



**MINUTES OF THE ADULTS AND COMMUNITIES SCRUTINY COMMITTEE
MEETING HELD AT 7PM ON
TUESDAY, 12 NOVEMBER 2019
BOURGES / VIERSEN ROOM, TOWN HALL, PETERBOROUGH**

Committee Members Present:

Councillors N. Simons (Chairman), K. Aitken, R. Bisby, S. Bond, R. Brown (Vice-Chairman), J. Fox, J. Howard, M. Jamil, H. Skibsted.

Co-opted Member: Parish Councillor Neil Boyce

Officers Present:

Debbie McQuade	Assistant Director, Adults and Safeguarding
Helen Duncan	Adult Principal Social Worker & Head of Adult Safeguarding
Tina Hornsby	Head of Integration
Adrian Chapman	Service Director, Communities and Safety
David Beauchamp	Democratic Services Officer

Also Present:

Jo Proctor – Head of Service – Cambridgeshire & Peterborough Safeguarding Boards

26. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillor Yasin, Howell and Fower. Councillor Skibsted was in attendance as substitute for Councillor Yasin.

27. DECLARATIONS OF INTEREST

There were no declarations of interest or whipping declarations.

**28. MINUTES OF THE ADULTS AND COMMUNITIES SCRUTINY COMMITTEE
MEETING HELD ON 10 SEPTEMBER 2019**

The minutes of the Adults and Communities Scrutiny Committee Meeting held on 10 September 2019 were agreed as a true and accurate record.

29. CALL IN OF ANY CABINET, CABINET MEMBER OR KEY OFFICER DECISIONS

There were no requests for call in to consider.

**30. CAMBRIDGESHIRE AND PETERBOROUGH SAFEGUARDING ADULT BOARD
ANNUAL REPORT 2018-19**

The report was introduced by the Adult Principal Social Worker & Head of Adult Safeguarding and the Head of Service, Cambridgeshire & Peterborough Safeguarding Boards. The report allowed the committee to scrutinise the work and progress of the Cambridgeshire and Peterborough Safeguarding Adult Board.

The Adults and Communities Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members asked for an assessment of the effects of legislative changes that created a joint Childrens and Adults board. Officers responded that the creation of the combined Executive Safeguarding Board had been beneficial in bringing service areas and partners together across both areas as people do not stop suddenly needing services when they turn 18. There were still two separate boards for children and adults however. The structure was constantly being reviewed to ensure its effectiveness. Part of the role of the combined safeguarding board was to ensure a balance between adults and children's safeguarding.
- Members referred to the Safeguarding Adult Review (SARs) into Arthurs's case on page 24 of the reports pack and asked if the task and finish group to develop a guidance pack had been completed yet. Officers responded that it had been established that professionals and practitioners could have been helped more to gain information. A training pack had now been developed and workshops were currently underway. The work would be applicable to other agencies. An audit would take place later in 2019.
- Members asked if the two ongoing SARS had been completed. Officers responded that these had just concluded and would be documented in next year's Safeguarding Board Report.
- There would be an increase in SARS in the next report. The Board were keen to be more open and transparent.
- Members praised the clarity of the report.
- SARs were required in certain situations. It was important to also focus on good practice. The Safeguarding Boards had the ability to conduct a multi-agency review. The work of SARs was duplicated in quality assurance work, e.g. through professional curiosity, the lived experience of adults, communication between agencies, task and finish groups and changes. It could be that the policies and procedures needed to be changed, e.g. as a result of a SAR on hospital discharge. SARs could also result in further consultation work being undertaken. A key conclusion was that multi agency risk management work would have helped people previously helped by SARs and these processes were now in place.
- Members noted that Arthur had limited mobility and used a wheelchair that was too big to use in his flat and asked officers if such people could be referred to more suitable housing. Officers responded that many people wanted to stay in their existing homes even if the Council do not think it is in the person's best interests. People may refuse adaptations. When a case had reached the Safeguarding Board, it was too late to act in that particular case.
- Multi-agency risk management had been introduced because there was little that could be done if a person refused services, as forcing them to accept help would be against their human rights. It was not always known who had a relationship with the person and there was a reliance on members of the public reporting issues. Sometimes a person would experience a crisis before being known to social care services despite having experience chronic, engrained difficulties.

- Members stated that they knew people in their wards who were experiencing difficulties but did not want to move and asked who they should be referred to. Officers responded that not everything was a safeguarding matter. Telephone guidance could always be sought to see if it was appropriate to complete a referral. If there was a risk to the person, a referral should always be completed.
- It was agreed that the Head of Service for the Cambridgeshire and Peterborough Safeguarding Boards would provide leaflets to members of the Committee from Safeguarding awareness month that contained basic information on safeguarding.
- The Council's social care team would ideally want a person to independently contact the housing team in order to move although this was dependent on the individual.
- Members asked if both the Council and Safeguarding Boards had adequate resources and what would be required to make their work easier.
- The Head of Service for the Board, responded that they were a small unit operating across Cambridgeshire and Peterborough and provided a wide range of services such as training and quality assurance. The Board had picked up services that been cut from other agencies. There was a strain on resources but the good partnership working across Cambridgeshire and Peterborough was highly beneficial.
- The Adult Principal Social Worker and Head of Adult Safeguarding responded that additional resources would always be beneficial. Demand for services was increasing and legislation still placed a duty of care to help everyone who falls within the remit of social care. A concern for the future was how to prevent people getting into a state of crisis in the first place.
- Members stated that situations in which a vulnerable adult does not comply with support could have an impact on other services, such as public health and the police. Officers responded that multi-agency risk management was extremely important when a person was not engaging. It was key to establish the appropriate threshold to make an intervention as people had a right to live as they choose. The threshold was high and it was importance not to intervene unless it was necessary. Levels of enforcement were dependent on the type of housing a person lived in. The Local Authority's formal adult safeguarding powers of intervention only applied when a person lost the mental capacity to make appropriate decisions, unlike with children. It is possible that a social worker may not be the appropriate person to build a relationship with a vulnerable person; it may be that a member of the community may be more appropriate to engage with the person in the least intrusive way possible to give them choices without having a negative impact on others.
- Members asked what the Board's biggest challenge for the following year was and what actions had been taken to prepare for it. Officers responded that the key priority was 'Making Safeguarding Personal' and ensuring this approach was fully embedded into agencies to avoid a 'tick box' approach. It was important to ensure that the workforce had the skills required.
- A seconded priority was to embed the learning from SARs and multi-agency safeguarding reviews into practice.
- A further priority was to consider how best to work with people who did not yet meet the safeguarding intervention threshold but were likely to do so in the future. It was important to consider how responsibilities for these people were distributed among agencies and recognised that engagement by the local authority may not always be the most appropriate option.

- Keeping the partnership working well together and working closely with the local authorities were also importance in light of cuts to resources.
- Members praised the fact that the Board were prioritising the needs of people, rather than the safeguarding services themselves.
- Members asked if the Social Care team had a system in place to identify if people were veterans, noting that they experienced complex issues and were already identified in healthcare services. Members also asked if officers were aware of the Veteran Transition Intervention Liaison Service (TILS). Officers responded that they were aware of the service but people were not currently identified as veterans but this should probably take place. Whether a person was a veteran was not currently identified on the referral form.
- Members stated that identifying veterans was important as there were experts available who knew how to cater to their unique needs. An app was available, 'Forces Connect', to which Peterborough were signed up to assist in this area.
- Officers highlighted the importance of preventative work as this benefitted both individuals needing support and had financial benefits for local authorities.
- Officers highlighted the importance of encouraging people to use the local authority's website to identify services they might require.
- Members requested additional information on liaison with GPs surgeries with regard to safeguarding people, especially in light of the increasing use of telephone appointments. The Head of Service responded that links with Primary Care and Housing Services were particularly important and were now well established. Members of staff were appointed to work primarily in liaison with primary care services. Practice was shared with primary care services and working with them was essential to reaching certain communities as a person might be willing to talk to a G.P. but not social services. Self-assessment audits were in place to assess the effectiveness of these relationships.
- Members felt that there could be a disconnect between residents, patients and GP practices and asked how the Board identified areas where things needed changing. The Head of Services responded that processes were robust and relied on accurate evidence being provided. 'Challenge days' were held when a service appeared to be 'too good to be true' or conversely, overstating their difficulties. These days were supportive but also challenging.
- It was agreed that 'Safeguarding Easy Carry Cards' would be provided for Members by the Head of Service via the Democratic Services Officer.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee **RESOLVED** to receive and note the content of the annual report and:

1. It was agreed that the Head of Service for the Cambridgeshire and Peterborough Safeguarding Boards would provide leaflets to members of the Committee from Safeguarding awareness month that contained basic information on safeguarding.
2. It was agreed that 'Safeguarding Easy Carry Cards' would be provided for Members by the Head of Service via the Democratic Services Officer.

31. CARERS UPDATE – CARERS SURVEY AND ADULT POSITIVE CHALLENGE PROGRAMME

The report was introduced by the Assistant Director, Adults and Safeguarding and the Head of Integration which allowed the Committee to scrutinise the results of the Carers Survey and the actions being taken within the Adult Positive Challenge Programme to improve the experience of carers.

The Adults and Communities Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members referred to section 9.1 – Financial Implications on page 37 of the reports pack and asked how £3m of savings would be made to the Adults Positive Challenge Programme, given that there was an aging population. Officers responded that a key part of their ethos was that better outcomes were not necessarily more expensive. If carers were well-supported they were less likely to have a breakdown which would have resulted in higher costs for the council, such as residential care. A key focus was on keeping people out of long-term care where possible.
- Some members felt that there should have been more information on preventative measures in the report and asked if this was a key part of the Adults Positive Challenge Programme. Officers responded that this was because this report was focusing primarily on the results of the Carers Survey but information on preventative measures could be provided to the committee in the future if required.
- Some members felt that there was limited mention of young carers within the report and asked what provisions were in place to provide respite care. Particular concern was raised over the impact that caring responsibilities could have on a young person's future if adequate support was not provided. Officers responded that young carers were supported in the same way of adults; i.e. by asking how do we meet the needs of carers and support them to continue caring. The Carers' Trust helped to identify carers in need of support. This was sometimes difficult due to the unwillingness of young carers to come forward in some communities. Issues might include information on support not being provided in an appropriate language Support for carers to have breaks from their responsibilities was provided by other organisations.
- Members highlighted that many carers could be elderly themselves. Looking after them was important and this was also financially beneficial to the Council. Members referred to section 4.5 – Impact on carers' health on page 31 of the reports pack and asked what more could be done to provide support in this area.
- Officers responded that supporting carers to seek support was important. Many carers did not see themselves as such, but as a parent, son or daughter etc. It becomes more difficult to provide care as one gets older and planning for an emergency situation was important. Many carers do embrace the support that is offered, such as being given a break or being accompanied to a resource centre. The Council were aware that they would not be able to provide care to everyone without the help of family carers. Some people would refer themselves via the Carers Trust and they might not want to engage with the Local Authority directly, but could do so with the right support from other organisations. With regard to health issues, work had been done with colleagues from the Public Health directorate to provide a health trainer service and help carers with specific needs, e.g. sleep management. Work was also underway with libraries to provide carers with better resources.
- Members noted the importance of early intervention and the need for someone to identify the early signs that support for a carer was required and

refer them to the appropriate organisations. Officers responded that the Peterborough information Network website was now available and was useful in this area. Links were available to GPs surgeries across Cambridgeshire and Peterborough. Most carers in need of assistance would initially visit a G.P.

- Members suggests that information on Carers support should be provided in supermarkets as carers might be more likely to visit them than libraries. Officers responded that they were currently assessing where the best places to locate this information would be and that creative thinking might be required. Placement in supermarkets could be explored.
- Members noted issues with sleep deprivation and the fact that many carers did not think of themselves as being carers, e.g. a married couple.
- Members felt that helping carers with Universal Credit was important and there were sometimes issues with cancelled assessments. How does the Council connect with the Department for Work and Pensions (DWP) to ensure that they know a person was a carer and received appropriately sympathetic treatment? Officers responded that the Council had a team of staff who conducted financial assessments and ensured that carers and the cared for person received all the benefits that they were entitled to. Support was also provided via the Home Service Delivery Model and Care and Repair. The most significant challenge was supporting carers who were not known to the Council and invited any suggestions Members might have to improve work in this area. The offer available to carers continue to be improved.
- Members re-emphasised the importance of other agencies being aware of people's caring responsibilities and felt that the measures in place were not adequate. People needed to be treated with care and respect, and financial issues could exacerbate existing mental health issues.
- Members asked for additional information on the New Carers Operational Group. Officers responded that that group was in place to identity what could be changed to meet the needs of carers and help to develop more innovate ways of providing support.
- Members expressed concern about young carers not living a fulfilling life due to their responsibilities and asked if there was a way of rewarding them. Officers responded that support was provided to Carers via Personal Independence Payment (PIP), Council Tax Reduction and Housing Benefit but that the carer had to be 16 or over to be eligible for them. Some members felt this rule was unfair as someone under 16 could have employment, e.g. a paper round.
- Members asked what respite care was available to relieve tiredness for carers and if all carers were eligible for it. Officers responded that respite care was indeed available for carers known to the Council. There were many options for this and which one was used was dependent on a carer's individual circumstances.
- Members asked if the comments in the report were reflective of the balance of positive and negative comments received in the survey. Officers responded that a variety of comments had been received and they tried to include a representative sample in the report. 500 comments were received in total and were included based on the clarity of what was being said.
- Examples were raised by members of respite care being provided.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee considered the report and
RESOLVED to:

1. Note the results of the Carers Survey undertaken in Autumn 2018 and published in June 2019.
2. Note the work underway in the Carers work stream of the Adult Positive Challenge Programme and how this aligns to improving the experience of and outcomes for carers and managing demand for Adult Social Care.

32. ADULT SOCIAL CARE ANNUAL COMPLAINTS REPORT 2018-19

The report was introduced by the Assistant Director, Adults and Safeguarding and the Head of Integration which allowed the Committee to scrutinise the summary of Adult Social Care complaints and compliments received between 1 April 2018 and 31 March 2019.

The Adults and Communities Scrutiny Committee debated the report and in summary, key points raised and responses to questions included:

- Members referred to the complaint theme ‘dissatisfaction with the way finances are managed by care providers’ in section 4.6 on page 60 of the reports pack’ and asked for additional information regarding the control that could be exercised over a service user’s finances by a care provider. Officers responded that care providers could manage finances of behalf of service users but not all of them had had robust process in place. It was necessary to establish these processes to ensure legal compliance. Work was continuing with providers to ensure this was the case.
- Members asked if this was now under control and if spot checks on providers were in place. Officers responded there was insufficient evidence to identify misconduct in this particular case but record-keeping was poor rendering the provider unable to account for how the money had been spent. The individual in question had learning disabilities and relied on an advocate. The Council were now satisfied that the issue had been resolved.
- Members praised the fact that compliments had been received as well as complaints.
- Members expressed concern over the increase in the number of complaints and the rates of investigation. Officers responded that all complaints were investigated, including the five ‘Care and Repair’ complaints.
- Members requested additional information about the nature of the ‘Care and Repair’ complaints. Officers responded that at least two were related to lack of eligibility for Disabled Facilities Grants (DFGs). It was agreed that the nature of the other complaints would be discussed with the member in question after the meeting.
- Members asked if the Council learnt from complaints and took actions as a result, raising a specific example of a person being moved from a care home. Officers responded that this depended on the nature of the complaint and felt that the criteria for safeguarding were met. The family were not satisfied that the care home would make the changes agreed but no other concerns were raised so it was agreed that the individual would be move.
- There were some repeat complainants. These complaints were often so broad that they did not relate to this service area so were responded to by passing on their complaint to others which could exacerbate the situation. Complaints were always taken seriously and some complaints by repeat complainants were upheld.

- 56 formal complaints were received throughout the year in the context of 3,000 people supported directly with contact in place with an additional 16,000 people. The complaint rate was therefore very low.
- Members raised concerns regarding the high number of complaints relating to independent providers. Officers responded that this was a difficult area as carers were working out in the community and independent providers often claimed to be delivering all the services they should. Based on multiple complaints gathered, some organisations will accept the offer of training but some say it is purely an internal matter for them.
- Members asked how many complaints had been received regarding carers claiming to have visited a service user when they had not done so. Officers responded that there were no statistics available for this. Often this was not the fault of the carer as the provider might tell them they need to go elsewhere. The issue was serious and potentially amounted to fraud if a provider were invoicing for a commissioned service that was not delivered. Such complaints were therefore taken seriously.
- Members stated that information was easier to falsify if a service user had dementia and there could therefore be an artificially low number of complaints. Such issues could be occurring with more than one provider. Officers agreed, stated that electronic call monitoring could be used in these instances and raised an example of a service users' family taking note of the length of carers visit. A member raised a similar example relating to a family member.
- Electronic Call Monitoring required the carer to log the start and end of a caring session via an electronic device.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee considered the report and **RESOLVED** to note the summary of Adult Social Care complaints and compliments received between 1 April 2018 and 31 March 2019 and the learning and actions taken as a result.

33. ADULTS AND COMMUNITIES SCRUTINY COMMITTEE MEETING START TIME 2020-2021

The report was introduced by the Chairman which allowed the Committee to discuss and agree the start times for its meetings from the beginning of the Municipal Year 2020-21.

Members commented that it would be difficult to hold the meeting any earlier than 7pm due the need for Members to attend the pre-meeting after work.

Councillor Bisby, seconded by Councillor Brown, proposed the Adults and Communities Scrutiny Committee continue to meet at 7pm. This was agreed **UNANIMOUSLY**.

ACTIONS AGED.

The Adults and Communities Scrutiny Committee **RESOLVED** to commence meetings at 7pm in the 2020/21 Municipal Year.

34. MONITORING SCRUTINY RECOMMENDATIONS

The Democratic Services Officer introduced the report which enabled the committee to monitor and track the progress of recommendations made to the Executive or Officers at previous meetings.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee considered the report and **RESOLVED** to consider the responses from Cabinet Members and Officers to recommendations made at previous meetings as attached in Appendix 1 to the report.

35. FORWARD PLAN OF EXECUTIVE DECISIONS

The Democratic Services officer introduced the report which invited Members to consider the most recent version of the Forward Plan of Executive Decisions and identify any relevant items for inclusion within the Committee's work programme or to request further information.

There were no further comments made.

ACTIONS AGREED:

The Committee considered the report and **RESOLVED** to consider the current Forward Plan of Executive Decisions.

36. WORK PROGRAMME 2019/2020

The Democratic Services Officer introduced the report which gave the committee the opportunity to review the work programme and suggest any additional items to be considered.

It was noted that the Work Programme would be discussed at the next Group Representatives Meeting.

ACTIONS AGREED:

The Adults and Communities Scrutiny Committee **RESOLVED** to note the latest version of the work programme.

37. DATE OF NEXT MEETING

18 December 2019 – Joint Scrutiny of the Budget
14 January 2020 – Adults and Communities Scrutiny Committee

Chairman
7pm – 8:48pm