

ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL

A meeting of the Adult Social Care and Services Scrutiny Panel was held on 25 July 2018.

PRESENT: Councillors McGee (Chair), Coupe, Davison, Hellaoui (substitute for Councillor Uddin), J Walker and Walters.

ALSO IN ATTENDANCE: J Cain – Press (Evening Gazette)
S Lewis – CEO, Hart Gables
A Towers – LGBT Development Worker, Hart Gables.

OFFICERS: E Kunonga, C Lunn and E Scollay.

APOLOGIES FOR ABSENCE: Councillors Dryden, P Purvis and Uddin.

****The Chair advised that following the resignation of Councillor Rathmell from the Panel, a vacancy had become available. This matter would be referred to the next full Council meeting on 5 September 2018****

DECLARATIONS OF INTERESTS

There were no Declarations of Interest.

MINUTES - ADULT SOCIAL CARE AND SERVICES SCRUTINY PANEL - 25 JUNE 2018

The minutes of the Adult Social Care and Services Scrutiny Panel meeting held on 25 June 2018 were submitted and approved as a correct record.

MATTERS ARISING

A Member made reference to page one of the minutes. Regarding the attendance of the Independent Teeswide Safeguarding Adults Board (TSAB) Chair at a meeting of the Overview and Scrutiny Board (OSB), the Panel was advised that the Chair would be invited to attend on either 30 October 2018 or 4 December 2018.

Regarding Action Point 1 on page one of the minutes, as follows:

In relation to the Transforming Care programme and the placement of individuals within the Middlesbrough area, the Chair and Vice Chair would consider the points raised and look at the mechanisms of which a potential recommendation could be moved forward. The matter would also be discussed with the Chair of the Overview and Scrutiny Board.

The Chair explained that this piece of work would be undertaken with the Chair of OSB as soon as possible, which had been postponed due to illness.

Regarding Action Point 2 on page two of the minutes, as follows:

The Democratic Services Officer would follow-up the suggestion for Mental Health First Aid and Suicide Prevention Skills training to be made available to Elected Members.

The Democratic Services Officer explained that a preliminary e-mail had been forwarded to all Elected Members in order to ascertain interest in undertaking this training - a total of 15 responses had been received. For those Members, a link to an online training module had been circulated. In addition, a training session to be held on 10 September 2018 had also been arranged.

The Chair referred to page three of the minutes and provided an update in respect of the Review of Learning Disability Respite Services. It was explained that, as had previously been discussed, Middlesbrough Council was currently in the process of submitting a referral to the Secretary of State for Health and Social Care. Since commencing this process, Members

were advised that the Right Honourable Matt Hancock MP had been appointed to the role of Secretary of State for Health and Social Care on 9 July 2018. The process remained on-going, with a significant amount of work being undertaken with colleagues in Legal and Democratic Services, although this was now approaching a conclusion. It was hoped that the submission to the Secretary of State would be undertaken in the near future. Panel Members would continue to be kept apprised of progress. It was highlighted that, at a recent meeting of the Health Scrutiny Panel, parents of those children and young adults who attended the respite services had expressed their gratitude to Middlesbrough Council in supporting their sons and daughters who needed respite care.

Regarding the agreed action on page six of the minutes, as follows:

The Director of Adult Social Care and Health Integration would liaise with the Head of Planning in respect of care home development, and report back to the Panel accordingly.

The Panel was advised that, essentially, care home developments could not be vetoed by the Local Authority. Further information was currently awaited from Legal Services as to the role, if any, that the Authority's market position statements, and the responsibility around these, could potentially play. Members discussed: Market shaping versus market management; Existing care homes sited in areas awaiting planned development/regeneration; Previous care home developments in Middlesbrough; Planning considerations and legislation; and Providers discussing development plans with the Local Authority in order to help meet market demands.

NOTED

INTEGRATION OF HEALTH AND SOCIAL CARE - UPDATE

The Director of Adult Social Care and Health Integration and the Director of Public Health and Public Protection provided the Panel with an update regarding the Integration of Health and Social Care.

It was explained that, over the years, the Local Authority had worked in an integrated way on a small scale with health partners on many occasions, for example: A joint arrangement with the NHS Acute Hospitals Trust in Redcar in respect of Occupational Therapy services; A partnership arrangement with the Tees Community Equipment Service; and Integrated working with Tees Esk and Wear Valley in respect of mental health services.

Subsequent to this work, there had been direction from Government for full integration between Health and Social Care; however, as there had been little explicitness around what this wholly entailed, different areas had chosen to operationalise this in different ways.

Following introduction of the Better Care Fund (BCF), Local Authorities and Health had been compelled to pull certain elements of their budgets together, with a view to undertaking joint performance. An example of this within Middlesbrough was the creation of a Single Point of Access (SPA) for Health and Social Care. However, it was highlighted that further work was required in order to achieve complete Health and Social Care integration.

It was explained that there had been a drive of 'New Models of Care' by Health over the last couple of years, which focused upon contracting arrangements that could bring existing organisations together - small alliances around GP practice, for example. Prior to taking some of the larger steps into integration, it was indicated that significant amounts of work needed to be undertaken to ensure that all participants understood direction and shared the same priorities. It was highlighted that the objective around integration was to optimise the outcomes for those being served, and not about achieving integration per se.

The Panel was apprised of the implications of austerity on working in an integrated way. Reference was made to the intense financial pressures facing the local Clinical Commissioning Group (CCG), the NHS Acute Hospitals Trust and the Local Authority, which did not facilitate integrated working. It was highlighted that integrated working would offer the best value for the Tees pound, but the drivers behind the partnership organisations were

different. For example: whereas the actions of the CCG may be more short-term, dependent upon direction from NHS England, the Local Authority may have wished to plan further in advance.

Reference was made to the bringing together of the Middlesbrough Health and Wellbeing Board and the Redcar and Cleveland Health and Wellbeing Board into a single joint entity. The structure of the Board was outlined to the Panel. Regarding strategic commissioning, it was explained that, previously, different commissioning cycles from the partnership organisations had led to potential for duplication or gaps. An Adult Commissioning Board, which brought together the CCG, Middlesbrough and Redcar, had been established to focus on aligning commissioning intentions to facilitate planning and prevent duplication or gaps.

The Director of Public Health and Public protection explained that one of the challenges for Health and Social Care Integration was that Health was not entirely integrated in itself. A substantial amount of work was required within Health in order to provide clarity around the impact that overall integration would have on those Health areas.

Reference was made to the NHS Sustainability and Transformation Plan (STP), which had been in existence for around 18-24 months and which looked at three key gaps within the NHS. The first gap related to outcomes versus the level of investment. The second gap looked at different hospital failures and how inequality could be driven out. The third gap revolved around the increase in demand for services and how the NHS needed to operate differently.

Reference was made to Local Authority engagement in respect of Health plans, and the recent introduction of Integrated Care Partnerships (ICPs).

Regarding the local footprint for the STP, this had initially covered Durham, Darlington, Tees, Richmondshire, Hambleton and Cumbria. It was indicated that this geographical foundation had not always aligned with work undertaken, or with patient flows. Following submission of feedback, a revised footprint had been devised, which now covered the North East and Cumbria (14 Local Authorities) and a broader integrated care system. In light of the NHS going through its own restructure, it was important to remain mindful that continual engagement was required, as decisions impacting on the local area would be being made. Reference was made to the role of the Lead for the STP process and the meetings that he had and would be attending. The Chair made reference to the Scrutiny work that had been undertaken in respect of the STP, in particular the diverse issues that had been raised and the movement in strategy that had made the Scrutiny process particularly challenging.

In response to an enquiry regarding new care home residents moving into Middlesbrough, and ensuring that their care needs were met, it was explained to the Panel that, if a Local Authority was funding an individual and they were subsequently placed in a different Local Authority area, the Director of Adult Social Care Services for the new host area was to be informed. The STP/ICP would not make any changes to this system. If an alternative health body was funding an individual, however, that person could be moved into a different area and there would be no obligation for the Local Authority to be informed. When new residents were moved into the area, there was not an automatic responsibility for the Local Authority to fund their health and social care requirements. There were various permutations around this, however, which would be case dependent.

A Member commented that integration was going to be a long process with significant change and movement, and expressed concern for those individuals accessing services and the outcomes for them. It was felt that it had been exceptionally difficult to follow the developments of the STP (previously the Integrated Care System) because there had been little transparency around decisions, and there was no clear timeline of actions. The impact, therefore, was difficult too to understand - this could be negligible or significant. From a local perspective, there was a consensus that work towards integration would be for the benefit of the local population. Consideration was given to the opportunities that may arise from changes to the STP, such as changes to the CCG's structure, which could potentially provide new opportunities for integration with Local Authorities.

In response to an enquiry regarding the integration framework and objective constraints within this, e.g. financial, procedural and governance-related, it was explained to the Panel that, subject to the approval of Elected Members, there was flexibility around this. There were financial objectives, but addressing and meeting the needs of the people was the primary concern.

Reference was made to the CCG and the implications arising from their financial recovery plans this year. It was indicated that £1m-plus of continuing healthcare funding was likely to be removed from the CCG's budget, with the possibility that this cost could be transferred to the Local Authority. There were two elements to continuing healthcare costs: the first related to the cost of the individual packages, and the second related to the overall issue around the number of people identified as being eligible for assistance. It was felt that the Local Authority could work with the CCG in an integrated way by assisting with the individual package cost (as the Local Authority had greater commissioning experience). Consideration was given to underlying entitlement in respect of access to care services and support.

A Member raised concerns that, in a period of reduced funding across the board, including for Local Authorities, part of the issue about the financial crisis within the CCG was how much that could potentially push statutory services or services of entitlement towards the Council, which was already under very significant pressure. It was acknowledged that the CCG was in an extraordinarily difficult position; resolution would need to be at a national level. The responsibility at a local level was for the people of South Tees, and finding ways of working with partners effectively in order to achieve the desired results.

In response to an enquiry regarding the impact of joint group working between Middlesbrough and Redcar and Cleveland, it was indicated that this had been positive and beneficial. It was indicated that shared principles would facilitate integration; representation of a larger area added strength to Public Health; work/activities were more efficient and co-ordinated; having one system incorporating one large hospital, one CCG and one conversation allowed enhanced discussion and debate; and, although operational delivery differed between the two areas, one South Tees structure demonstrated competence.

The Panel considered further updates in respect of this topic. Although it had previously been agreed that updates would be provided on a six-monthly basis, in light of the transient nature of the topic and the on-going changes taking place, it was agreed that a standard item for provision of a verbal update would be placed on all future meeting agendas.

The Chair thanked the officers for the information provided.

AGREED that:

1. **A standard item for the provision of a verbal update regarding the Integration of Health and Social Care would be placed on all future meeting agendas.**
2. **The information, as presented, be noted.**

THE LGBT COMMUNITY AND ELDERLY CARE - AN INTRODUCTION

S Lewis, CEO, and A Towers, Lesbian, Gay, Bisexual and Transgender (LGBT) Development Worker, from Hart Gables delivered a presentation to the Panel, the purpose of which was to provide information regarding the history of the organisation, the wider work undertaken, and projects and activities that had been carried out in relation to this topic. Copies of the presentation slides had been circulated in advance of the meeting.

The presentation covered the following topics: The Service; The Representatives' Roles; The Projects; LGBT Advance; 'Age with Pride'; Existing Research; Barriers; Hart Gables' Approach; Key Findings - Willingness to Engage, Residents and Staff; Six-month Conclusions; Key Actions; Hart Gables' Work with Partners; and 'A Forgotten Community'.

Hart Gables was a charitable organisation that supported the LGBT community. It was based at the Newton Community Resource Centre in Stockton-on-Tees, with additional offices in Hartlepool and Middlesbrough that supported group activities. Five support groups were

currently delivered on a weekly basis: one group for transgender individuals and their friends and families; two groups for the mixed LGBT community (adults); and two youth groups in Stockton and Hartlepool that collectively had around 50 young people aged 11-19 regularly attend. The youngest service user was aged five and the eldest service user was in their late 60s.

The Panel heard that Hart Gables offered family support. It was indicated that, at present, a significant amount of parents were immediately contacting Child and Adolescent Mental Health Services (CAMHS) when the young person identified as gay or transgender. It was highlighted that this was not a mental health issue. Hart Gables worked very closely with CAMHS Middlesbrough and Stockton so that referrals could be made. Hart Gables was currently supporting around seven families at present.

Regular community outreach work was undertaken with schools and colleges, with support being offered on a one-to-one basis. At present, work was being carried out with Cleveland College of Art and Design (CCAD) Hartlepool and Middlesbrough College.

Members were advised that there had been an increase in the number of service users seeking asylum from countries such as Libya and elsewhere across the Middle East. One-to-one support was offered to those accessing services, with work taking place with local asylum support charities to ensure that the best support was offered.

The Panel was informed of a 'Top Tips from Trans Teens' project, which had been funded by Children in Need. It was explained that, having found that teachers, parents and professionals were often making errors in terms of terminology or pronoun use, a group of young transgender people had created a resource around such areas as terminology and social and medical transition, in order to assist with this.

Hart Gables operated a LGBT Tees Valley Forum, which directed work towards key areas/themes including: Health; Education; Poverty; Exclusion; Hate Crime; Sexual Exploitation; Community Cohesion; and Domestic Abuse. The Forum discussed these areas/themes and identified gaps in service provision. Work was then undertaken together to bridge those gaps and improve accessibility and inclusion for the LGBT community.

Details regarding a project entitled 'Behind the Eyes' were provided to the Panel. Having learnt that 9/10 of the young people accessing Hart Gables demonstrated mental health issues, and in light of the CAMHS referrals, an on-site Health and Wellbeing Worker had been appointed, which was funded by the CCG until March 2019. This was a highly valued service and was beneficial to the young people and to services in the area because it filled a gap in provision, particularly for the transgender community. It was highlighted that the waiting list for referral to the regional Gender Identity Clinic in Newcastle-upon-Tyne was currently 18 months. This was a particularly critical period for transgender people as they faced a number of issues, including: Difficulties going out into society; Transphobia; Family rejection; Unemployment; and Living in poverty in disadvantaged areas. It was felt that this project helped to bridge this gap; the waiting list was currently seven days (CAMHS' current waiting list was approximately 21 days). This project linked in with Hart Gables' 'TransKIND' project, which also supported the transgender community.

Regarding funding, it was explained that, in order to help raise money for Hart Gables and enable the organisation to be financially sustainable in the future, or at least contribute towards this, a fundraising project entitled 'LGBT Advance', where training was delivered to services, had been established. Training packages were offered around hate crime - essentially, understanding hate crime and responding to it effectively. Consideration was given as to what constituted a hate crime and how authorities responded to it; reference was made to legislation and section 146 offences. Training was also offered in respect of: Gender identity and the journey through transition; Domestic abuse and LGBT domestic abuse; and LGBT awareness.

A discussion ensued in respect of mental health. It was highlighted that identifying as transgender was not the result of poor mental health. Reference was made to the waiting list for access to the regional Gender Identity Clinic and the stress and pressure that this could

potentially have caused service users. The representatives explained that, in terms of young people, links to schools had been identified, where matters such as bullying, loneliness and social isolation were being raised. It was felt that mental illness and higher suicide rates were higher in transgender individuals because societal acceptance was lacking. However, the fact that medical treatment was available and funded in the UK was especially positive. Mention was made of changes in terminology and classification: previously known as Gender Dysphoria, this was now Gender Incongruence, and now classified as sexual health as opposed to mental health. Reference was made to the prevention agenda and the potential for mental health, self-harm and suicide concerns/issues to be referred to the Tees Suicide Urgent Task Force. It was felt that further work could be undertaken to raise awareness in respect of these issues, particularly in terms of school and health service settings.

In response to an enquiry regarding service provision in Redcar and Cleveland, the Panel heard that Hart Gables received a significant number of referrals from Redcar, but financial support by the CCG covered Hartlepool and Stockton.

The Panel received information regarding the 'Age with Pride' project. It was explained that this was launched in January 2018 with the aim of offering support to an invisible and overlooked part of the elder community in care homes. This had been identified by agencies and organisations of the LGBT Forum as an area in need of attention. It was part of the Ageing Better Middlesbrough (ABM) initiative, which was a six-year, £6m programme that aimed to reduce loneliness and social isolation in those aged 50+ in Middlesbrough.

It was explained that this was such a vital project because diversity should include older LGBT people, and health care services tailored to older people may have overlooked the needs of older LGBT people. As we aged, the likelihood of needing health services increased, and therefore it was vital that these services were equipped to treat all older clients with equal consideration, respect, and knowledge of their specific needs.

The presentation contained details of existing research that had been identified within this area of work. Reference was made to reports produced by Stonewall (2011) and Age UK (2017), and also to the Government LGBT Survey Research Report (2018).

Some of the barriers that were anticipated in the completion of the 'Age with Pride' project were:

- Legislation-related, including negativity being experienced by individuals in the past, in a time when homosexuality was criminalised;
- There was a high level of need within care homes because the care home population was becoming older as lifespans increased (this was highlighted by a meeting with the Council's Head of Strategic Commissioning and Procurement); and
- A lack of awareness amongst care home staff.

The statistical need for this project was supported by the 2011 census, i.e. the total number of people aged 50+ living in Middlesbrough was 45,388. If population growth remained the same, as in the period 2011-2014, in 2018 there were approximately 45,962 people living in Middlesbrough aged 50+ years. Using this figure, alongside the Public Health estimation that 2.5% of the population were LGB (this research did not include Transgender), it was estimated that there were approximately 1149 LGB people aged 50+ living in Middlesbrough in 2018. The key to the project was pro-actively, but carefully and sensitively, finding avenues of communication to those in need of its help.

A short discussion ensued regarding the statistical overview of the current demographic profile of the LGB(T) community. At one stage the figure was 10% of the population. This was subsequently reduced to 7-8%, and then further to the current 2.5%. It was reiterated, however, that this current figure did not include Transgender individuals. It was commented that the younger generation were more open about their sexuality than the older population, which may impact these statistics further. Members discussed historical attitudes towards homosexuality, which was felt to be stigmatised, and the lasting impact that this could have had on older individuals. Consideration was given to the impact of the generational shift in attitudes, and the increase in known LGBT residents within care homes in the future.

In terms of the project's methodology, it was explained that three types of survey tailored to care home managers, care home staff, and care home clients were used. Data, which included: Policies and procedures related to LGBT+ issues; Demographics of LGBT+ residents; Attitudes of staff and residents towards LGBT+ issues; and Residents' personal thoughts and feelings about life in their care homes, was gathered from nine Middlesbrough care homes. 29 care homes were contacted in the first instance and nine care homes engaged, which was felt to be disappointing. Due to limited resources, time could only be spent pursuing those contacts that were willing and interested. Through a series of residents meetings and structured activity sessions, conversations were held with 27 care home residents about their life experiences, attitudes towards LGBT issues, memories of being gay growing up, and life in their care homes.

Key findings from the research were outlined to the Panel. From the residents, these included:

- All residents who engaged in 8/9 care homes had never spoken about LGBT issues previously (96% of all residents that were spoken to);
- One resident openly came out as LGBT;
- A member of staff at one care home indicated that one resident was lesbian or bisexual;
- At one care home, a resident stated they knew of an LGBT resident but could not disclose who they were;
- Residents enjoyed taking part in craft workshops and at this point were at their most comfortable talking about LGBT issues. Six workshops at four different care homes were undertaken. Activities included basket weaving, musical bingo, preparing memory boxes, and looking at pictures of celebrities from their youth, which incorporated a mix of LGBT and non-LGBT individuals. These activities were designed to spark LGBT conversations in a non-invasive way.
- Female residents were more open-minded about LGBT people; the attitudes of male residents came across as overwhelmingly negative.

The Panel discussed the information presented. A comment was made regarding the memory box exercise and consideration given to the overwhelming sense of loneliness and isolation that could be felt by having little-to-no opportunity to discuss partners and relationships, and to reminisce. It was hoped that the memory boxes would spark something about the value of memories and validate that LGBT individuals were as equal as heterosexual individuals, deserving to be listened to and remembered in the same way.

Key findings amongst the staff included:

- Two staff from one care home and one member of staff from another care home came across as very aware of LGBT issues, but were unaware of any LGBT identified residents;
- All staff from other care homes who engaged in conversation had little-to-no knowledge of LGBT issues;
- Staff showed a willingness to learn, but held lots of misconceptions (e.g. that non-binary identity was a modern trend or fad, being gay was a lifestyle choice, homophobia could not exist within their care home); and
- Eight care home staff (100% of all surveys completed so far) stated more training on LGBT issues was needed with their care homes.

A Member commented that the findings regarding additional staff training were particularly pressing, and felt that this was a necessity.

With regards to six-month conclusions arising from the project, these were outlined as follows:

- The project started out with the belief that the older LGBT community in Middlesbrough's care homes were an invisible community. It was now believed that they were a forgotten and unintentionally ignored community;
- LGBT people, aged over 50 and living in care homes in Middlesbrough, would find it extremely difficult, if not impossible, to come out the way things currently were within

their surroundings;

- Residents, particularly male residents, held discriminatory attitudes towards the LGBT community. This was based on the fact that these individuals were brought up with a specific set of values at a time when it was illegal to be gay; and
- Many care home managers and staff had little-to-no knowledge about issues surrounding the LGBT community, and 8/9 care homes did not talk about LGBT issues and were not visibly LGBT inclusive. They were aware of the Equality Act, but not of specific issues relating to LGBT.

In terms of key actions that were hoped to be put in place, it was explained that the six-month duration of the project was not sufficient enough to build relationships with residents to try and change their attitudes/opinions. The next steps would be to train LGBT care home staff and managers about how they could make their care homes more LGBT inclusive. Another step was to work with the three care homes who felt like they may have identified LGBT residents and build up a relationship with residents. The residents enjoyed taking part in various activities and opened up about attitudes surrounding the LGBT community. Sheltered housing was another avenue to explore while searching for quantitative and qualitative research data from LGBT people over the age of 50 in Middlesbrough. Sheltered Housing residents may have been living more independently and ably, have a lower level of need, and be less vulnerable, therefore removing barriers to communication.

It was explained to the Panel that consideration had been given to mixing communities to bring them together: some of the individuals may have never met an LGBT person. It was felt that, in terms of training and general awareness-raising, delivering workshops to all residents, and not just LGBT residents, would assist in mixing communities together. Staff training was vital and should be undertaken everywhere. In terms of residents, the completion of subtle sessions where the rainbow colours could be introduced, and gender identity and sexuality discussed, was also felt to be key in moving this forward.

It was highlighted that the engagement work undertaken with the nine care homes had been excellent. For example: two arts and crafts sessions had been held with residents of The Gables Care Home, and one session with residents of Stainton Way Care Home. Hart Gables would be operating a stall at The Gables Care Home Summer Fete in August, and planning of more LGBT-inclusive activities with the residents in the future would be taking place. The representatives highlighted the desire to build upon these valuable relationships and foster similar links with more Middlesbrough care homes in the future.

The representatives invited the Panel Members to an event entitled 'A Forgotten Community', which would be held on 17 August 2018 at 10.30am at Middlesbrough and Stockton Mind. This interactive multimedia event and exhibition would highlight the need for awareness, knowledge, provision of appropriate support, and inclusion of elderly LGBT+ residents in Middlesbrough care homes. The event would present the findings of Hart Gables' six-month 'Age with Pride' project, which had identified the key factors that were contributing to a lack of support and acknowledgement for this vulnerable community.

A Member commented on the remit of 'The LGBT Community and Elderly Care' topic. Although this review focused upon care homes, it was important to remain mindful that there were people in Middlesbrough receiving domiciliary services and therefore, for example, the attitudes of staff who may be working with people in their own homes, was important.

The Director of Adult Social Care and Health Integration explained to the Panel that, prior to entering a care home, individuals completed a process. Consideration was given to the role of professionals in this regard, i.e. building relationships to understand what was important to individuals, which may include gender and sexuality issues, and which could then be taken into account by care providers. This was not something that had been undertaken to date. However, as a Local Authority, progression had started to be made towards this with, for example, the establishment of an inclusion and equality working group, which was concerned with the Authority's responsibilities under the Equality Act. Reference was made to the staff induction programme and the incorporation of equality and inclusion material into this. It was hoped that this could be developed over time to allow people to become more sensitive as to how these issues were approached.

A comment was made with regards to individuals expressing homophobic attitudes in care home environments. Regardless of the age or background of the person making the remarks, it was highlighted that this must be challenged and not overlooked. The Hart Gables representatives echoed this stance, indicating that incidents of homophobia, transphobia and racism within schools must also be challenged and not ignored. A Member commented that, in relation to educating schools and supporting policy development, there were national examples of good practice that could be emulated.

It was commented that care homes were caring environments, but they could also be isolating for those residents that did not have relatives visiting regularly. It was felt that training for care home staff would assist in finding a way of breaking down the isolation to enable and encourage people to talk about their sexual identification. It was noted that care homes were private entities and therefore training would need to be considered in this regard. It was felt that provision of training and support to care homes, undertaken in small incremental steps, would offer inspiration and encouragement to become more LGBT inclusive.

A short discussion ensued in relation to the issues raised in the context of health services. Consideration was given as to the possible outcomes of a similar project being undertaken in respect of health services; how care was delivered and the associated desired outcomes; and how inclusive the services were that were currently offered in terms of physical and/or mental health, for example.

In terms of next steps, the Chair suggested that time be taken to reflect on the issues raised at today's meeting. The Democratic Services Officer would research potential sources of information and forward links/documents to the Panel Members for perusal prior to the next meeting. The Hart Gables representatives were invited to the next scheduled meeting (5 September 2018); the Democratic Services Officer would liaise with other appropriate officers and organisations to determine potential attendance at the next meeting. A Member commented on the viable recommendations that had already started to form, particularly in relation to staff training.

A brief discussion ensued in relation to potential coverage of the information presented within the local press.

The Chair thanked the Hart Gables' representatives and the officers for their attendance and contributions to the meeting.

AGREED that:

1. **The Democratic Services Officer would research potential sources of information and forward links/documents to the Panel Members for perusal prior to the next meeting;**
2. **The Democratic Services Officer would liaise with appropriate officers and organisations to determine potential attendance at the next meeting; and**
3. **The information, as presented, be noted.**

OVERVIEW AND SCRUTINY BOARD UPDATE

The Chair provided a verbal update on the matters that were considered at the Overview and Scrutiny Board meeting on 3 July 2018.

NOTED

DATE OF NEXT MEETING - WEDNESDAY, 5 SEPTEMBER 2018

The next meeting of the Adult Social Care and Services Scrutiny Panel had been scheduled for Wednesday, 5 September 2018.

NOTED