



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 13 MARCH 2025 at 5:30 pm

P R E S E N T:

Councillor March - Chair

Councillor Kaur Saini

Councillor Sahu

Councillor Dawood, Assistant City Mayor, Adult Social Care

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105. WELCOME AND APOLOGIES FOR ABSENCE

Apologies were received from Cllrs Cole, O'Neil and Orton and Ruth Lake.

106. DECLARATIONS OF INTEREST

No interests were declared.

107. MINUTES OF THE PREVIOUS MEETING

AGREED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held on 9th January 2025 be confirmed as a correct record.

108. CHAIR'S ANNOUNCEMENTS

The Chair Welcomed Cllr Dawood as the new Executive Member for the Commission.

It was noted that the Domestic Violence Consultation would go the first Overview Select Committee Meeting of the new municipal year.

109. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that none had been received.

110. PETITIONS

The Monitoring Officer reported that none had been received.

111. CQC INSPECTION - VERBAL UPDATE

The Strategic Director for Social Care and Education gave a verbal update to the Commission. It was noted that Leicester City Council had a visit from the CQC in February 2025. They were currently working through the timelines for the draft report and accuracy check. The report was expected to be completed by the end of April 2025.

112. ANNUAL REPORT 2023/24 ADULT SOCIAL CARE (ASC) COMPLAINTS AND COMMENDATIONS

The Assistant City Mayor for Adult Social Care welcomed the report as a means of receiving feedback on Adult Social Care services.

The Head of Business Intelligence Support gave an overview of the report. Key points to note were as follows:

- The report provided covered the full year of 2023/24.
- Contact was received by 200 people, which was not formal complaints had been received during this time period. 80% of those were forwarded to a specific ASC team.
- Contact received usually related to service matters such as lateness of Carers.
- There had been 57 formal complaints, of which 19 were upheld. Reasoning for upheld complaints included lack of communications and challenging practice decisions.
- Most of the complaints received were in relation to individual care and support, Occupational Therapy, and matters concerning safeguarding.
- 6 formal contacts were dealt with by the Local Government and Social Care Ombudsman, 2 of which were upheld regarding the department's actions.
- The Ombudsman reflected that 67% of the City's ASC complaints upheld.
- Positively, there had been a higher number of commendations for staff than the previous year, 244 had been received.
- Complaint management incorporated identification of learning and taking action to prevent future issues by implementing best practise.
- Follow up work included, conducting workshops, audits, reviewing cross-departmental arrangements, feedback and engagement groups and identifying themes and trends. IT solutions would support the latter.

In response to questions and comments from Members, it was noted that:

- The report reflected strengths and weaknesses.
- One of the cases dealt with by the ombudsman highlighted the importance of future proofing. A balance had to be found between adapting properties to meet needs and the associated expenses.

- There were different routes for complaint investigation, some requiring multi-agency examination and others dealt with by boards, such as the Adult Safeguarding Board.
- Compared with other Local Authorities, Leicester received a relatively low number of complaints. This was accredited to a high success rate of satisfactorily dealing with issues, preventing escalation.
- Complaints were classified between levels 1-13. The Ombudsman would deal with matters exceeding this point.
- Monitoring of external providers was in place, regarding facilities such as care homes.
- Incidents relating to providers, came through the quality referral route.
- Complaints dealt with by the Care Quality Commission would not necessarily be included in reporting due to limitations in transparency.
- Those in receipt of Direct Payments might not raise complaints due to managing their own support.
- Further work on complaints reporting could come to scrutiny.
- Complaints regarding length of call waiting time did not relate to the duty safeguarding phone line.
- Complaint trends concerning ethnicity were monitored annually and tended to be small in number.

Agreed:

1. That the report be noted.
2. For an anonymised addendum to be presented in the next report.

113. ADULT SOCIAL CARE AUTISM AND NEURODIVERSITY DELIVERY PLAN 2024-2026

The Director for Adult Social Care and Commissioning submitted a report to present, seek feedback and endorsement on the new 'Leicester City Adult Social Care Autism and Neurodiversity Delivery Plan 2024-2026'.

It was noted that:

- The key recommendations from the previous consultation were to write a detailed delivery plan for Leicester City Council and formulate a joint needs assessment.
- Leicester City Council was an active partner in the LLR Learning Disability and Autism (LDA) Collaborative, which had led to focused pieces of work to benchmark the LDA services and support for people with a learning disability and/or autism.
- Leicester City Council were aligning with the national neurodiversity strategies and what was important for people with neurodiversity.
- Detailed engagement had been received from a consultation which formulated 6 key priorities from local residents which were:
 - Improving knowledge and understanding of autism and neurodiversity in Leicester city
 - Improving the quality and access to information, advice and

support related to autism and neurodiversity

- Improving opportunities for autistic and neurodivergent people to gain and maintain meaningful employment and other activities
- Supporting public places to be more accessible and autism/neurodiversity friendly
- Working with partners to reduce health inequalities – keeping mentally and physically healthy
- Working with partners to make local public transport more accessible for autistic and neurodivergent people

- The purpose of expanding the Delivery Plan was to achieve better outcomes for both people with neurodiverse conditions and for autistic people, as well as ensuring that the services and support delivered was sensitive to the diverse needs of autistic and neurodivergent people.
- The first step towards achieving the delivery plan was to gain greater understanding of the needs of people who required Adult Social Care support who may also have neurodivergent conditions.
- An equality impact assessment would be completed and run alongside the delivery plan, it would be iterative and live.
- Therefore, work would be undertaken on data collection to develop a needs assessment as well as benchmarking work with other Local Authorities and partners to inform our decision making.
- Commissioners would work with families and people with lived experience to understand the scale of the work, opportunities, risks and issues and what could be reasonably achieved for the delivery plan.
- The Joint Strategic Needs Assessment (JSNA) was in draft, it was now split into - Learning disabilities, Learning disabilities and autism, and Autism separately so all of those areas are looked at their own merit.
- Funding had been identified for the Monday Club, which offered good support for autistic people up to age 25 and work was taking place to ensure the next year was funded.
- There were now 2 new Job Coaches within the Supported Employment Service that specialised in working with autistic people.
- The Organisational Development Team were working with the Adult Social Care team to deliver corporate training on neurodiversity to support managers and their teams. Webinars and resources would be available on the council's intranet about reasonable adjustments for people that needed them.
- The report was taken to the Lead Executive Member for Adult Social Care and feedback was received and noted. Systemwide work would take place across LLR Health and Social Care. ASC were also working closely with LDA, the County Council and Public Health.
- Although it was a City Delivery Plan, they were working in a wider context and excellent support within the LDA collaborative to be able to do that. Especially with health inequalities work.
- It would be aligned to the National Strategy and a wider LLR plan.
- Alongside the work completed with Lead Executive Member for Adult Social Care, an aspiration for Leicester to be an autism and neurodivergent friendly city.

As part of discussions the Chair invited members to make comments, and it was noted that:

- It was very welcomed that learning disabilities, autism and neurodiversity were separated and looked at individually as not all people had cooccurrences. The plan initially started looking at autistic adults and key strategies such as the Autism Act aligned with that and was only the second piece of legislation that directly talked about disability in the country. Subsequent to that the statutory guidance came which was followed. There wasn't any national legislation or strategy around neurodiversity or ADHD.
- Locally the waiting lists for people to receive an ADHD assessment were far longer than those waiting for an autism assessment. A local charity organisation called ADHD Solutions had recently folded, which has left gaps for people to get support whilst they were on the waiting lists.
- When children turn 18 they were looked after by the Care Act and the rules were very different. Support needed to begin early for people who were looked after, to ensure their transition into Adult Social Care works better than it currently did.
- The notion of trying to think around what would a city that works for people who were neurodivergent. A lot of people did not need access to formalised support services. What they need was to live in a society that was both adaptable and tolerant to their individual needs.
- Commissioning work had taken place jointly between Adult Social Care and the Integrated Care Board (ICB) on ADHD Services following the closure of ADHD Solutions. Solutions had been identified to keep supporting people with ADHD. Such as interim solutions to ensure the support groups continued. A soft market test was due to take place so see what interest was available to be able to reprocur and provide that service using funding left over from ADHD Solutions no longer providing that service.
- The Care Act ignored and disregarded diagnosis. Work was completed on a principle which is called the social model of disability which treats the person as the person. A holistic look at that individual, how they managed to interact with the world and what those challenges were. Some VCSE led services did require a diagnosis as part of their criteria as a small organisation.

AGREED:

1. That the report be noted
2. That Care Leavers and care experienced people would be included in the equality impact assessment.
3. Dementia be added to the work programme.

114. DELIVERING THE CITY'S SUPPORTED LIVING AND EXTRA CARE STRATEGY

The Assistant City Mayor for Adult Social Care introduced the item, noting that this was a ten-year plan, setting out requirements for those with social care needs.

The Director for Adult Social Care and Commissioning provided an overview of the report. Key points to note were:

- The accommodation plan was set out across a ten-year period.
- The strategy target was to provide 551 units of accommodation over 3 phases of delivery.
 - Phase 1 had a predicted delivery of 155 units. This target had not been met, largely due to lack of progress with the Tiling and Hamelin Road sites.
 - Phase 2 would provide 66 units.
 - Phase 3 was expected to provide 289 units.
- 56 units of accommodation had been successfully delivered over 11 sites.
- There was a key focus on bespoke provision.
- An excellent portfolio of support already existed within the city.
- There was a comprehensive range of accommodation with different models of support. Some having communal hubs and others having floating support.
- Schemes were designed to meet different needs, such as mental health, learning ability and physical issues.
- There were 698 units with supported living accommodation. This was spread over 112 schemes.
- A similar methodology to the one underpinning the 2021 strategy was in place and would remain until 2027.
- The successful work of the Operational Placement Team was noted, with positive outcomes in securing the best accommodation for people needs and requirements.
- The total number of supported people across the city currently came to 550.
- 150 older people were living in extra care schemes.
- There was a variety of support schemes, with commission providers and a range of people in receipt of Direct Payments.
- Collaborative work was taking place with colleagues in Neighbourhoods Services and with developers.
- The Shared Lives service had traditionally been seen as a support for those with learning difficulties, but a more expanded offer was to come.
- There was a range of ongoing plans with new developments expected and a continued focus on delivery approach.
- 22 accommodation units had been brought forward by developers, having a confirmed delivery dates across 2025/26.
- Moving forwards, there would be a focus on working collaboratively with Neighbourhoods and City Development on 4 interlinked workstreams.

Stage 1 of which had already been completed.

- Other opportunities included the asset pipeline with a view to how this could be built upon.
- There was a good prospect to work holistically and strategically.
- Regarding procurement, detailed conversations were required with developers and providers with an emphasis on teamwork.
- It was acknowledged that Leicester tended to be short on opportunity to develop land. Future talks would be necessary with the market to consider possibilities.
- There could be opportunities with local partners, such as Leicestershire County Council and other schemes bordering the city.

In response to questions from the committee, it was noted that:

- The Tiling and Hamelin Road procurement was unsuccessful due to a number of reasons including providers uncertainty over the mixed model. On returning to market, there appeared to be interest but this was not substantiated at procurement.
- There was a £5.9m in budget in Policy Provision for extra care. Models may need to be revised in line with change.
- Positive associations with developers included Right To Buy and Homes England funding. Schemes tended to come with funding and might be investor lead. Mixed financial models were welcomed.
- The commission queried risks on working with multiple developers, Officers highlighted benefits of having a wider pool. Checks and balances were in place. Tenants could choose a different provider if they so wished, without risk to tenancy.

Agreed:

1. That the report be noted.
2. For scrutiny to follow matters of budget and any inconsistencies arising.
3. Concerns were noted on slippage.
4. Numbers of providers to be monitored.
5. Progress would be followed with a planned return to scrutiny.

115. WORK PROGRAMME

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with her and the senior governance officer.

116. ANY OTHER URGENT BUSINESS

With there being no further business, the meeting closed at 7.15pm.

