access to the right kind of weighing scales to meet the needs of people with different physical or intellectual disabilities.

- 9.5. The increase in annual health checks continued to improve during 2021/22 this was maintained despite the COVID 19 pandemic. The joint work and with GPs, LD nurses and CCGs meant that more Annual Health checks were completed than the year before.
- 9.6. Health checks remain a priority for 21/22 as will the focus on the quality assurance and accessibility of health checks to ensure this is offered and can be delivered to anybody with a learning disability regardless of the persons circumstances.
- 9.7. The work on health checks had a specific focus on supporting people who had not had a health check for more than 2 years. Now that these have been completed, and the checks are increasing the focus for 21/22 will include ensuring that everyone gets a proper Health Action Plan after their Health check.
10. ***'I can meet people who share my interests and have the opportunity to join and participate in a range of groups'*** Making it Real
- Work to develop priority area for 'Access and Inclusion to Leisure, recreation, and public transport' for people with a learning disability for 2020/2021 and planned work for 21/22 to make this real include:.**
- 10.1. The City Council website pages for information about learning disabilities services has been redesigned and developed. This now has a very user-friendly format, with separate sections on support offers, how to access support, leisure opportunities and how to contact our services.
- 10.2. The webpage gives information in different formats and provides more easy read opportunities. This work was coproduced with the we think group and will be continually developed during 21/22.
- 10.3. Work has been developed with the Planning Development and Transport team from Leicester City council. Through our user participation group 'We think' connections between our public transport coordination teams and social care commissioning teams have been made stronger.
- 10.4. There have been opportunities offered to our local leaders, with lived experience of learning disability, to engage with the public transport user groups. These links and conversations will be strengthened during the next year of implementing the big plan.
- 10.5. Many of the priorities and actions for this area were related to accessing local leisure and recreation services. This included working more closely with active Leicester, public health, and the museums and library services.
- 10.6. The pandemic has been very restrictive and we have not been able to progress much of the work we had hoped to in the first year of the 'The Big Plan' however this will be a priority area for us in 21/22
11. ***'I am valued for the contribution that I make to my community'*** Making it Real

Work to develop priority area for ‘Work, College and Money’ for people with a learning disability for 2020/2021 and planned work for 21/22 to make this real include:

- 11.1. Leicester City council social care and commissioning staff are working in partnership with other departments to understand how we can start to develop improvements in this area.
- 11.2. By working closer with the ‘Big Mouth Forum’ we hope that we will be able to strengthen our links with local colleges and training agencies and ensure they are part of a partnership approach to improve work, college, and learning potential for people with learning disabilities.
- 11.3. The pandemic has been very restrictive and we have not been able to progress much of the work we had hoped to in the first year of the ‘The Big Plan’ for this area, however this will be a priority for us in 21/22
12. ***‘I am in control of planning my care and support. If I need help with this, people who know and care about me are involved’*** Making it Real

Work to develop priority area for ‘Moving into Adulthood’ for people with a learning disability for 2020/2021 and planned work for 21/22 to make this real include:

- 12.1. We have invited the big mouth forum members to join in the Leicester City Partnership Board meetings.
- 12.2. Our user participation group ‘We think’ are looking at strengthening the link between transition aged people and the self-advocacy group called ‘We think’ This will enable a broader age range of people to have a voice in the work of the learning disability partnership board.
- 12.3. The transitions team have a separate strategy that includes the expected outcomes and actions from ‘The Big Plan’, this will avoid duplicating work and enable the correct teams to lead on the development of the specific actions during 21/22.
- 12.4. The development of information and guidance for people of transitions ages have now been developed into an easy read version, to enable accessibility for people with a learning disability or other literacy related needs.
13. ***‘I have people in my life who care about me – family, friends, and people in my community’*** Making it Real

Work to develop priority area for ‘Support for Carers’ of people with a learning disability for 2020/2021 and planned work for 21/22 to make this real include:

- 13.1. Carers of people with a learning disability, along with all other carers who provide unpaid carer and support for loved ones, have a variety of needs and complex situations.

- 13.2. The LLR carers strategy is fully endorsed on considered in the work that is completed to embed the learning disability strategy.
- 13.3. There have been some specific projects over the last 12 months that have assisted carers with no access to IT equipment to access tablets and devices – this was part of the ‘mind the gap’ work and particularly for unpaid carers of people with an LD and / or Autism.
- 14. Core priorities for 2021/2022**
- 14.1. Reviewing our capacity to meet the respite needs for carers of people with complex needs are met.
- 14.2. Continuing to develop staff training that will focus on learning disability awareness, reasonable adjustments, and equality and diversity within learning disability services.
- 14.3. Working to support the stop over medication of people (STOMP) initiative and provide information and guidance to practitioners.
- 14.4. Develop closer links with public health to ensure that people with learning disabilities are considered when launching local public health campaigns.
- 14.5. Continue the development of delivering on our obligations under the Transforming Care Programme, this will include working with our providers.
- 14.6. We will work closely with the ‘Learning from lives and deaths of people with learning disabilities’ team and ensure the lessons learnt inform future practice to improve health outcomes and address health inequalities.

4. Details of Scrutiny

4.1 Update report Dec 2021.

5. Financial, legal and other implications

5.1 Financial implications

There are no direct financial implications resulting from this report at this stage, however any future outcomes or changes may need to be reviewed in due course.

Yogesh Patel – Accountant (ext 4011)

5.2 Legal implications

Whilst there are no direct legal implications arising out of the report any work undertaken to take forward the Strategy may need further assessment. Legal advice should be obtained as required.

Mannah Begum, Principal Solicitor Commercial, Ext 1423

No other legal implications.

Pretty Patel, Julia Slipper

5.3 Climate Change and Carbon Reduction implications

There are no significant climate change implications directly associated with this report. A number of the priorities in the report could have environmental co-benefits, for example the promotion of healthy lifestyles and work to improve the quality of housing, which is often closely related to its energy efficiency. Carbon emissions from ongoing delivery of the service could potentially be reduced through encouraging the use of low carbon or active travel by employees as appropriate, and using sustainable procurement principles, for example for equipment and resources.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

The 'The Big Plan' has nine priority focus areas that aim to improve the experience people with a learning disability will have of health care, social care and wider community services. The nine priority focus areas should lead to improved outcomes for people from across a range of protected characteristics, with particular emphasis on disability. The areas of work listed within The Big Plan cover a wide range of areas and equality considerations need to be embedded throughout these. Where appropriate Equality Impact Assessments should be undertaken to assess impact and put into place mitigating actions to address these as appropriate. The Equality Impact Assessment is an iterative document which should be revisited throughout the decision-making process.

Further guidance can be sought from the Corporate Equalities Team.

Sukhi Biring, Equalities Officer, 454 4175

6. Background information and other papers:

7. Summary of appendices:

Appendix 1 Easy Read 'The Big Plan Annual Report'

Appendix 2 Making it Real I statements

**Leicester City
Joint Health & Social Care
Learning Disability
Strategy
(The Big Plan)**



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**The Big Plan
Yearly Report
2020 – 2021**



**Leicester
City Council**

**Leicester City Clinical Commissioning Group
West Leicestershire Clinical Commissioning Group
East Leicestershire and Rutland Clinical Commissioning Group**



Introduction

	<ul style="list-style-type: none">• The Big Plan was launched in February 2020
	<ul style="list-style-type: none">• The Big Plan was written by<ul style="list-style-type: none">○ People with learning disabilities○ Families and friends of people with learning disabilities○ Unpaid carers○ Professionals.
	<ul style="list-style-type: none">• It has been a year since the Big Plan started.• This report explains what we have done during the last year from June 2020 to July 2021
	<ul style="list-style-type: none">• This report will explain what we have done to make things better for people with learning disabilities in Leicester.
	<ul style="list-style-type: none">• This report will explain what we will try to do for 'The 'Big Plan' in 2021/2022.

Some of the things we wanted to do

	<ul style="list-style-type: none">• The learning disability partnership board wanted to see some changes which included:
	<ul style="list-style-type: none">• Changes to be made included using reasonable adjustments to improve health and social care services.
	<ul style="list-style-type: none">• Reasonable adjustments to be made so people can access leisure and community services.
	<ul style="list-style-type: none">• Make health care services better for people with learning disabilities.
	<ul style="list-style-type: none">• Make sure people have the choice and control over where they live and the support they receive.

	<ul style="list-style-type: none">• To make sure people get good support to go to college or find work.
	<p><u>The Big Plan is available by visiting the Leicester city council website.</u></p>

How we worked together through COVID

	<ul style="list-style-type: none"> ● The Big Plan was to have 3 groups to look at: <ul style="list-style-type: none"> ○ Reasonable adjustments ○ Equal Access to Healthcare ○ Training and staff development
	<ul style="list-style-type: none"> ● COVID -19 changed the way people were able to work. ● Having 3 big groups was very difficult. ● We had to change the way we worked.
	<ul style="list-style-type: none"> ● We worked in a different way during the lockdowns in England. ● We had online meetings
	<ul style="list-style-type: none"> ● A Social Care Learning Disability group was set up to look at some actions. ● The actions were for social care to complete.

	<ul style="list-style-type: none">• A health care group was set up by the Leicester Clinical Commissioning group to look at health care actions
	<ul style="list-style-type: none">• Transforming Care and LeDeR work continued during 2020.

Social Care Actions completed for 2020/21

	<ul style="list-style-type: none"> • Easy read training has started to be delivered to social care and education teams. • All teams will have to complete this training. • This means social workers, office staff and support workers.
	<ul style="list-style-type: none"> • A training group for social care staff has been set up. • The training group will work to improve persons centred practice. • The training will look to improve reasonable adjustments.
	<ul style="list-style-type: none"> • The City Council website pages for information about learning disabilities is better. • The website gives more information • The web page is easier to understand.

	<ul style="list-style-type: none">• Work has started on improving housing documents and the housing application process for people with learning disabilities.
 <p>TCPs</p>	<ul style="list-style-type: none">• Some people with learning disabilities go into hospital for the wrong reasons• There is a special team that will try and stop people going to hospital for the wrong reasons.
 <p>Complain</p>	<ul style="list-style-type: none">• The complaints team want to make it easier for people to tell us when things go wrong.• The complaints team are working with us to make this more accessible to people with learning disabilities.
	<ul style="list-style-type: none">• Social care is asking all of its staff to stop using the term service user.• The term people or person will be used. The term person is more person centred.

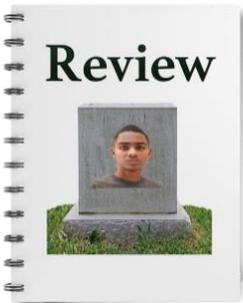
	<ul style="list-style-type: none">• Being person centred will help improve people's lives and the services they receive.
	<ul style="list-style-type: none">• We have invited the big mouth forum members to join in the Leicester City Partnership Board meetings.

Health Actions completed

 The logo for 'Community Life' features a circular arrangement of icons: a tree, a church, a person in a wheelchair, and a person walking. The text 'Community Life' is written in a purple arc at the bottom.	<ul style="list-style-type: none">• We have done lots of work to help more people stay well in the community and not need to go into hospital.
 The logo for 'TCPs' shows a diverse group of people standing together. Some are holding signs that say 'NHS', 'Family', and 'Local Council'. To the right is a green map of the United Kingdom. The text 'TCPs' is written in large, bold letters at the bottom.	<ul style="list-style-type: none">• We work more closely together to help people in hospital to get all the support they need so they can leave hospital when they are ready.
 A photograph of a modern, silver and black electronic weighing scale with a digital display on top.	<ul style="list-style-type: none">• The LeDeR programme learned that lots of people who died had problems getting help with managing their weight• Now we are working with GPs to make sure they get proper access to the right kind of weighing scales.
 A pie chart with a large green section (approximately 75%) and a smaller grey section (approximately 25%).	<ul style="list-style-type: none">• We got lots more Annual Health checks done than the year before, even while we had lockdown.

	<ul style="list-style-type: none">• We worked hard to support people who had not had a Health check for more than 2 years.
	<ul style="list-style-type: none">• We are making sure that everyone gets a proper Health Action Plan after their Health check.
	<ul style="list-style-type: none">• We had COVID jab clinics just for people with LD. Some of our staff were in fancy dress.
	<ul style="list-style-type: none">• Even people who did not like needles said it was easy to get their jab.

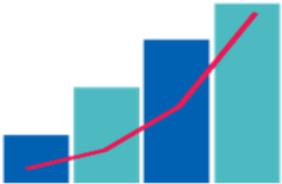
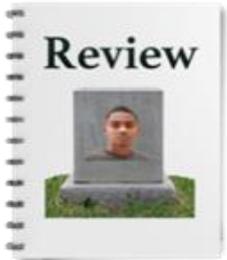
Work done together

	<ul style="list-style-type: none">• Health and Social Care have been working together to try and make sure people are able to stay safe during COVID-19
	<ul style="list-style-type: none">• We worked with our Partnership Boards to ask for COVID-10 jobs for people with LD.• We got them a week earlier than the rest of the country.
	<ul style="list-style-type: none">• Health and Social care have been working together to try and reduce the numbers of people with learning disabilities dying at an early age.• This is part of the LeDeR group. A team has been set up to do work together and make changes to help people live longer and better lives.

	<ul style="list-style-type: none">• Senior managers are working together to help transform care for people with learning disabilities.
	<ul style="list-style-type: none">• We have been working 'We think' to access and develop IT skills• We Think have been using IT to co-produce our work

What's next for 2021/2022

	<ul style="list-style-type: none">• We will work to make sure the respite needs for carers of people with complex needs are met
	<ul style="list-style-type: none">• Training will be provided to all staff on:<ul style="list-style-type: none">○ Learning Disability,○ Reasonable adjustments,○ Equality and Diversity
	<ul style="list-style-type: none">• Work to support the stop over medication of people (STOMP) initiative and provide information and guidance to practitioners.
	<ul style="list-style-type: none">• We will work with public health to ensure that people with learning disabilities are considered when launching local public health campaigns
 <p>Complain</p>	<ul style="list-style-type: none">• Look at complaints procedure to make sure that people with learning disabilities can raise a complaint independently.

 <p>TCPs</p>	<ul style="list-style-type: none">• Transforming Care Programme will continue to work with our care providers.• Our care providers will be supported to improve for people with a learning disability with behaviours that can challenge services.
	<ul style="list-style-type: none">• We will monitor the number of services that are signed up to the Health Charter and we will report on our progress.
	<ul style="list-style-type: none">• We will work closely with the 'Learning from lives and deaths of people with learning disabilities' team• We will learn lessons from the reviews they write.• We will make sure that lessons are learnt and improve health outcomes for people with learning disabilities.

Living the life I want, keeping safe and well: wellbeing and independence

I can live the life I want and do the things that are important to me as independently as possible.

I am treated with respect and dignity.

I feel safe and am supported to understand and manage any risks.

I am supported to manage my health in a way that makes sense to me.

I have people in my life who care about me – family, friends, and people in my community.

I am valued for the contribution that I make to my community.

I have a place I can call home, not just a ‘bed’ or somewhere that provides me with care.

I live in a home which is accessible and designed so that I can be as independent as possible.

Having the information I need, when I need it - information and advice

I can get information and advice that helps me think about and plan my life.

I can get information and advice about my health and how I can be as well as possible – physically, mentally, and emotionally.

I can get information and advice that is accurate, up to date and provided in a way that I can understand.

I know about the activities, social groups, leisure, and learning opportunities in my community, as well as health and care services.

I know what my rights are and can get information and advice on all the options for my health, care and housing.

I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.

Keeping family, friends and connections: active and supportive communities

I can live the life I want and do the things that are important to me as independently as possible.

I am treated with respect and dignity.

I feel safe and am supported to understand and manage any risks.

I am supported to manage my health in a way that makes sense to me.

I have people in my life who care about me – family, friends, and people in my community.

I am valued for the contribution that I make to my community.

I have a place I can call home, not just a ‘bed’ or somewhere that provides me with care.

I live in a home which is accessible and designed so that I can be as independent as possible.

I can get information and advice that helps me think about and plan my life.

I can get information and advice about my health and how I can be as well as possible – physically, mentally, and emotionally.

I can get information and advice that is accurate, up to date and provided in a way that I can understand.

I know about the activities, social groups, leisure, and learning opportunities in my community, as well as health and care services.

I know what my rights are and can get information and advice on all the options for my health, care and housing.

I know how to access my health and care records and decide which personal information can be shared with other people, including my family, care staff, school or college.

I have people who support me, such as family, friends, and people in my community.

I can meet people who share my interests and have the opportunity to join and participate in a range of groups.

I feel welcome and safe in my local community and can join in community life and activities that are important to me.

I have opportunities to learn, volunteer and work and can do things that match my interests, skills, and abilities.

I can keep in touch and meet up with people who are important to me, including family, friends and people who share my interests, identity, and culture.

I have a co-produced personal plan that sets out how I can be as active and involved in my community as possible.

My support, my own way: flexible and integrated care and support

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and personal goals.

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

I know how much money is available to meet my care and support needs. I can decide how it is used – whether it is my own money, a health or social care personal budget, or a budget managed on my behalf.

I have care and support that is co-ordinated, and everyone works well together and with me.

I can choose who supports me, and how, when and where my care and support is provided.

I can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.

I can get skilled advice and support to recruit and manage my personal assistants, whether I employ them, or an organisation does.

Staying in control: when things need to change

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and personal goals.

I am in control of planning my care and support. If I need help with this, people who know and care about me are involved.

I know how much money is available to meet my care and support needs. I can decide how it is used – whether it is my own money, a health or social care personal budget, or a budget managed on my behalf.

I have care and support that is co-ordinated, and everyone works well together and with me.

I can choose who supports me, and how, when and where my care and support is provided.

I can get skilled advice and support to understand how my care and support budgets work and enable me to make the best use of the money available.

I can get skilled advice and support to recruit and manage my personal assistants, whether I employ them, or an organisation does.

I am supported to plan ahead for important changes in life that I can anticipate.

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place before change happens.

If I move from my home to another place, the people who are important to me are respected, listened to, supported, and involved in decisions.

If my medication has to change, I know why and am involved in the decision.

I can plan ahead and stay in control in emergencies. I know who to contact and how to contact them and people follow my advance wishes and decisions as much as possible.

I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.

I am supported by people who see me as a unique person with strengths, abilities, and aspirations.

I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.

I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.

I have considerate support delivered by competent people.

The people who support me: workforce

I am supported by people who see me as a unique person with strengths, abilities, and aspirations.

I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.

I am supported to make decisions by people who see things from my point of view, with concern for what matters to me, my wellbeing and health.

I have considerate support delivered by competent people.

LSAB 2020/2021 ANNUAL REPORT

JUNE 2021

LEICESTER SAFEGUARDING ADULTS
BOARD

Leicester
Safeguarding
Adults Board

WORKING IN PARTNERSHIP
TO KEEP ADULTS SAFE

SAFER TOGETHER

SAFER TOGETHER

SAFER TOGETHER

If you

This

If you

This

If you

This

or someone you know is being abused or neglected, please
tell someone you trust as soon as you can.

could be a member of your family, a friend, a police officer,
a doctor or nurse, or a council or social worker.

or someone you know is being abused or neglected, please
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a doctor or nurse, or a council or social worker.

Leicester

Safeguarding Adults Board

Annual Report 2020/2021

Report prepared and published pursuant to paragraph 4 of Schedule 2 of the Care Act 2014

Report Author: Lindsey Bampton, Safeguarding Board Manager

Report Date: June 2021

An easy read version of this document is in development and will be published on the Safeguarding Adults Board page of the Leicester City Council website

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FOREWORD

This year, for the first time, I am writing one foreword for the reports of both the Safeguarding Adults Boards for the Leicester, Leicestershire, and Rutland footprint. This reflects that, over the year, the boards have continued a process that had already begun. This was a move to greater shared activity and leadership of the safeguarding system, but all done while keeping a strong focus on the local populations of Rutland, Leicestershire and the city of Leicester and their distinct needs.

The context for this report is also unique and has had profound consequences for adult safeguarding and the role of the Safeguarding Adults Board. The pandemic started in the year covered by the 2019-2020 Annual Report. It impacted on everything the Safeguarding Adults Boards did for the whole of 2021-2022. Partnerships and local communities lived and worked through a year of high, often unpredictable demand and unprecedented situations. Serious incidents generally happen over a few days. As I write, our partnerships have been planning for, or responding to, the effects of the pandemic for eighteen months.

Partnership working has been strong during the pandemic. The government allowed some aspects of local councils' Care Act responsibilities to be 'eased' during a period in 2020. None of the three councils needed to enact these easements despite the very difficult context. An added layer of assurance from my external perspective lay with something that I felt was remarkably strong in Leicester, Leicestershire, and Rutland. The Local Resilience Forum for each area of England coordinates emergency responses. Work done by the national network of Safeguarding Adults Board chairs, showed how variable these structures were in their inclusion and prioritisation of adult safeguarding. This was not so in our area and particularly notable was the setting up of a Safeguarding Sub Cell in the Local Resilience Forum structure.

During the year, the two Safeguarding Adults Boards began to meet as one group on six weekly basis with a particular focus for each of our sessions. This agility came out of the pandemic but what it enabled was honesty, transparency, and shared approaches to complex problems. This open-ness will be important in the year ahead, as sadly, I think I anticipate as do all members of both Safeguarding Adults Boards, that harm – often unintentional - and neglect that happened during the pandemic, will emerge and our task will be to learn from it and prevent future occurrences wherever possible. The

statutory partners to the boards – Leicestershire Police, the NHS Clinical Commissioning Group, and the three local authorities, have met regularly and steered and owned the work of the Safeguarding Adults Boards. This leadership has extended to include regular joint sessions and priority setting with the Children’s Safeguarding Partnerships, which can only benefit families and communities. Another first was that priority setting for the year was held jointly and included the naming of shared priorities, with transition pathways into adulthood for children and young people who have been exploited being the main joint area of work for 2021-2022.

I would like to thank everyone involved in all aspects of adult safeguarding over the last year. I would also want to recognise that it has been a time of loss and sadness and to offer condolences and best wishes to all those around our boards and in the communities of Leicester, Leicestershire, and Rutland, who have been affected



Fran Pearson
LSAB Independent Chair

1. THE BOARD

The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the following criteria:



Leicester Safeguarding Adults Board must seek to achieve this objective by coordinating and ensuring the effectiveness of each of its members in relation to adult safeguarding. We have a strategic role that is greater than the sum of the operational duties of our partners; we oversee and lead adult safeguarding across Leicester and are interested in a range of matters that contribute to the prevention of abuse and neglect.

LEICESTER SAB MEMBERSHIP

Criminal Justice	National Probation Service (NPS), Leicestershire	
	Derbyshire, Leicestershire, Nottinghamshire and Rutland Community Rehabilitation Company	
	HMP Leicester	
Emergency Services	Leicestershire Police	
	East Midlands Ambulance Service (EMAS)	
	Leicestershire Fire and Rescue Service (LFRS)	
Health	Leicester City Clinical Commissioning Group (CCG)	 
	Leicestershire Partnership NHS Trust (LPT)	
	University Hospitals Leicester NHS Trust (UHL)	
	NHS England	
Local Authority	Adult Social Care (ASC)	  
	Children's Social Care (CSC)	
	Housing	
	Community Safety	
	Trading Standards	
	Lead Member	
Inspectorates	Care Quality Commission (CQC)	
Consumer Champions	Healthwatch	
Care Home Associations	East Midlands Care Association (EMCARE)	

As a partnership, Leicester Safeguarding Adults Board appoints an Independent Chair to oversee the work of the Board, provide leadership, offer constructive challenge, and ensure independence. To support consistency, alignment where appropriate, and a shared understanding of effectiveness across the two partnerships, our Independent Chair is shared with Leicestershire and Rutland Safeguarding Adults Board, as are a number of our sub-groups (see appendix for 2020/21 structure chart). The day to day work of Leicester Safeguarding Adults Board is undertaken by the Subgroups. The Board Office supports the operational running of these arrangements on behalf of the multi-agency partnership.

2. SAFEGUARDING ADULTS IN LEICESTER

With a population of more than 330,000 Leicester is the 10th largest city in the UK. The mean age of Leicester's population is significantly lower at 34.8, than that of the East Midlands at 40 and England at 39.3 and it boasts the largest proportion of people aged 19 and under in the East Midlands. Information from the 2011 census celebrates Leicester as one of the most ethnically diverse cities in the UK with the population being made up of people from the following ethnic groups: White (50.5%), Asian, Asian British (37%), Black/African/Caribbean/Black British (6%), Mixed/Multiple Ethnic Groups (3.5%), Other Ethnic Groups (3%). The population of Leicester is made up of 49.4% males and 50.6% females.

Leicester City 2019/20 Safeguarding Adults Data

Over the year the LSAB Board meetings have focused on several key areas these included:

A focus on the Transforming Care process during the July 2020 Board meeting where the results of an audit were explored.

- At the time of the audit 26 people had been identified as part of the Transforming Care process in Leicestershire since 2016, 18 had been subject to a safeguarding enquiry and, in some cases, there had been more than one enquiry for the person.
- Of the 18 safeguarding enquiries, 14 related to concern identified at the accommodation the person was living in, including care homes, supported living and in-patient units.
- Of the 18 safeguarding enquiries,
 - the outcome of 5 enquiries had been substantiated, 4 were unsubstantiated and the outcomes of the other 9 were either inconclusive or the enquiry had still been ongoing at the time of the audit.
 - 2 people had moved to alternative care provisions as a result of the outcomes of the safeguarding enquiries, and other outcomes had included staff dismissal, Police action, staff training and increased monitoring.
 - 4 of the enquiries had related to concerns which had occurred in care settings which were out of county and these were therefore undertaken by another local authority.
 - In 2 cases, the person had been subject to more than one safeguarding enquiry and 2 enquiries had related to unexplained injuries; this was of particular concern as due to the complex needs of most people reviewed, they required high levels of support and monitoring.

There was a focus on domestic abuse of adults with care and support needs at the September 2020 Board meeting and the following trends were discussed:

- Over the previous six months, the Police had continued to see isolated cases of very serious incidents of grievous bodily harm (GBH) against vulnerable adults. On a broader scale, there had been an increase in calls for service from those who had not been seen before.
- Leicester City Council had experienced a reduction in cases, but the numbers had now stabilised. There had been a change in the nature of what people were telling the service; more support was required rather than specific safeguarding work. Additional work had been undertaken by social workers to safeguard people with mental health needs.
- There had been a lull in safeguarding activity in UHL, but numbers had now returned to the level before Covid-19. It was stated that a new database had been introduced to improve tracking activity and there had been a greater awareness of elderly abuse. It was reported that the hospitals had spent more time with older people.
- Leicester City Housing had seen an increase in more severe domestic abuse cases during lockdown, although this had not been reflected in the number of homeless presentations. There had now been a significant increase in the number of homeless applications but those who accessed the service were not felt to be the most vulnerable. It was stated that information could be provided on care and support needs.

A follow-up discussion for Transforming Care took place at the December 2020 meeting, where members had noted that an understanding of how this represented across LLR would be beneficial.

The findings for Leicester City were very similar to those for the County.

- Across LLR, there were a total of 41 adults (26 in Leicestershire and 15 in Leicester City) who had been identified as being part of the Transforming Care cohort since 2016 and of this, 11 were placed out of county.
- Out of the 41 adults, there had been 33 safeguarding enquiries relating to 25 people.
- The main categories of concern were physical abuse, sexual abuse, financial abuse, neglect, psychological abuse and self-neglect.
- Of the enquiries, 25 had occurred at the accommodation the person was living in, including care homes, supported living and in-patient units.
- 8 of the enquiries had related to safeguarding concerns which had occurred in settings which were out of county. In some cases, there had been a degree of lack of clarity in terms of the outcome of the enquiry.
- Within the review of City cases, for 7 people in out of county placements there had been no reported incidents by the provider or safeguarding enquiries reported by the host authority. There was some concern around what might not have been reported to the funding authority

There was a focus on Prisons, Safeguarding and Covid-19 at the April 2021 meeting.

HMP Stocken summary:

- During 2020 there was no COVID 19 outbreak, however in January 2021 there was a COVID 19 outbreak lasting about 6-8 weeks. At its peak 200 prisoners and staff tested positive. The current “outbreak status” is likely to close in the coming days.
- During the pandemic the prisoner population have seen a fall in substance misuse, a fall in the levels of self-harm and prisoner violence, but a rise in mental health issues.

HMP Leicester summary:

- the experience at HMP Leicester was broadly similar with HMP Stocken. However, HMP Leicester is still having a turnover in the prison population as they are still servicing the courts which means prisoners will enter the prison and then relocate after 10-12 weeks.
- Prisoner violence and substance misuse has fallen, but levels of self-harm are similar to pre pandemic levels.
- The level of mental health issues is higher particularly when compared to similar settings in Nottingham and Lincoln.
- HMP Leicester experienced a COVID 19 outbreak in March 2020 affecting both staff and prisoners, however cases were generally low. Currently there are no positive cases for prisoners or staff. Communication between prisoners and family were largely done via phone with minimal physical visiting happening.

For more information about adult safeguarding, please visit our website www.leicester.gov.uk/lsab where you will find our [introductory guide](#) and our [guide to the process of keeping adults safe from abuse and neglect in Leicester](#). Alternatively, call 0116 454 6270 to request a copy of these guides.

3. MEETING OUR STRATEGIC PRIORITIES

As a partnership, Leicester Safeguarding Adults Board outlined its strategic priorities in its five-year strategic plan which was published in 2020. Core priorities are ensuring statutory compliance and enhancing everyday business. Developmental priorities are strengthening citizen and carer engagement, raising awareness within our diverse communities, understanding how well we work together, and prevention (helping people to stay safe, connected, and resilient to reduce the likelihood of harm, abuse or neglect).

CORE PRIORITY 1: Ensuring statutory compliance – Leicester safeguarding adults reviews 2020/21

Safeguarding Adults Boards have a statutory duty under S.44 of the Care Act 2014 to undertake safeguarding adults reviews in cases which meet the criteria. The purpose of a review is to identify lessons to be learnt and to apply those lessons for the future. During 2019/20 Leicester Safeguarding Adults Board concluded one Safeguarding Adults Review (SAR) and commissioned four. For the purposes of transparency, a table of SAR referrals, decisions, and outcomes during 2020/21 is provided:

SAR Referrals & Outcomes 2020/21

Referral Date	Date Case First Heard	Decision Made	Outcome
June 2020	June 2020	Mandatory SAR criteria not met. Decision made not to undertake a discretionary SAR as other processes are ongoing within agencies. The Group asked for a re-referral once the S42 enquiry has been completed if there is any suggestion of neglect.	No SAR
Oct 2020	Oct 2020	Mandatory SAR criteria not met. Decision made not to undertake a discretionary SAR; needs for care and support demonstrated but no evidence that the death resulted from abuse or neglect; also, no concerns about how agencies worked together.	No SAR
Oct 2020	Oct 2020	Mandatory SAR criteria not met. Decision made not to undertake a discretionary SAR; needs for care and support demonstrated but no evidence that the death resulted from abuse or neglect; also, no concerns about how agencies worked together.	No SAR
Nov 2020	Dec 2020	Mandatory SAR criteria not met. Decision made not to undertake a discretionary SAR; needs for care and support demonstrated but no evidence that the death resulted from abuse or neglect; also, no concerns about how agencies worked together. A learning briefing from single agency learning reviews will be presented for discussion at a future meeting.	No SAR
Nov 2020	Dec 2020	Decision that a discretionary SAR should be carried out. The group concluded that it was suspected that the person did have care and support needs and that there were some concerns about how agencies had worked together. There is likely to be some useful learning from the review.	Discretionary SAR (2020/21 SAR 1)
Jan 2021	Feb 2021	Ongoing – the Review Subgroup had originally concluded that although the person had needs for care and support and it was suspected that the person died as a result of abuse or neglect, there was no concern over how agencies worked together. The SAB Independent Chair requested that more information be provided	Decision Outstanding

		before a final decision was made and the full information is expected to be ready during June 2021.	
Jan 2021	Feb 2021	Decision that a mandatory SAR should be carried out, based on needs for care and support, suspected neglect and concerns over how agencies worked together.	Mandatory SAR (2020/21 SAR 2)
Feb 2021	March 2021	Decision that a discretionary SAR should be carried out. The group agreed that the person had needs for care and support and that there were concerns about how agencies had worked together. Although the person has experienced serious abuse in the past, it is not clear whether the incident was related to abuse or neglect.	Discretionary SAR (2020/21 SAR 3)

The three of the four SARs commissioned during 2020/21 remain in progress.

2020/21 SAR 1: A decision to undertake a safeguarding adult’s review for this case was agreed by the partnership in December 2020. Terms of reference have been agreed and agency reports have been requested with a return date of June 2021. Once we have received the agency reports, we will have a better understanding of the scale of the review which will enable us to determine the review completion timeline. The review will conclude during 2021/22.

2020/21 SAR 2: Initiated in February 2021, contracts with the independent reviewer are now in place with the review due for completion December 2021.

2020/21 SAR 3: Initiated in March 2021, contracts with the independent reviewer are now in place with the review due for completion January 2022.

The LSAB also commissioned four SARs during 2019/20. Of these four, one was concluded during 2020/21 (within 4 months from being commissioned) and is outlined below. The other three remain ongoing and are due to be completed during the first half of 2021/22.

2019/20 SAR 1: Commissioned in July 2019 with delays following due to COVID-19, this report is now nearing completion and will be tabled at the July 2021 meeting of the LSAB for final sign off prior to any publication.

2019/20 SAR 2: The LSAB determined to commission this review in February 2020, it was then put on hold due to COVID-19 and re-initiated in December 2020. The review is due for completion in August 2021.

2019/20 SAR 3: In October 2019 the LSAB Independent Chair approved a recommendation to undertake a SAR for this case. After a lengthy period agreeing the SAR methodology and arranging the contract, work began with the independent reviewer in July 2020. The review was originally due for completion in February 2021 but remains ongoing. A significant health partner was unable to contribute required information due to the impact of COVID-19, which led to additional delays. The review is due for completion in January 2022.

We publish our SARs throughout the business year and they can be found on the [LSAB page dedicated to SARs](#) on the Leicester City Council website.

2020/21 SAR 4 Learning Summary “Martin”

Background

During 2019, Martin (a pseudonym has been used to protect anonymity) was discovered, deceased, in a park in Leicester. There is no indication that Martin’s death resulted from abuse or neglect and there was no requirement under the Care Act 2014 to undertake a review of his death. Nonetheless, Leicester Safeguarding Adults Board (SAB) chose to undertake this review. It was thought that a review of Martin’s circumstances prior to his death, focused on access to rehabilitation services after detoxification where there were pending criminal justice proceedings, would provide useful insights for future practise. By promoting effective learning and improvement action, Leicester Safeguarding Adults Board (LSAB), aims to prevent future deaths or serious harm occurring.

Findings

Case Finding 1: Organisations did not have access to a policy or guidance to support them in considering rehabilitation access for Martin. System Finding 1: There is no formal local policy or procedure to guide professionals in the situation where someone who has completed detoxification is ready to access alcohol or substance misuse rehabilitation services but has pending criminal justice proceedings. This meant that, for Martin, organisations adopted a blanket approach that they do not place anyone in rehabilitation until the outcome of the legal process is known.

Case Finding 2: Key organisations did not attend the Vulnerable Adult Risk Management (VARM) meeting set up to discuss the risks to Martin and to formulate strategies to manage those risks.

System Finding 2: Key organisations did not prioritise attendance at the VARM meeting and did not provide information in advance of the meeting to contribute to discussion and risk management.

Recommendations

Recommendation 1: Multi-agency practice guidance should be produced to govern decision-making, and the role of organisations, when a person deemed ready to enter alcohol or substance misuse rehabilitation is awaiting a criminal justice charging decision. This should cover circumstances including: when rehabilitation should, and should not, be delayed; risk mitigation plans to manage risks to a person during any delay in accessing the planned rehabilitation placement.

Recommendation 2: The organisations who did not attend the VARM meeting should be asked to review their organisational response and provide assurance that it was in line with the LLR VARM policy, encompassing the points below and giving consideration to sharing any learning internally:

- Whether attendance should have been prioritised
- If attendance should not have been prioritised, whether information relevant to managing risks to Martin could have been shared in advance of the meeting to aid decision-making.

In addition to learning from our own local SARs, the LSAB Review Subgroup also considers learning from other SABs across the country. During 2020/21, reviews discussed by the group included:

Review	Learning Considered	Action Taken by LSAB
1.	Elderly female who was looked after in the home of her family (with some limited support from professionals) died in hospital and was found to have sustained 26 unexplained injuries, including a fractured nose and jaw, as well as old and new bruising to her face, arms and legs.	Detailed briefing received and discussed regarding the recommendation for consideration of an approach similar to the child death reviews, including context and current position. The position in Leicester established, with notable differences identified in how Leicestershire Police would have investigated and linked in with health. The Group was assured that current local processes would be robust enough to avoid the issues raised.
2.	The suicide of a young man with Autism Spectrum Disorder (ASD), learning difficulties and Obsessive-Compulsive Disorder (OCD) who was living in hotels and seeking provision of housing from the local authority.	Case and learning discussed, noting the themes locally and nationally. The report was passed on to the local Autism Strategy task and finish group Chair for comment and to recommend it incorporates any learning and considers any assurance that may be identified.
3.	<p>The death of a woman in her forties, due to mixed drug toxicity. There was a complex interplay of factors in her life, and her presenting issues and vulnerability included:</p> <ul style="list-style-type: none"> • Significant levels of domestic violence and coercive control • Poor mental health, including a history of depression and patterns of self-harm • Drug and alcohol dependency • Involvement in criminal behaviour leading to a short-term prison sentence • Periods of street homelessness and barriers in accessing housing provision. 	Discussed at Review Subgroup and local factors highlighted, including around those who are vulnerable but have lifestyle challenges and do not comply with hostel settings. Referral made to the Local Audit group to consider if an audit into the issues could be carried out or whether case characteristics could be included in an existing planned audit.

CORE PRIORITY 2: Enhancing Everyday Business

The work of the Performance Subgroup, Joint Audit Group, Training Subgroup and Joint Policy and Procedures Subgroup. A local Safeguarding Adults Board must seek to achieve its objective is by 'coordinating and ensuring the effectiveness of what each of its members does' (Care Act 2014).



Leicester Safeguarding Adults Board works with Leicestershire and Rutland Safeguarding Adults Board to maintain up to date inter-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our [dedicated policy and procedures website](#) called the MAPP (Multi Agency Policies and Procedures). Throughout 2020/21 these

policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

A new addition to our MAPP during 2020/21 was our multi-agency [Guidance for Working with Adults at Risk of Exploitation: Cuckooing](#). Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation. This guidance seeks to provide front line professionals with a multi-agency framework to facilitate effective working with adults who are at risk due to 'cuckooing'.

The Performance Subgroup is responsible for ensuring that Leicester Safeguarding Adults Board has a clear quality assurance framework. It delivers a range of business as usual matters, including management of the performance data and intelligence, a programme of assurance activity, and the production of an annual assurance statement (which includes the results of the annual local Safeguarding Adults Assurance Framework). Throughout 2020/21 the Performance Subgroup was temporarily stood down in response to COVID-19. In its place, the main LSAB board meeting was held on a six-weekly basis. This approach enabled flexibility and a quick response to issues that arose during the pandemic but meant that we did not have a Safeguarding Adults Assurance Framework (SAAF) or annual assurance report this year. The Performance Subgroup is being reinstated for 2021/22 and will become a Leicester, Leicestershire and Rutland Subgroup.

Our Joint Audit Sub Group undertakes multi-agency safeguarding adults audits across Leicester, Leicestershire and Rutland. The process brings together practitioners to give a multi-agency view on practice in safeguarding cases to identify areas of good practice and areas for learning and improvement. During 2020/21 the LSAB received the findings of a 'Mental Capacity Act and Safeguarding' audit as well as 'Neglect and Older People' audit.

Multi-Agency Training: Section 14.139 of the Care Act Statutory Guidance notes 'Each SAB should... promote multi-agency training and consider any specialist training that may be required. Consider any scope to jointly commission some training with other partnerships...'. The LSAB Training Subgroup leads this work on behalf of the partnership, in line with our [Training Strategy](#).

During 2020/21 the Training Subgroup moved from being a Leicester only Subgroup to a Leicester, Leicestershire and Rutland Subgroup. The Training Strategy will be refreshed during 2021/22 to reflect this. The group oversees the production of our LLR quarterly newsletter Safeguarding Matters, our LLR Trainers Network, it also has governance for the Mental Capacity Act forums run in the city for care home providers, as well as the LLR Trainers' Network. During 2020/21 the group commissioned and facilitated basic and enhanced MCA training across the partnerships in preparation for Liberty Protection Safeguards (LPS) being implemented during 2021/22. The group also oversaw an online programme of events for Safeguarding Adults Week including East Midlands regional events involving Domestic Abuse and Older People, and Inherent Jurisdiction.



SAFEGUARDING ADULTS WEEK 2020

REGIONAL EVENTS FROM EAST MIDLANDS SAFEGUARDING ADULTS BOARDS

Tues 17 Nov 2pm-3.30pm 'Violence and Abuse Against Older Adults – Challenges and Opportunities' Dr. Hannah Bows

Weds 18 Nov 9am-10am 'MSP Webinar' Nottinghamshire Safeguarding Adults Board

Thurs 19 Nov 2pm-3.30pm 'The Inherent Jurisdiction of the High Court' Dr. Laura Pritchard-Jones



What good is it making someone safer if it merely makes them miserable?

LORD JUSTICE MUNBY
Local Authority X v MM [2007]

Feedback included *“Thanks so much! Great presentation by the way and very easy to understand for those of us not working in the legal arena!”*

DEVELOPMENTAL PRIORITIES 1, 2, and 4: Strengthening Citizen and Carer Engagement; Raising Awareness within our Diverse Communities; and Prevention (helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect).

Throughout 2020/21 the LSAB Engagement Subgroup facilitated online ‘What is Adult Safeguarding?’ sessions for Leicester communities. A total of 65 people attended these sessions and feedback included.

“This was really interesting and useful”

“I am more confident now at spotting the signs of abuse and neglect and know the importance of early intervention”

“To support adults, I will be working with to be able to identify the risk and the support they need.”

“Continue doing my volunteering role knowing that the info is still current”

“Both in my volunteering role as well as away from that. I know who to notify if I sense there is risk of some form of abuse.”

In addition, an easy read version of our ‘What is Adult Safeguarding?’ document has been produced, published on our SAB webpage, and promoted via Engagement Officer’s Twitter account.

Printable safeguarding information has been developed and published on our SAB webpage in English, Urdu, Punjabi, Hindi, Gujarati and Bengali.

The group also led on our local engagement side of national Safeguarding Adults Week 2020. In addition to facilitating a ‘What is Safeguarding?’ session there were also Hate Crime awareness sessions with Leicestershire Police’s Hate Crime Officer, and the Policy and Procedures Subgroup promoted their ‘Cuckooing in the Context of Adults Safeguarding’ via a webinar.



The banner features a green background with a repeating pattern of logos for the Leicestershire and Rutland Safeguarding Adults Board. The logos include the text 'Leicester Safeguarding Adults Board' and 'Safeguarding Adults Board LEICESTERSHIRE & RUTLAND' along with a stylized 'S' logo and the tagline 'WORKING IN PARTNERSHIP TO KEEP ADULTS SAFE'. The main text on the banner reads: 'SAFEGUARDING ADULTS WEEK 2020 LOCAL EVENTS FROM LLR SAFEGUARDING ADULTS BOARDS'. Below this, three events are listed: 'Wed 18 Nov 11am-11.45am 'What is Adult Safeguarding?' LSAB Engagement Officer. Suitable for Leicester city residents and communities', 'Weds 18 Nov 2pm-4pm 'Cuckooing in the Context of Adult Exploitation' LLR SABs Policies and Procedures Subgroup. Suitable for local multi-agency practitioners', and 'Weds 18 Nov 2pm-2.45pm and Fri 20 Nov 10am-10.45am 'Hate Crime' Isla Dixon, Hate Crime Officer, Leicestershire Police. Suitable for all across Leicester, Leicestershire and Rutland'. A quote by Lord Justice Munby is centered at the bottom: 'What good is it making someone safer if it merely makes them miserable?' with the citation 'LORD JUSTICE MUNBY Local Authority X v MM [2007]'.

An article was published in Age UK’s Engage Magazine, providing an overview of what safeguarding adults is and how people can make contact.

Leicestershire Police also ran a Facebook live event on Preventing Financial Abuse against Adults. The figures after a week the event took place shows that the event:

- Reached 16,000 unique people
- 7,000 people have watched the video, with 142 viewers watching live
- There were 2,000 Thru Plays (this means people watched a significant portion of the video)
- 163 people liked, shared and commented on the post
- Our average viewer was female aged 45 – 54

DEVELOPMENTAL PRIORITY 3: Understanding How Well We Work Together

Mental Capacity Act Audit: Positive practice for Leicester City Council included evidence of consideration of practicable steps (such as best time of day) and perseverance in completing Mental Capacity Act assessments and there was evidence of multi-agency working in completing assessments (joint visits). For LPT there was evidence and recognition of issues around fluctuating capacity and also that lessons learned within the enquiry were taken forward with staff for wider learning. For UHL good practice included development of guidance to support staff in seeking consent to care, and also appropriate use of the Best Interest process.

Issues identified across the partnership included presumption of capacity, consideration of whether advocacy for the person is required and clearly recorded, assessing worker need to feel confident to discuss what they are worried about with the person in order to be able to assess their understanding of the risks within the situation, legal literacy of workers, when the person has been assessed as lacking capacity to understand a decision within a safeguarding enquiry there should still be evidence of trying to ensure their voice is heard in line with Making Safeguarding Personal principles.

Safeguarding Mental Capacity Act guidance has been developed across Leicester, Leicestershire and Rutland, with 'How To' guides available to support practitioners with their MCA assessments. In addition, the Training Subgroup has commissioned basic and enhanced MCA training for the partnerships.

Neglect and Older People Audit: Having received the findings of the neglect and older people multi-agency audit, recommendations being taken forward by the partnerships include:

- Facilitating multi-agency workshops to promote the work of advocacy providers.
- Facilitating multi-agency training around safeguarding adult's strategy meetings.
- Consideration is being given to updating multi-agency policies and procedures relating to how outcomes are recorded (we will be taking a regional view on this in the first instance).
- Highlighting with providers the issues identified (family intervention when this is impacting on the person's care, refusal of care) around older people and neglect (this will be taken forward via the LLR Trainers' Network).
- The Performance Subgroup to consider repeat referrals.
- On-going work (guidance and workshop) in response to audits around 'Transforming Care' which is relevant to the issue identified around safeguarding in private hospitals.

4. LOOKING TO 2021/22

Looking to 2021/22 we have developed our annual business plan jointly with Leicestershire and Rutland Safeguarding Adults Board. It will soon be published alongside our strategic plan, on the [‘plans, reports, and strategies’](#) page of our web pages.

Business Plan priorities for 2021/22 are as follows:

1. Hidden Harm

Rationale:

- Local and national SARs identify people “hidden in plain sight” as a recurring theme for improvement.
- We are concerned that that during Covid-19 services have less physical contact with and ‘eyes on’ people to fully understand their needs and circumstances, in addition some informal care arrangements that support safeguarding of individuals may not be functioning as they were with restrictions in place.
- Increase in domestic abuse in safeguarding adults cases and across services. Increase in number of alerts relating to Psychological abuse.
- Other areas of concern include self-neglect and individuals with mental ill-health and/or learning disabilities.

Focus will be on community culture shift across practitioners and public to help people to:

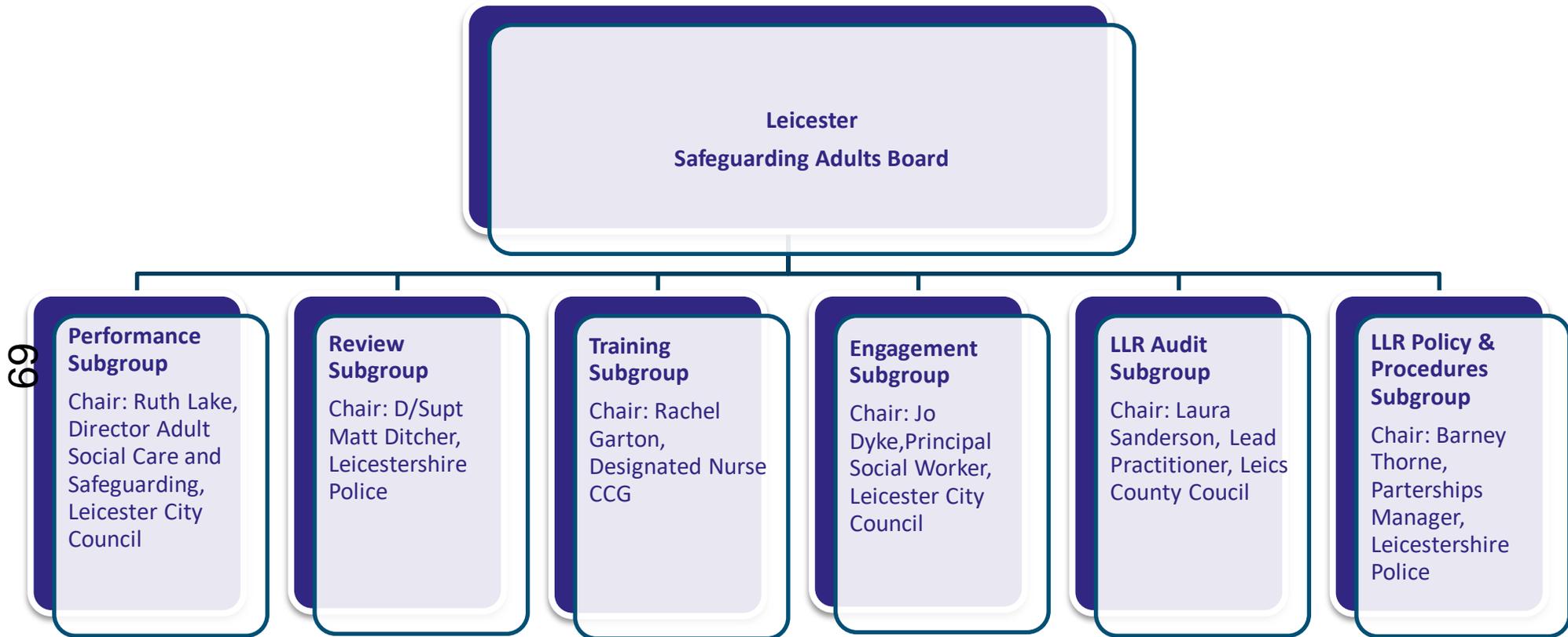
- a) see concerns
- b) have confidence to want to respond and
- c) respond.

2. Care Homes

Rationale:

- A number of issues in care homes regarding quality of care and safeguarding have become apparent during Covid lockdowns with increase in safeguarding alerts relating to care homes and care homes closing.
- Closure of care homes and lack of capacity in the system increases risk around safeguarding.
- As care homes open up for visitors more people are seeing those in care homes, and therefore potential for more concerns to be raised.

5. APPENDIX A: 2020/21 LSAB STRUCTURE CHART



Adult Social Care Scrutiny Commission

Draft Work Programme 2021-2022

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
	To keep a watching brief on: <ul style="list-style-type: none"> • Councils Forward Plans • Councils Budgeting reports • Consultations • ASC Performance Monitoring reports 			
29 June 2021	(Overview of ASC services for benefit of new membership – separate session to be held) <ul style="list-style-type: none"> • Covid-19 Recovery Plans – update • ASC Operational Strategy 2021-24 • Strengths Based Practice in Adult Social Care • Leicestershire County Care Ltd (LCCL) -update • Draft Work Programme 2021/22 		ASC Operational Strategy item: Commission to receive future updates, and officers be encouraged to flag areas of improvement. Strengths Based Practice in Adult Social Care item: Commission added to work programme to allow for members to track progress. LCCL update item: Commission to be kept informed of progress.	
26 August 2021	<ul style="list-style-type: none"> • Covid-19 update • HealthWatch Leicester & Leicestershire Annual Report • Domiciliary Care • Procurement Plan • Work Programme, including proposal for new review into Care Packages Budget costs. 		HealthWatch Leicester AR item: Members recommended for HealthWatch to improve their attendance, engagement and sharing of information with ASC scrutiny. Domiciliary Care item: Members requested item on Carers Tech to future meeting. Dom Care item scrutiny to continue via task group review. Procurement Plan item: Members requested for item to come back with bigger font for legibility and table to show higher value contracts at top, if possible. WP – proposal for new review agreed.	

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
7 October 2021	<ul style="list-style-type: none"> • Covid-19 update • Procurement Plan • Work Programme, including progress update on task group review, led by Cllr March. • Afghan refugees resettlement – verbal update on ASC impacts 		<p>Procurement Plan item:Members recommended contracts for further scrutiny:</p> <ul style="list-style-type: none"> • <i>Transport of Vulnerable Persons (jointly with Childrens Scrutiny)</i> • <i>Domestic Violence (jointly with N/hoods Scrutiny)</i> • <i>Liberty Protection Safeguarding (ASC)</i> • <i>Extra Care Development (ASC)</i> • <i>Domiciliary Support (ASC task group)</i> <p>Covid update item: Members agreed to keep covid updates on future agendas.</p> <p>Afghan refugees resettlement item Members be kept informed of any progress, and that broader consideration be given to refugees and asylum seekers in the city, in relation to adult social care impacts.</p> <p>Work Programme re: progress on task group item: Members requested an additional ‘deep dive’ evidence session.</p>	
2 Dec 2021	<ul style="list-style-type: none"> • Covid update • Existing Winter Care Plan update on ASC aspects. • Learning Disabilities Plan update • Leicester Safeguarding Adult Board Annual Report • Task Group report – progress update 			

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
13 January 2022	<p><i>Draft items tbc:</i></p> <ul style="list-style-type: none"> • Council Annual Budget reports - TBC • Mental Health Strategy 2021-2025, final plan to come back • Carers and Domiciliary Strategy • Carers Technology Aids • ASC Performance monitoring • HealthWatch Leicester & Leicestershire re: engagement with scrutiny • Task Group report – progress update 			
10 March 2022	<ul style="list-style-type: none"> • Local Plan update TBC 			

Meeting Date	Topic	Lead Officer	Actions Arising	Progress
<p>Forward planning – possible items:</p> <ul style="list-style-type: none"> • <i>Autism Strategy</i> • <i>Dementia Strategy update</i> • <i>ASC Workforce Planning for the future</i> • <i>Carers Strategy</i> • <i>Tackling isolation</i> • <i>Unisons Ethnical Care Charter</i> • <i>Better Care Fund (BCF) Annual Report</i> • <i>Contracts and Assurance Annual Quality Report</i> • <i>Age UK Leicester, Leicestershire & Rutland</i> • <i>Procurement Plan: contracts for further scrutiny:</i> <ul style="list-style-type: none"> ➤ <i>Transport of Vulnerable Persons – to bring an update for members when further progress is made, as this commissioning review is underway. To be considered jointly with Childrens Scrutiny.</i> ➤ <i>Domestic Violence –to be considered jointly with Neighbourhoods Scrutiny</i> ➤ <i>Liberty Protection Safeguarding – under Adult Social Care. Ruth to bring a report once further clarity and guidance is received from the Dept of Health & Social Care, to include associated Advocacy contracts</i> ➤ <i>Extra Care Development – under Adult Social Care. Kate to bring an update for members when further progress is made, as this commissioning review is underway.</i> ➤ <i>Domiciliary Support – under Adult Social Care, to be considered as part of ongoing task group work into care costs packages review.</i> 				