



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 8 MARCH 2016 at 5:30 pm

P R E S E N T :

Councillor Cleaver (Chair)  
Councillor Bajaj (Vice Chair)

Councillor Cutkelvin  
Councillor Halford

Councillor Joshi  
Councillor Khote

In Attendance

Pat Hobbs - Healthwatch  
Philip Parkinson – Healthwatch

Councillor Rory Palmer – Assistant City Mayor (Adult Social Care, Health,  
Integration and Wellbeing)

Councillor Chaplin - Chair, Health and Wellbeing Scrutiny Commission (present for  
minute item 48, Leicester City Better Care Fund 2016/17 Update

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**41. APOLOGIES FOR ABSENCE**

The Vice Chair to the commission announced that Councillor Cleaver, the  
Chair, had been unavoidably delayed. He would therefore Chair the meeting in  
her absence until she arrived.

There were no apologies for absence.

**42. DECLARATIONS OF INTEREST**

Councillor Joshi declared an Other Disclosable Interest in the general business  
of the meeting in that his wife worked in the City Council's Reablement team.  
He also declared an Other Disclosable Interest in the general business of the  
meeting in that he worked for a voluntary organisation for people with mental  
health issues.

As a Standing Invitee to the Commission, Mr Philip Parkinson (Healthwatch invited representative) declared an Other Disclosable Interest in the general business of the meeting in that he had a relative in receipt of a social care package.

In accordance with the Council's Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective people's judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

#### **43. MINUTES OF THE PREVIOUS MEETING**

RESOLVED:

that the minutes of the previous meeting of the Adult Social Care Scrutiny Commission held 3 November 2015 be confirmed as a correct record.

#### **44. PETITIONS**

There were no petitions.

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

There were no questions, representations or statements of case.

#### **46. ADULT SOCIAL CARE SERVICE USER GROUP: EQUALITIES OVERVIEW**

Councillor Cleaver arrived during the consideration of this item and resumed the Chair.

The Strategic Director, Adult Social Care and Health submitted a report that presented an overview of equalities issues relating to Adult Social Care in Leicester. Councillor Palmer, Deputy City Mayor introduced the report explaining that the information had been provided in response to a previous request from the commission.

Comments and questions on the report from Members included the following:

- A query was raised in relation to Section 3.6.4 of the report where evidence suggested that people of Asian ethnicity were more likely to assume an unpaid caring role. A Member questioned whether there might be a particular reason for this. The Deputy City Mayor responded that while he could not give a definitive answer to this, this might relate to different cultural traditions as to how families cared for vulnerable members.

The Strategic Director added that the figures were positive in respect of the number of carers who were coming forward to receive support from the service.

- A Member referred to Section 1.4 of the report which stated that the report focussed on the protected characteristics of age, disability, sex, religion or belief and race, but the majority of service users chose not to disclose other characteristics. She suggested that those undisclosed characteristics would probably include sexual orientation and gender re-assignment and questioned whether any work had been carried out to capture information from them. A question was also asked as to why the report focussed on the main characteristics and a concern was raised that the minority were being ignored.

The commission heard that the data was taken from the Adult Social Care customer data base. When officers carried out an assessment, the service user would be asked to self-categorise; however the service was not delivered on the basis of protected characteristics. It was probable that there would be very little information on the remaining characteristics. The Deputy City Mayor added that when the information was initially requested by the scrutiny commission, the query largely focussed on race and religion, so the report mainly responded to that request. There was however no suggestion that the minority groups were being ignored and a piece of work had been carried out in Scrutiny last year which focussed on the needs of the minority groups. These issues were taken very seriously by the council and there was a Public Sector Equality Duty under the Equality Act 2010. The Deputy City Mayor asked people to report any issues where they felt the council were not meeting that duty.

- In respect of 3.1.4 of the report, Members queried the engagement process that took place with local residents and the city's communities. The Deputy City Mayor responded that the council tried to ensure that consultation exercises were appropriate and accessible. He was not aware of any examples where the council had fallen short of this, but again asked people to let him know if they believed otherwise.
- Philip Parkinson, Healthwatch representative, queried whether there was an increase in safeguarding referrals for people with learning difficulties. The Strategic Director responded that he was not aware of any particular issues but he would investigate further.
- A Member questioned whether the local authority provided help for people new to Leicester, who had mental health issues. There was a concern that they might not know how to access services. The Deputy City Mayor replied that the issue was to ensure that the health and care system equipped the needs of the population in Leicester; it was evident that there would be a very considerable increase in demand for services. It was important to find ways that people's needs could be met within the community, so that people in need of a care package would be allocated care appropriate to their needs. It was also important that those newly arrived to Leicester had resilience within their communities too.

- A Member referred to the statistics for contact by primary client type and queried that there appeared to be a zero figure for domestic violence. The Strategic Director answered that the primary client type referred to a categorisation at the point of contact along with the client's primary support reason. There could be more than one reason, but these figures reflected the main presenting issue. He confirmed that he would check to ascertain whether there was anyone with domestic violence as a presenting issue. He asked Members to treat the figures with some caution as clients could have a number of the issues listed in addition to their main presenting reason.

AGREED:

that the report be noted.

Action	By
To ascertain whether there was an increase in the number of safeguarding referrals in Leicester City Council for people with learning difficulties	The Strategic Director, Adult Social Care and Health
In relation to the statistics for contact by primary type, to ascertain whether anyone had domestic violence as their presenting issue.	The Strategic Director, Adult Social Care and Health

#### **47. ADULT SOCIAL CARE - CARE PATHWAY AND CARE ACT IMPLEMENTATION**

The Director of Adult Social Care and Safeguarding presented a report which described the care pathway for people who might be in need of care and support. The report outlined how people were assessed and supported in line with the Care Act 2014, introduced in 2015. Members considered the report and raised a number of queries and comments which included the following:

- It was noted that under the Care Act there was a requirement for Councils to make advocacy available, specifically for people who would have substantial difficulty in taking part in the assessment process. A query was raised as to whether advocacy would be available for people in care homes. The Director explained that the council had a duty to provide advocacy where people could not understand the process themselves and there was no one available to help them. This included people in care.
- A query was raised as to whether the council gave advice on safety measures where people were encouraged to remain in their homes longer. The Director explained that they looked at a broad range of risk assessments; which included for example loose carpets, appropriate footwear and travel plans etc.

- In respect of Support Planning, it was noted that unless there were exceptional circumstances, the plan would be developed within the financial envelope of a person's indicative personal budget. A Member questioned what might constitute an exceptional circumstance. The Director responded that this might be where the indicative level of support did not match a person's needs; this might, for example, relate to the home environment.
- The Chair questioned whether the assessment process was fair. The Strategic Director responded that there was a quality assurance panel which looked at a selection of cases. These quality assurance checks were a new initiative as there was no statutory obligation to do this. Members commended the introduction of the quality assurance panel.

AGREED:

that the report be noted.

#### **48. LEICESTER CITY BETTER CARE FUND 2016/17 UPDATE**

The Director of Adult Social Care and Safeguarding updated the commission on the Leicester City Better Care Fund 2016/17.

The Deputy City Mayor reported that Leicester City were seen both regionally and nationally as exemplar in delivering their Better Care Fund (BCF) and thanks were given to the Director and her team and Rachana Vyas, Deputy Director of Strategy and Planning from the Clinical Commissioning Group (CCG). He expressed concerns that the BCF was very bureaucratic and added that the Department of Health needed to be made aware of the issues that arose from the bureaucracy that they imposed. The Strategic Director concurred stating that the planning and bureaucracy were unhelpful and that he was aware of other regions that were not as well placed with the BCF as Leicester was. The Chair invited Councillor Chaplin, the Chair of the Health and Wellbeing Scrutiny Commission to the table in order to contribute to the discussion. The Chair of the Health and Wellbeing Scrutiny Commission commented that commission Members were also concerned at the general levels of bureaucracy within BCF.

Philip Parkinson, Healthwatch representative suggested that the commission might ask Healthwatch to make representations to the Department of Health over this issue. The Director stated that representatives from government departments had previously met with the city council; they had asked for and received honest feedback, but it did not appear that the comments had been acted upon.

It was suggested that it would be useful to send a letter from the Chairs of both the Adult Social Care and Health and Wellbeing Scrutiny Commissions expressing concerns about the bureaucracy of the BCF. The Deputy City Mayor commented that it needed to be argued that there was not a one size fits all solution, because some parts of the country were in a different situation to

Leicester.

A Member questioned who was responsible for care of the patient when, for example, they were discharged from hospital after a long stay. The Director explained that where someone needed the council's support, the hospital had a statutory responsibility to contact the council, who in turn had a responsibility to provide that support within 48 hours of a discharge notification being issued. The council were successful in reaching that target.

The Chair congratulated the Director of Adult Social Care and Safeguarding and everyone who had worked on the Better Care Fund. The Chair asked for an update to be brought back to a future meeting of the commission.

AGREED:

- 1) that the report be noted and an update be brought back to the Adult Social Care Scrutiny Commission; and
- 2) that a letter to be sent from the Chairs of the Adult Social Care Scrutiny Commission and the Health and Wellbeing Scrutiny Commission to the Department of Health expressing their concerns around the bureaucracy in delivering the Better Care Fund.

Action	By
For a letter to be from the Chairs of both the Adult Social Care and the Health and Wellbeing Scrutiny Commissions to the Department of Health, expressing strong concerns around the bureaucracy in delivering the Better Care Fund.	Chair of the Adult Social Care Scrutiny Commission, Chair of the Health and Wellbeing Scrutiny Commission and the Scrutiny Policy Officer.

#### **49. LOCAL AREA ACTION PLAN OF SUPPORT FOR PEOPLE WITH AUTISM**

The Director for Adult Social Care and Commissioning presented a progress report in response to the National Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy. The Director explained that the council were working with colleagues in the Health Service on this. There were some areas where there was room for improvement, but overall very good progress had been made.

Members thanked officers for the report and welcomed the findings. The Chair asked for an update on the action plan to be brought to the commission twice a year. Members were pleased to see an understanding of the different groups and that progress on the key actions was slightly ahead in all areas with the exception of 'Diagnosis'. The Lead Commissioner for Mental Health and Learning Disabilities added that they recognised that there was a gap for people without a diagnosis and the Leicester Clinical Commissioning Group

were looking into this. One of the key challenges of the Adult Autism Strategy was to recognise those people with autism but who were relatively high functioning. Their lives could be marred by people who did not understand their needs, so there was a question as to how society could be more open to people with autism.

The Chair suggested that more action needed to be taken to raise awareness, as autism was not promoted as well as, for example, dementia. She suggested that council officers needed to be more aware of the issue. In addition, libraries, community centres etc could perhaps do more to promote awareness with members of the public.

The Lead Commissioner, for Mental Health and Learning Disabilities reported that one in a hundred people were on the autistic spectrum. A new app had been developed which would help people on that spectrum to identify their needs.

AGREED:

that the report be noted and that further reports be brought back to the commission on a twice yearly basis.

#### **50. IMPLEMENTING "BUILDING THE RIGHT SUPPORT - THE TRANSFORMING CARE PARTNERSHIP"**

The Director for Adult Social Care and Commissioning, presented a briefing note that updated the commission on a national plan to develop community services and reduce the use of inpatient facilities for people with learning disabilities and autism who displayed challenging behaviour. Members heard that the plan followed on from the Winterborne review and the report detailed what actions were in place. The council was looking at ways to respond to the plan and the different key issues.

The Chair commented that she welcomed this initiative. The Lead Commissioner for Mental Health and Learning Disabilities reported that prior to this national plan, Leicester already had plans in place for supporting people to transfer back into the community. The Strategic Director commented that the plan was designed so that the National Health Service (NHS) would meet the needs of those people, in an environment closer to home, rather than having them sent to centres which could be several hundred miles from home. There was a need for good clinical outreach support, but this was proving to be a challenge for the NHS to deliver.

AGREED:

that the report be noted.

#### **51. COMMUNITY SCREENING AND ASSESSMENT REVIEW**

The Scrutiny Police Officer, on behalf of the Chair, provided an update on the Community Screening and Assessment Task Group Review.

The commission heard that the findings of the review so far were as follows:

- The current single point of contact was quite robust and therefore the model did not need changing; but options to improve the model as detailed below should be considered;
- There needed to be better engagement with community groups and the council about what services the council could offer the service users. There needed to be better engagement with community leaders on this basis.
- There should be some basic information given to all frontline staff on adult social care services so that they could correctly refer people to prevent unnecessary referrals to ASC services.
- Once the web portal had been rolled out, there needed to be an effective communications strategy to inform the public, staff and community groups; and
- For a video to be compiled and uploaded to the council website and shared with community partners to give information about adult social care services and how they could be accessed. To avoid costs, this could be a competition for university students.

The Chair asked the commission to agree the recommendations in order that a report could be prepared for consideration at the meeting of the Overview Select Committee on 24 March 2016. The Task Group report would be emailed to all Members of the commission shortly and they were asked to read this and submit any final comments by Friday 11 March 2016.

AGREED:

that the Adult Social Care Scrutiny Commission endorse the recommendations of the Community Screening and Assessment Task Group Review.

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

There were no comments on the Adult Social Care Scrutiny Commission work programme.

## **53. CHAIR'S ANNOUNCEMENT**

The Chair announced that she had received an email from Philip Parkinson from Healthwatch, to advise that he was having to reduce his Healthwatch commitments and would no longer be able to attend the meetings of the Adult Social Care Scrutiny Commission. However, Pat Hobbs would be attending meetings of the commission in his place. The Chair welcomed Pat Hobbs and thanked Philip for his contribution to the commission adding that he had dedicated himself to helping people in the city.



**54. CLOSE OF MEETING**

The meeting closed at 6.55 pm.