Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 24 AUGUST 2023
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Adult Social Care Scrutiny Commission

Councillor March (Chair)
Councillor Surti (Vice-Chair)

Councillors Cole, Dave, Joannou, Kaur Saini, Orton and Singh Sangha.

Members of the Public Health and Health Integration Scrutiny Commission

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillors Gopal, Kitterick, Westley and Zaman.

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

For Monitoring Officer

Officer contacts:
Georgia Humby (Scrutiny Policy Officer)
Jessica Skidmore (Democratic Support Officer),
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PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF THE PREVIOUS MEETING **Appendix A (Pages 1 - 8)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 18 July 2023 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. FUTURE OF DOMICILIARY CARE **Appendix B (Pages 9 - 40)**

The Strategic Director for Social Care and Education submits a report on the future of domiciliary care.

7. QUALITY OF CARE PROVISION **Appendix C (Pages 41 - 50)**

The Strategic Director for Social Care and Education submits a report regarding the quality-of-care provision for Adult Social Care.

8. SELF-ASSESSMENT OF SOCIAL CARE AHEAD OF CQC INSPECTION **Appendix D (Pages 51 - 92)**

The Strategic Director for Social Care and Education submits a report regarding Adult Social Care's preparation for Care Quality Commission (CQC) Assurance.

9. WORK PROGRAMME

Appendix E
(Pages 93 - 96)

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

10. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: TUESDAY, 18 JULY 2023 at 5:30 pm

P R E S E N T :

Councillor March (Chair)
Councillor Surti (Vice Chair)

Councillor Cole
Councillor Joannou
Councillor Kaur Saini
Councillor Orton
Councillor Singh Sangha

In Attendance

Deputy City Mayor Councillor Russell – Social Care, Health and Community Safety

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1. APOLOGIES FOR ABSENCE

The Chair led on introductions.

Apologies for absence were received from Councillor Dave.

2. DECLARATIONS OF INTEREST

The Chair informed those present that only interests not already declared on the Members Register of Interests need to be declared.

Councillor Surti declared that she had previously worked in Adult Social Care and that her daughter currently worked in Adult Social Care.

3. MINUTES OF THE PREVIOUS MEETING

The Chair noted that none of the Members present were in attendance of the previous meeting, which was held during the prior election cycle.

AGREED:

That the minutes of the previous meeting held 15 March 2023 be confirmed as a correct record.

4. MEMBERSHIP OF THE COMMISSION 2023-24

AGREED:

That the Membership of the Adult Social Care Scrutiny Commission for 2023-24 be noted.

5. DATES OF MEETINGS FOR THE COMMISSION 2023-24

AGREED:

That the dates of the meetings for the Adult Social Care Scrutiny Commission for 2023-24 be noted.

6. CHAIRS ANNOUNCEMENTS

The Chair agreed to take the Call-In item, Hastings Road Day Centre as the first Item on the agenda. The Chair noted the ongoing concern about the item and reminded those present of the Code of Conduct.

The Chair welcomed Councillor Surti to the Vice-Chair position of the Scrutiny Commission.

7. PETITIONS

The Monitoring Officer noted that none had been received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

9. CALL-IN - HASTINGS ROAD DAY CENTRE

The Monitoring Officer submitted a report informing the Commission that the Executive Decision taken by the Deputy City Mayor - Social Care, Health and Community Safety on 3 July 2023, relating to ending the service at Hastings Road Day Centre and instructed Adult Social Care to start working with families to undertake reviews, identify suitable alternative arrangements, and support the safe transition of people into those arrangements, had been the subject of a five-member call-in under the procedures at Rule 12 of Part 4D (City Mayor and Executive Procedure Rules) of the Council's Constitution.

The Commission was recommended to either:

a) Note the report without further comment or recommendation. *(If the report is noted the process continues and the call in will be considered at Council on 28 September 2023);* or

b) Comment on the specific issues raised by the call-in. *(If comments are made the process continues and the comments and call in will be considered at Council on 28 September 2023);* or

c) Resolve that the call-in be withdrawn *(If the committee wish for there to be no further action on the call-in, then they must actively withdraw it. If withdrawal is agreed the call-in process stops, the call-in will not be considered at Council on 28 September 2023*

The Chair invited the proposer of the call-in, Councillor Modhwadia, and the seconder, Councillor Kitterick, to the table and allotted them five minutes to make their case. The proposer and seconder raised the following points:

- That the decision was financially harmful to the Council as it may place the Council in a difficult position in relation to the private sector, which could see any agreed contract prices increasing year on year, in attempting to provide alternative services for the 19 service users at the Hastings Road Day Centre. It was suggested that an internal contract within the department would be a financially better solution.
- That the impact of the decision on the already strained workforce may send staff of the Hastings Road Day Centre into redundancy.
- That the impact on the 19 users and their families following the termination of services may limit opportunities for care going forward.
- The proposer noted contact with families and local residents as the ward councillor in which the centre was based, and that closure of the centre would be akin to taking away a loved home for the current 19 users.
- The proposer raised that the seven years without a referral had not been through want of trying as residents had been turned away from the facility during attempts to gain access to the centre's services.
- That the council consider alternative options such as dividing the space and providing usage of vacant parts of the building for other opportunities.
- That the call-in be allowed to progress and that the Hastings Road Day Centre and its services be retained.

The Chair invited Deputy City Mayor for Social Care, Health and Community Safety, Councillor Russell, to make their case. The following points were raised:

- That the decision to close the centre had been a long, difficult process.
- That officers and Councillor Russell had met with the families using the services at the Hastings Road Day Centre a number of times throughout the process and while it was understandable that they wished for the centre to stay open, it wasn't feasible.
- The referral process was conducted by Adult Social Care, with support from NHS partners, alongside the families seeking care services to ensure that they received the right type of care for their loved ones.
- The 10am – 4pm 'school hours' model of opening times provided by the day centre proved to be less attractive to families seeking care arrangements as most families sought longer care times. Many families using the day centre's services also noted receiving other forms of care outside of the provided time period.

- Additional funding had been sought for more staff to assist families and their loved ones during the difficult transition period, in which support would continue to be provided until users of the day centre are settled and happy in a new care facility.
- Councillor Russell thanked the staff and families of the centre and recognised the difficulties they had been facing during the decision-making process.
- It was emphasised that the 19 users of the day centre would use the services at different times and days according to their needs and would not all be at the centre at the same time.
- It was noted that any decision regarding the future of the Day Centre building was separate to the decision made regarding the closure of services and review of the impact on families and their loved ones, however the building was being reviewed to see if it could be used to help those with learning disabilities in an alternative manner.
- It was noted that the day centre service did not meet the increasing needs of those on the Autism spectrum, which restricted the number of referrals coming through for those requiring specialist care services.

Strategic Director for Social Care and Education, Martin Samuels, Director for Adult Social Care and Commissioning, Kate Galoppi, were invited to speak on the matter and the following points were raised:

- It was noted that families, when given the option, had chosen other care services and facilities, which had led to significant financial difficulties for the council, as the total level of costs for the Hastings Road Day Centre was broadly the same regardless of the number of people accessing the service.
- The numbers of people using the centre was noted to be 65 in 2010, however a drastic decline followed 2016 resulting in the current 19 users as opposed to the optimum of 30 at any one time.
- Discussions had been held with key stakeholders and it was noted that a market for day care services existed, and that the cost to continue running Hastings Road Day Centre was double what could be accessed externally.
- Resources would be allocated to provide support, such as a point of contact to work with families to assist meeting their needs during the transition period. An assessment will be offered to carers to assess carers needs and provide additional support.
- Human Resources would be involved in the re-allocation and re-deployment of existing staff.

Members of the Commission discussed the report and questioned both the Deputy City Mayor and Directors, which highlighted the following points:

- Work was being conducted alongside other organisations to recognise those in need of specific support that Hastings Road Day Centre had not been able to support. It was not appropriate to seek to offer a single standard provision, as each individual and family required tailored

support towards their specific needs.

- Research had been conducted initiating contact with families seeking care to understand reasons why they had chosen an alternative provider rather than the day centre.
- Following concerns about the decision being based on a monetary basis it was noted that due to Government cuts, large savings were required to be made across the full range of the Council's services to ensure all facilities and provisions of service across the Council were treated equally. It was noted that Leicester City supported a variety of needs and was important to ensure that taxpayer money was used fairly across the board to meet those complex needs.
- During the years the Day Centre had not receive new referrals, it was noted that a number of other day centres across the city had also closed and that new opportunities had opened up in a variety of ways, which included personal support workers and day trips and activities. In addition, a number of people drawing upon care and support at the time had passed away or moved into a residential setting.
- Members queried why focus wasn't placed on improving the facilities and provision of support instead of closure of the service. It was noted that people drawing on the service mainly lived in their family homes and day services could not be used solely as a respite. Specialist staffing in a residential setting was seen as a more attractive option, especially for younger populations, as it met the needs of both the cared for and the family involved.
- It was noted that opening up the building to other uses alongside the current service would be unfair to the current attendees and that the current focus needed to be placed on the people already accessing the service and their families before considering wider options for the building's use.
- The need for more provision and recognition of neurodiverse people's needs was increasing, which the Council service needed to reflect.
- Members highlighted the need to balance the legal, financial and moral implications of a decision. It was noted that due to government requirements, legally and financially, the Council didn't have much of a choice. Moral implications complicated the decision as it was important to analyse where best to concentrate limited funds on strained services.
- The importance of making a decision was noted due to the lengthy amount of time the decision had been hanging over families' heads.
- The Project Search approach, operated by Ellesmere College with support from the Council, was raised due to the successful impact it had on developing workforce with learning disabilities.
- It was noted that the HR process would not be commencing until a decision had been reached. A number of staff were noted to have a learning disability, which required additional support and prioritisation in the re-deployment process. It was further noted that Adult Social Care had received grant funding to help neurologically impacted individuals and ensure that individuals receive the help and support to obtain and retain employment in a learning disability friendly working environment.
- It was noted that while there was no guarantee for redeployment, the

Council would be providing as much support to re-deploy members of staff affected by the closure of the service. Staff members had in-demand experience and skills which may be sought out by external sectors.

The Chair allowed the proposer and seconder to summarise their final points, and the following points were noted:

- It was raised that knowledge had been obtained regarding families applying to the Day Centre for their loved ones, who were rejected and told that they were not taking new referrals.
- It was noted that the people accessing the service had formed close bonds with each other, despite the limitations on their speech abilities.
- The activities provided at Hastings Road may not be provided to people accessing other services.
- It was noted that Hastings Road Day Centre was the last day centre held by Leicester City Council.
- Concerns were raised that the Council did not reflect the situation outside and the probability of not receiving a single referral for seven years.
- It was noted that caring required a patchwork of provision and the closure of the Day Centre would take away an option for families and carers.

Deputy City Mayor, Councillor Russell clarified that the Hastings Road Day Centre was not CQC registered. As this sort of service did not require such registration.

The Chair asked if the proposer and seconder wished to withdraw the call-in. It was noted that the proposer and seconder wished for the call-in to proceed.

The Chair moved that, following the points raised during the meeting, the call-in be withdrawn. This was seconded by Councillor Surti and upon being put to the vote the motion was CARRIED.

RESOLVED:

That the call-in be withdrawn.

Councillor Kitterick and Modhwadia thanked the Members of the Commission and retired from the meeting.

10. ADULT SOCIAL CARE SCRUTINY OVERVIEW

The Strategic Director for Social Care and Education, Martin Samuels, Director for Adult Social Care and Commissioning, Kate Galoppi and Director for Adult Social Care and Safeguarding, Ruth Lake, delivered a presentation to provide an overview and key challenges of the service.

The Strategic Director noted that Councillors acting on behalf of their ward constituents were advised to direct the member of public to contact the service

directly on 0116 454 1004 instead of themselves making a referral, to allow for members of the public to contact the service in their own time and at their own convenience.

Following discussion, the ensuing points were raised:

- Concern was raised about the healthy life expectancy figure provided on the presentation, noting healthy life expectancy to be younger for many than current retirement age.
- The Departmental figure in the Adult Social Care Budget was noted to be regarding staff wages which covered between 900 and 1000 members of staff.
- Concern was raised about the community's perception of the Council in relation to the low ethnicity statistic provided in the presentation. The Director noted the ongoing concern and importance of investigating the cause of the issue. Work had been ongoing to engage with various communities in the city in attempts to breach the divide in statistics. It was further noted that grants were available and had been provided to smaller communities and groups to engage with residents on the behalf of the council.
- It was clarified that financial abuse was considered a safeguarding issue that Adult Social Care could provide help to residents who were concerned.
- Concerns were raised about the provision of council support for the development of workforce from ethnic backgrounds. It was noted that ongoing reverse mentoring had been conducted with considerable success and the issue would be further picked up by the Overview Select Committee.

AGREED:

That the report be noted.

11. WORK PROGRAMME

The Chair noted suggestions for the work programme which had arisen throughout the meeting, which including the following:

- The increasing demand for provision for growing numbers of autism and complex autism cases.
- The makeup of workforce in Adult Social Care provision.
- Transition from Childrens to Adult Social Care.
- Quality of the Adult Social Care provision.

Members be requested to forward any additional items for consideration for the scrutiny work programme be forwarded to the Chair, Vice-Chair or Scrutiny Policy Officer.

12. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 7:55pm.

Appendix B

Adult Social Care Scrutiny Report

Proposed Home Care Model for Procurement 2023

Date: 24th August 2023

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Leicester City Council

Useful information

- Ward(s) affected: All
- Report author: Bev White
- Author contact details: Beverley.white@leicester.gov.uk
- Report version number 2.0

1. Purpose of report

a) This report sets out a proposed model for the commissioning of home care which is based on evidence gathered through a commissioning review.

b) The report also attempts to address those issues that previous commissions have raised and is seeking views and comments with the aim of achieving acceptance of the model so that procurement can commence in the autumn (September/October) of 2023.

2 Summary

a) Current home care contracts are due to expire in October 2024 with procurement planned for autumn 2023.

b) The council currently contracts with 32 providers under a framework agreement.

c) A multi-disciplinary programme board is overseeing the review arrangements which are led by senior officers in the strategic commissioning team.

d) A comprehensive commissioning review has been undertaken by Care Analytics, an independent company engaged to analyse the home care and care home markets and support intelligence required for the council's Fair Cost of Care review and Market Sustainability Plan. This informs the modelling, demand analysis and also a separate workforce strategy.

e) In addition, staff have undertaken benchmarking with other councils and engagement with a variety of stakeholders.

f) The report provides a case to say that the present contractual model largely works and proposes that it should continue. Where we have found areas to be improved, these will be areas of focus in the next arrangements.

g) The aim of the service will be to support people to remain independent, in their own homes and delay the need for a higher level of support such as residential or nursing care. It will support the Recovery, Reablement and Rehabilitation pathway which links the NHS, local authority and community in supporting people requiring care. The model will retain its focus on achieving personal outcomes, making the most of people's strengths and assets.

h) Improvements will be introduced to address areas highlighted during engagement and which respond to intelligence identified through the Care Analytics and Skills For Care reviews.

3 Recommendations

Adult Social Care Scrutiny is recommended:

a) To note and provide comments on the proposals.

Report

Part 1

4.1 Background and Current arrangements

a) Home care or domiciliary support is a service that supports people to remain in their own home. It provides help and support with things like personal care, meal preparation, support with medication. It can also combat social isolation through support to access community facilities, through workers chatting with people in receipt of care. It can provider family carers with a break by staying with the person and doing some activity whilst the family carer gets on with something else or goes out. The service is available 24 hours a day,7 days a week including weekends and bank holidays.

b) Of the 6,500 people accessing long term social care, about 75% receive services in the community and of those over 2,000 use home care.

c) The aim of the service will be to support people to remain independent, in their own homes and delay the need for a higher level of support such as residential or nursing care. It will support the Recovery, Reablement and Rehabilitation pathway which links the NHS, local authority and community in supporting people requiring care. The model will retain its focus on achieving personal outcomes, making the most of people's strengths and assets.

d) The service for adults aged 18+ is jointly commissioned with the ICB who also contribute funding to the in-house teams who manage quality, broker packages of care with providers, and process financial payments. The council is lead commissioner.

e) The open framework contract runs from October 2017 to October 2024. It is a citywide framework with no zoning.

f) Currently there are 32 providers contracted with the council via two lots – standard and complex. 99% of provision is via the generic lot with 31 providers. Lot 2 comprises 10 providers, only one of whom is not on Lot 1.

g) There is no formal zoning arrangement in the city and providers are required to deliver care city wide. In practice, providers tend to informally zone, picking up

work to suit where their staff live (most being 'walkers'), or delivering support to specific communities, or specialising in double up care.

h) At point of entry to adult social care, people can choose a direct payment with which to arrange their own care through contracted or non-contracted providers.

i) The current contract requires staff to work in a person centred way using reablement principles, and to signpost people requiring support to community assets.

j) Quality of providers is generally good and there are good relationships with the market.

Usage

a) Of the 6,550 people supported in ASC, about 2,250 people a year have home care commissioned for them by adult social care. This equates to about 1,605,000 hours per annum. This includes a small number of health funded packages for about 100 people representing about 150,000 hours.

b) About 1260 people receive a direct payment with which to purchase home care. They can manage the direct payment themselves or choose to use one of our contracted direct payments support services. Some people using direct payments may choose to use a service with which we do not contract. This may be for many reasons, not least of which is the person's personal choice.

c) Since 2018 there has been a 54% increase in hours delivered but only a 23% increase in people drawing upon support. This means that the average size of care packages has grown considerably. Visit lengths have increased with dependency.

d) The main driver of growth has been a 76% increase in people receiving doublehanded care, compared to only a 13% increase in people receiving singlehanded care, which suggests that some of the growth in hours may have occurred as a result of reduced use of care homes or the transfer of CHC-funded people to the council. Further analysis will be done to understand this growth.

e) We are anticipating demand for home care to continue to increase year on year by around 15% with complexity of needs increasing.

f) The table below shows a snapshot of people drawing upon support on the 15th August 2023 (2060 people). The age and demographic profile is based on census categories.

Age Band	Number of People	Percentage
>18	0	0.0%
18-29	48	2.3%
30-39	54	2.6%
40-49	79	3.8%
50-59	163	7.9%
60-69	287	13.9%
70-79	466	22.6%
80+	963	46.7%
Total	2060	

Ethnicity	People	Percentage
Any other ethnic group	13	0.6%
Asian & White	3	0.1%
Asian or Asian British - Bangladeshi	6	0.3%
Asian or Asian British - Indian	820	39.8%
Asian or Asian British - other Asian origin	68	3.3%
Asian or Asian British - Pakistani	36	1.7%
Black African & White	2	0.1%
Black Caribbean & White	6	0.3%
Black or Black British - African	20	1.0%
Black or Black British - Caribbean	42	2.0%
Black or Black British - other black origin	6	0.3%
Black or Black British - Somali	10	0.5%
Chinese	5	0.2%
Information not yet obtained	78	3.8%
Other dual heritage	8	0.4%
Refused / Declined	1	0.0%
White - European	16	0.8%
White British	865	42.0%
White Irish	20	1.0%
White - other	33	1.6%
Arab	1	0.05%
Traveller of Irish Heritage	1	0.05%
Total	2060	

Cost and Spend

a) The annual spend on commissioned packages is about £27m gross a year and spend on direct payments about £24m.

b) Current hourly rates range between the following (and are determined by the rate which providers submitted during the tendering process within a financial envelope set by the council). These are uplifted annually in line with inflation and changes to pay legislation.

- Lot 1 (general care) £19.23 - £20.31

- Lot 2 (complex care) £19.23 – £21.11

c) It should be noted that the exercise undertaken by the independent company Care Analytics who carried out a thorough, in-depth review of our commissioning activity concluded (in relation to the size of our home care market) that "Such growth in the market strongly implies that Leicester is paying sufficiently high rates to ensure sustainability of provision (in the local context)". Our fee rates include elements for travel time, uniform, personal protective equipment (PPE), training, sickness absence and are designed to support providers to pay their staff at least the equivalent of the National Living Wage (NLW). Rates lower than this would bring into doubt the legality of remuneration with regard to NLW.

d) The rates paid in Leicester are not the highest or lowest of our neighbouring councils and are believed to be fair to the market and value for money to the council.

e) A recent exercise to determine the hourly cost of the in-house reablement service who may be considered an alternative provider to the external market gives us an hourly rate of £35.72. This estimated hourly rate was calculated in 2021/22 and the equivalent hourly rate now is likely to be higher.

f) Leicester's present model of an in-house reablement service and externally commissioned services is common across the country. Amongst its offer, the in-house teams offer a rapid response type service, including crisis and falls support and a period of intensive reablement which aims to see people regain their previous levels of independence or at least be well on the way to regaining it.

g) Within the new 3R's model being implemented, the in-house service will receive all referrals from hospitals (it currently receives the majority anyway) and offer a period of support to enable people to Recover, be Reabled or be Rehabilitated (the 3R's). Referrals directly into externally commissioned services will reduce at this point but should still be required at different points along the pathway, with the potential for people needing ongoing support to be better optimised. It remains to be seen if the introduction of the 3R's model will significantly impact upon business levels for the external market.

h) Reasons to bring services in house are cited as greater control, fairer conditions for workers, public accountability, saving money on commissioning, procurement and managing contracts. However, under the Care Act 2014, there is a general duty for the local authority to promote diversity and quality in the market of local care and support providers. It must ensure a range of providers are available; shaped by demands of individuals, families and carers; that services are of high quality and that they meet the needs and preferences of those wanting to access services.

i) There are a number of service delivery and financial risks to consider, notably: the quality of transferred staff; equal pay legislation; and the high take-up of the Local Government Pension scheme. Practically, large numbers of staff would need to be transferred under TUPE legislation, new staff recruited (staff may choose to leave and there are staff who prefer zero hours contracts), establishing staffing structures (also increased managerial requirements) which would need to be significant to deliver in excess of £1.6m hours, training and development needs assessed and delivered, managing dynamics, responding to queries from existing customers.

j) Given the in-house indicative hourly rate (£35.72) is some 76% above the highest rate for Lot 1 (which accounts for most of the commissioned packages), a simple calculation of the in-house hourly rate multiplied by the hours delivered externally shows that should the present service be brought in-house, costs would likely rise by around £20m. This does not include the additional staffing costs required to deliver.

Quality and Sustainability

a) Generally quality of contracted providers is good although the recent QAF (Quality Assurance Framework) visits by the in-house Contracts and Assurance Team have seen a drop in quality standards but there are no major concerns at this time and concerns are being actively addressed.

b) Of the current framework providers, 29 have a rating of 'good' from CQC with four rated as 'requires improvement'. These providers are being actively supported by our Quality and Assurance team through the action planning process.

c) Feedback from a recent engagement exercise showed that people are happy with the services they receive with areas to improve cited as a need for specialist training in some conditions (LD/ASD), better communication skills and consistency of care workers for some people with certain conditions.

d) The non-contracted market in Leicester is large with many smaller organisations. It is anticipated that a large number of bids will be received for the forthcoming tender exercise.

e) Capacity is high in the market, and it is believed to be sustainable in the short – medium term with demographic changes signalling concerns for the longer term mainly because of the growth in older people which will not be matched by the growth in working age adults who may be employed to support them. These will be highlighted and addressed through our workforce strategy currently in development.

What do other councils do?

a) Benchmarking with other councils has shown that no other provider from our regional 'family' provides an in-house home care service with the exception of Derbyshire whose in-house service provides a small amount of home care in their extra care schemes only.

b) In considering our proposed model, officers reached out to other authorities in relation to the following:

Key messages from benchmarking	
Some councils use zoning	*Leicester providers informally zone*
Some councils use a prime provider model, supported by sub-contracting or a facilitated bank of supplementary providers, some of whom receive only basic quality checks	*We have discounted this because of risk of provider exit, lack of choice for people needing support and the probable need to transfer large numbers of people from unsuccessful providers when the new contract is awarded. However, a prime provider model supported by a block contract arrangement is something we will consider testing in the new arrangements in one or more 'neighbourhoods' as the 'place agenda' beds within the developing system arrangements.*
Some councils, particularly counties, pay different rates to support, for example, hard to reach areas	*We have no hard to reach areas, so enhancement is not needed*
Some councils have used block contracting but those who do are moving away from this and reverting to framework agreements, citing lack of value for money, lack of impact upon staff terms and conditions as the main reasons	*We have discounted this because it is considered too high risk for the council. Strengths of the approach include easier administration, some certainty for providers of the amount of business the council will purchase which may therefore encourage them to recruit and retain staff on more favourable terms and conditions.* *Weaknesses include setting the block too high and we pay for work not carried out, too low and we pay more through purchasing additional hours at a higher cost. There is the potential for additional hours being purchased towards the year end which may have significant impact on budgets. A block arrangement would*

	not be supported by the current way in which people receiving a service are charged for this. In addition whilst we may hope that the certainty brought by a block contract may translate into better terms and conditions for staff, the council cannot legally mandate how organisations employ their staff and feedback from councils shows that a block approach does not translate into better terms and conditions for staff. However, a prime provider model supported by a block contract arrangement is something we will consider testing in the new arrangements in one or more 'neighbourhoods' as the 'place agenda' beds within the developing system arrangements.
Some councils require providers to have a minimum current CQC rating of either Requires Improvement or Good in order to bid for work	*We are proposing to adopt this*
Most councils have an in-house reablement team with the external market using reablement principles	*Leicester has this*
Most councils produce high level support plans with the provider building on this with the person drawing upon support	*Leicester does this*
Many councils expect providers to work with wider community and agencies to support people's independence	*Leicester does this*
Most councils use electronic care monitoring to support performance monitoring and assist with payments	*Leicester does this*
Some councils support banking of hours to give increased flexibility to people in receipt of care	*We are proposing to adopt this and will test it out in the new arrangements to understand the challenges to overcome to realise benefits.*
Some councils allow providers to decrease the amount of care delivered to individuals based upon their own assessment of the person's needs and in agreement with the person and their	*A pilot took place in 2022/23 which highlighted challenges to implementing this. Having learnt from this, we intend to revise and once again test provider led reviews which should support the*

family if appropriate, without recourse to the council	*council's pressures with outstanding reviews, be more responsive to people's changing needs and increase capacity for providers.*
Most councils commission home care for children as part of a separate short breaks service	*We will work alongside the Lead Commissioner (Children) to provide advice on the home care aspects of a holistic short breaks service.*

Engagement

a) Engagement exercises took place between 31st October 2022 and 2nd January 2023. The engagement undertaken comprised:

- Conversations with people by Care Management Officers when on visits (69 responses).
- Discussions with Social Care workers and Care Management Officers in the Duty Hub
- Use of Citizen Space survey to engage with the public - 9 responses were received from the public.
- Survey promoted on council's social media
- General request for comments to all councillors
- Provider surveys distributed to a) senior managers (29 responses received) and b) care workers (27 responses received)
- Survey to ASC and NHS staff (34 responses received)
- Discussions with providers at contracted and non-contracted forums (and ongoing)
- Use of existing intelligence held in Liquid Logic records – (84 responses)
- Extraction of relevant information from a survey sent to providers in 2022 (32 responses)

All findings from engagement have been included in the review. The model has been refined using learning from what people have told us. The procurement process (Method Statement Questions and their evaluation) includes questions directly related to what people told us was important to them.

Summary of findings from engagement

Adult Social Care Staff

- When designing the model, we should ensure language issues are considered, this is regarding strengths-based language use, literacy of staff and considerations of language requirements of people receiving support.
- It is important that some level of staff consistency can be offered. It is beneficial for the people receiving care to develop rapport with the carer. In complex cases having new carers can present a challenge.

- There is an overall view that communicating with providers is positive and they are proactive.
- Better training for carers (LD, ASD, ADHD, timekeeping, record-keeping could be sought
- More effective communications and cooperation between CAAS and Carers could improve the service.

Providers/Care staff

- According to the information submitted by providers, the average percentage of staff per provider on zero hours contracts is 75.2% (from 32 responses received - Contracts and Assurance engagement in early 2022).
- When asked about challenges faced, themes regarding staffing, process and capacity emerged.
- In terms of staff retention and staff recruitment it was often noted that better rates of pay, support with training and support with advertising would be beneficial.
- A survey was also shared with staff working in homecare. Key themes to emerge from this survey were that the work is enjoyable and rewarding, although sometimes the clients can be the biggest challenge. Majority of respondents saw care work as a career rather than a short-term job.

People Drawing upon Support

- Overall, people receiving support are happy with the care they receive
- Carers are punctual
- Carer consistency is important
- Constructive points around time and the carers sometimes rushing were noted
- The importance of choice and personalisation of care noted. The social aspect of having conversations with people when providing care should be encouraged.
- Establish better communication between carers and people drawing on support
- Some concerns regarding budgets and the need for increasing pay for carers

Soft Market Test

We held a soft market test which was distributed to our contracted and non-contracted providers. 18 responses were received. Commissioners reviewed the responses and pulled out the key themes:

- Flexibility and consistency of care challenges: some issues around managing bank hours and facilitating a consistency of care when considering staffing pressures.
- We asked about quality-of-service measuring points and it was noted that: CQC ratings should be considered as a unified approach to quality monitoring, monitoring points need to be clear to providers so they are aware of what the inspectors are measuring

- Some training could be offered to providers for the high dependency lot
- Providers expressed a preference for long contracts (at least 5 years), scheduled duration payment rather than banding and clear KPIs

A presentation was given at Leicestershire County Council's provider forum to further promote the soft market test opportunity to providers with whom we may not ordinarily come into contact

In addition, the City's contracted provider forum has been engaged with and kept updated at its monthly forum meetings since the inception of the review.

Part 2
Proposed New Arrangements

a) From the work we have done, and local and regional meetings attended to discuss the details of how other councils commission home care, it is clear that Leicester is in an extremely good position with its current home care model and commissioning practice.

b) This is supported by ongoing evidence of low numbers of people awaiting care, majority of packages placed quickly, provider market consistently reporting high capacity with few providers exiting the market, good value for money.

c) Leicestershire County Council recently recommissioned their home care service using many of the same features as ours and have seen their await care list drop significantly as a result. The recent, very detailed review of our home care commissioning and markets by Care Analytics judge our present arrangements to be "effective".

d) The current contract was extensively remodelled and introduced innovations such as requiring providers to signpost and support people to access community assets, and that carers should work using reablement principles.

e) The proposal is therefore to retain the existing framework contract arrangements with a range of providers that can bid to take on cases, working across the whole city.

Key Features of the proposed new model

- Two Lots – general and high dependency
- Delivered through a Framework Agreement
- City- wide (no zoning)
- Outcomes focused and strengths based
- The ICB supported with the delivery of health delegated tasks through a jointly commissioned service (Lot 2)

- The Joint Commissioning arrangements will cover brokering, quality assuring and payment of health packages.
- Packages will be purchased on an hourly or half hourly basis, unless there is a double up visit and 15 minutes for the second carer is paid e.g. hoisting
- The bulk of packages will be purchased through a General Lot and the proposed key features are:
  - Personal Care including Medication Management
  - Domestic tasks, including shopping, laundry and meal preparation
  - Rehabilitation/teaching of Independent Living Skills
  - Carer support, including night sitting and respite care
  - General support to meet desired outcomes e.g. assisting person to use local transport, accompanying visit to GP
  - Support to maintain and/or improve psychological and emotional wellbeing
- The High Dependency Lot requires clinical oversight and enhanced skills and qualifications
  - Delegated Health Care tasks
  - Complex and enduring mental health needs.
  - A dual sensory impairment (e.g. visual and hearing loss)
  - Behavioural, emotional and social difficulties (BESD)
  - Moderate to severe dementia
  - Moderate to severe learning disabilities
  - Hoarding behaviours
  - People with night time support needs
  - End of life/palliative care

There are some improvements and new features built in to benefit people drawing upon support, encourage better terms and conditions for staff and enhance provider sustainability.

The Proposed Model's New or Strengthened Features

Feature	Who does it benefit?	Does it incur extra cost?	Comments
The Model			
Time Banking – allowing flexibility, choice and control- new	People drawing upon support and improved staff experience	Potentially for the provider	We intend to build this in but will need to pilot this, potentially in the current arrangements. There are challenges to

				this as it does not sit easily with Electronic Care Monitoring
	Provider led reviews	Provider staff will lead on reviews of the person they support and liaise with social work teams to ensure that the package of care and support plans are fit for purpose	Yes – for Adult Social Care	This will support capacity within Adult Social Care. Staff working with people on a daily basis are best placed (with the person) to understand if needs are being met in the right ways.
	Increased emphasis on culturally appropriate services particularly for Leicester's South Asian communities- existing	People drawing upon support	No	This was a message from our engagement exercises. The contract requires providers to employ staff who can effectively communicate and support people from diverse communities.
	Increased emphasis consistency of staff support, particularly for people with certain conditions - existing	People drawing upon support	No	The contract requires enhanced training qualifications for all staff, especially those delivering services to people with high

			dependency needs. This was a message from our engagement exercises.
High standards of staff communication skills - new	People drawing upon support	Potentially for providers who employ overseas staff or who deliver services to people with communication needs	This was a message from our engagement exercises. The contract requires a high standard of communication skills to support Leicester's many communities.
Enhanced training for staff supporting people with learning disabilities, dementia, complex physical needs which require double up calls	People drawing upon support Staff	No – free training and development is already commissioned for providers	This is a quality issue. Training requirements will be increased and closely monitored through the QAF process.
Outcome focused-existing	People drawing upon support. Staff satisfaction	No - training will be provided	The rollout of ASC's Support Sequence work will require providers to work with the person drawing upon support to develop detailed support plans based on the outcomes initially identified by the social work team. Training

			will be offered to support providers to realise this.

4.8 Increased Emphasis on Quality

a) We will require that a condition of tendering is that bidders should be registered with CQC, have received an initial inspection and be rated at least Requires Improvement but with Good in the Well Led Domain.

b) We will require providers to induct new staff members in accordance with the Care Certificate (as at present) but in addition all staff providing care should be qualified at QCF Level 2 and there is an expectation that staff working at with people on the complex lot (lot 2) should be seeking qualification at QCF level 3, if not already attained. This is an increased expectation that in the current contractual arrangements. All staff responsible for the administration of medication to have completed a Level 2 accredited qualification, "Certificate in Understanding the Safe Handling of Medications" or its equivalent. Staff responsible for the management of other people who administer medication/competency, must have completed a level 3 accredited qualification, "Safe Handling of Medication Foundation and Assessors" or its equivalent.

c) We will require commissioned providers must join Inspired to Care, the organisation that supports with recruitment, retention, good practice etc.

d) We will require commissioned providers to complete the Adult Social Care Workforce Data Set to inform planning needs and completion of which secures funding for them to access training.

e) We will set the quality/price split in tender evaluation at 80/20 as the pricing envelope will be set at ITT stage. Method Statement Questions (MSQ) will have an increased emphasis on quality with people drawing upon support designing and evaluating at least two MSQs.

f) The Quality Monitoring Framework emphasises an outcome focused, strengths based approach to service delivery. The I statements formulated by Making it Real will be embedded within the refreshed QAF process that supports the delivery of this service and providers monitored on their performance in relation to these by talking directly to people drawing upon support and learning from their experiences. The relevant statements are:

1. I am treated with respect and dignity
2. I can get information and advice that is accurate, up to date and provided in a way that I can understand
3. I have people who support me, such as family, friends and people in my community

4. I have care and support that is coordinated, and everyone works well together and with me or I can choose who supports me, and how, when and where my care and support is provided.
5. I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening
6. I have considerate support delivered by competent people

g) The extensive use of Direct Payments within home care whilst to be welcomed as it gives people more choice and control about how they are supported does nevertheless bring some considerable challenges. Through engagement with social work teams we have learnt that many are recommending direct payments with non-contracted providers thinking erroneously that such providers have more capacity than contracted providers. This is in fact not the case as our contracted providers have significant capacity to take on new work and response times to requests for work are very quick (within hours). The challenges that the practice of placing with non-contracted providers causes are:

- The providers may have been registered with CQC as new businesses but majority are not yet inspected – this means their working practices, safety and quality are untested and as a result we are seeing safeguarding issues arising which must be dealt with by social work teams (unlike concerns raised from contracted providers which are dealt with by Contracts and Assurance team members)
- The stability of the contracted market is compromised by using non contracted providers. Also the price agreed bythe pacing workers with the non-contracted provider very often exceeds our agreed contracted and Direct Payment rate which represents poor value for money for the council and risks destabilising the contracted market.

h) We have recently started to address these issues with social work teams, given them assurances that the contracted ,market can usually meet people's needs in a safe and assured way, but we must be mindful that people needing support must still have access to providers of their choice which may require a Direct Payment.

4.10 Unison's Ethical Charter

a) Here in Leicester we have embedded the core principles of the charter in our contractual arrangements and invested to ensure that homecare workers are paid for a minimum of 30 minutes for all calls. The rate we pay includes payment for travel time, holidays, uniform, PPE, training and are set at national living wage rates. We will continue to strongly encourage providers to offer guaranteed hours contracts and aim to reduce the proportion of zero hours contracts over the life of the contract.

b) The Council has also reviewed and increased the hourly rate it pays to providers in an effort to boost wages towards the real living wage rate, offered staff bonus

schemes in winter 2021/22 and 2022/3 to support staff, and implemented a provider hardship fund which offers providers support to improving conditions for staff. We also disseminate information about various staff benefit/discount schemes to agencies and support events such as the Care Awards Ceremony.

c) In respect of the recommendations made under the Unison's Ethical Charter, we are able to partially comply with only the following recommendations unmet (or partially met):

- Zero hours contracts and occupational sick pay beyond the first 5 days.

d) Our providers still recruit staff on zero hours contracts but increasingly, there are trends towards guaranteed hours (usually 16 per week) and full time hours for overseas recruits. Some staff prefer to work on the zero hour basis as this suits their personal arrangements. We continue to have dialogue with providers about how this can be improved and learn from other areas and it will feature strongly in our workforce strategy currently under development. We will test a different contractual arrangement (block contract and potentially a prime provider model) within one or two neighbourhoods and require the provider/s to not use zero hours contracts in these pilots to learn from this and apply the learning appropriately.

e) A more detailed assessment of the current provision of the home care market in relation to compliance with the Unison Ethical Charter recommendations is set out in Appendix 2.

4.11 Responding to the Adult Social Care Scrutiny Task Group Report on Workforce

a) In 2020 the Adult Social Care Scrutiny Commission presented its report "Adult Social Care Workforce Planning: Looking to the Future" which sets out its recommendations to better support staff to secure better outcomes for them and the people they care for.

b) The table below sets out how we have considered these recommendations within this commissioning review.

Task Group Recommendation	Commissioning Review Response
Paying the Real Living Wage to all staff on Leicester City Council adult social care contracts to properly value those staff working in the sector. This would cost an estimated £3.9m for 2020/21 for residential care, domiciliary care and supported living. Not all organisations complete the Adult Social Care Workforce Data Set, so the actual cost will be higher, and even more so if we implement other working rights, such as occupational sick pay.	As part of the work we do to set fee rates for domiciliary care, we will consider the cost of applying the Real Living Wage. Since the Task Group's work, the cost of this is likely to exceed the previous calculations. This will be taken through the appropriate senior governance bodies when complete.

We expedite our 2019 Manifesto commitment to sign up to the Ethical Care Charter	Although some councils have achieved a 'partial sign up' status, the local branch approach was not supportive of this.
Join up the silos to create a clear, simple and desirable apprenticeship route funded using unspent levy funds to encourage newer people to join the sector permanently, particularly younger people	Further exploration of this will be picked up in the developing workforce strategy.
Work with those in the workforce to try and find community and cooperative solutions, such as employee buy outs or a grouping together of micro providers, which ensure staff are invested stakeholders in care organisations	This can be explored through our developing workforce strategy.
When commissioning, require that providers give access to the unions to their workforce so that they can collectively lobby for improvements in their workplace.	This can be encouraged but not required through our commissioning approach.
Also, to require and to ensure that providers complete the Skills for Care National Minimum Data Sets (NMDS) so that they are able to access funding for training but also so that we can better follow trends across the workforce locally.	We are setting this as a contractual requirement in the new model.
Create our own internal agency for existing LCC staff rather than working with external agencies to offer more flexibility for our own team by creating a pool of people and additional work.	This is outside of the scope of this commissioning review
Retention is key in terms of boosting quality of work and quality of care for those receiving it. We need to work with providers around this specific issue. Recommendations to increase retention rates include improved training and development routes; improved pay and conditions; and proper recognition and valuing of the role of carers.	We have commissioned Inspired to Care who provide free support in relation to recruitment and retention to members. Membership is free and it is a contractual requirement within the new arrangements that providers become members. Furthermore, free training and development is offered through the Leicestershire Social Care Development Group – signing up to

	this is also a contractual requirement in the new arrangements. We will monitor take up of both these offers through our QAF process. During the winters of 2021/22 and 2022/23 we used NHS discharge monies to provide bonuses to staff who stayed with an employer over these periods when retention is often an issue. This was particularly so last year when the cost of living crisis was particularly acute. Learning from this can be applied in the future.

4.12 Governance and High Level Timescales

a) This work is overseen by a multi-disciplinary board chaired by the Director of Adult Social Care and Commissioning, and which includes representatives of the ICB and the Midlands and Lancashire Commissioning Support Unit. The work has been drafted and agreed by them.

b) In order to have new contracts in place for 7th October 2024 and to allow a good amount of time for contracts to be mobilised, people drawing upon support to be reviewed and if necessary moved from unsuccessful providers to new providers or onto a Direct Payment, we are aiming to award new contracts on 4th April 2024.

c) This means that we must have all documents agreed and signed off by 5th September 2023 to enable us to publish the Invitation to Tender documents on 12th September 2023.

d) This procurement is likely to attract a lot of bids and we wish to allow providers sufficient time to prepare and submit their bids (about 40 days- 30 days being the minimum) and avoid the pressures of the winter period and Christmas holidays for both tender submission and officer evaluation.

e) Should slippage occur, then the 6 month mobilisation period will be eroded. In anticipation of this, we are intending to rationalise the number of tasks that need to be done so some can be brought forward into the procurement process (e.g. key policies and documents checked off), and if existing providers are successful, it is expected that mobilisation will be simpler.

5. Financial, legal and other implications

5.1 Financial implications

This report does not suggest any significant changes to the current arrangements for home care, other than the potential for 'banking' unused care hours for use in a later period. The practicalities of this in terms of charging need to be explored in detail and whether or not there are sufficient benefits for the person receiving care to warrant implementation.

The existing cost model for home care will be used to establish the maximum framework rates allowable.

Martin Judson, Head of Finance

5.2 Legal implications

The retendering of this service which is to be jointly commissioned with NHS Partners, early legal and procurement engagement has been sought to advise on the model and ensure compliance with the Public Contract Regulations 2015 (as amended) and the Authority's standing orders. Any collaborative working will need to be underpinned with appropriate agreements to capture responsibilities of contract management, decision making and governance of the service contract and ensure economies of scale. In respect of any existing obligations under any existing joint working agreement these will need to be considered and complied with where relevant.

In respect of issues which have arisen in the existing/previous procured services the Authority should ensure a robust specification is devised to achieve the desired outcomes and appropriate monitoring of the same.

As the report states the proposed [existing] model is not changing, should this proposal change then further legal advice to be sought and whether it may trigger any duty to consult or otherwise.
Ongoing legal support to be obtained as required.

Mannah Begum, Principal Solicitor (Commercial) Ext. 37 1423

5.3 Climate Change and Carbon Reduction implications

Following the council's declaration of a climate emergency and ambition to reach net zero carbon emissions for the council and the city, the council has a vital role to play in addressing carbon emissions relating to the delivery of its services, and those of its partners, including through its procurement and commissioning activities.

Carbon emissions from commissioning and delivery of services should be managed through use of the council's sustainable procurement guidelines within tendering exercises, by requiring and encouraging consideration of opportunities for reducing emissions. This could include areas such as the use of low carbon and energy

efficient buildings to deliver services, enabling use of sustainable travel options for staff and service users and reduced consumption and waste of equipment and materials, as relevant and appropriate to the service.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

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

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

The report seeks approval for the re-procurement of domiciliary home care services which if agreed should lead to positive outcomes for people from across a range of protected characteristics. In order to demonstrate that the consideration of equalities impacts have been taken into account as part of the re-procurement and as an integral part of the decision-making process, it is recommended that an Equality Impact Assessment is undertaken.

Carrying out an equality impact assessment is an iterative process that should be revisited throughout the decision-making process and updated to reflect any feedback/changes due to consultation/ engagement as appropriate. The findings of the Equality Impact Assessment should be shared, throughout the process, with decision makers in order to inform their considerations and decision making.

Where any potential disproportionate negative equalities impacts are identified in relation to a protected characteristic/s, steps should be identified and taken to mitigate that impact. The EIA findings should continue to be used as a tool to aid consideration around whether we are meeting the aims of the PSED, and to further inform the work being progressed on the re-procurement.

Sukhi Biring
Equalities Officer
454 4175

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

None

Appendices:
Appendix A – Supporting Information
Appendix B – Comparison of commissioning practice against Unison's Ethical Charter

Appendix A – Supporting Information

Improvements to be brought in

In the commissioning review, we took the opportunity to review how we could improve what currently does not work or to consolidate what does work, and covered the following points:

Aspect	Works?	Somewhat Works?	Does not work?	Comment
Sufficiency of providers	√			An open framework allows for additional providers to be brought in when needed; there are a great many registered providers in the city (170 at time of writing).
Ability of providers to pick up work quickly	√			Providers consistently report capacity and all areas of the city have coverage.
Low awaiting care lists	√			Capacity in the market is consistently high and providers are responsive Consistently low awaiting care numbers.
Quality of work	√			93% of contracted providers have a CQC rating of Good; greater focus on CQC registration status at ITT stage; development work with providers
Workforce recruitment & retention		√		Recruitment into the sector is challenging; presently there are sufficient staff to deliver care, but providers report recruitment exercises are constant. Inspire to Care membership supports providers with recruitment, retention and training; LSCDG membership offers free training. Workforce strategy being finalised.
Workforce terms & conditions		√		Use of zero hours contracts in the city is very high. Many workers like the flexibility that zero hours contracts bring. Zero hours contracts are often used when a business requires flexibility from a subset of their workforce to help them navigate

				fluctuations in workload while keeping costs low. Zero hours workers are entitled to: • The National Minimum Wage • Paid holiday • Maximum of 48 hrs of work a week (and the right to opt out) • Protection against discrimination • Whistleblowing protection • Statutory sick pay We wish to see a reduction in the number of zero hours contracts and will signal this in the specification and work with providers to reduce these. Our payment rates will be set at a level that supports this reduction.
Geographic reach of providers	√			All areas of the city have coverage; providers informally zone themselves as most workers are walkers
Ability of providers to meet specific needs	√			No needs go unmet; greater focus on language skills and specialist training for complex needs identified. Recent increases in demand for support for people from South Asian communities has been noted – demand is being met. All these needs will be highlighted in the new specification.
Value for Money	√			The council's rate is not far off the rate calculated as 'median' through the Fair Cost of Care exercise. It supports the business models in place in the sector. The existing cost model for home care will be used to establish the maximum framework rates allowable; achieve a

				balance between VFM for the council, paying fees that enable providers to have a stable business and employ staff with better terms and conditions
Sustainability of market		√		The overall market is large with a mixture of small, medium and larger agencies. New businesses frequently open. Many providers have been active locally for many years. Current economic conditions are impacting adversely, and we are closely monitoring this and offering support where we can
Provider relationships	√			Continue to maintain our good relationships and look to build
Flexibility of model		√		Explore and introduce time banking
Strengths based approach		√		Continue to promote and pilot approaches; evaluate current pilot
Outcomes focused		√		Greater emphasis on outcomes focused support plans and provider training to deliver, flexing payment bandings to support staff

Flexibility of care delivered – a proposed pilot

a) People who use home care and support sometimes need to flex their package of care to better meet their needs by bringing forward or banking hours to be used for certain circumstances, for example, when someone is out or away, and use them another time, for example when additional support is required. We have been exploring a model used in Rotherham where they have applied this flexible approach to their commissioned home care. We hope to pilot this in the new service.

b) In Rotherham they call this Envelopes of Time. This home care and support model moves away from the rigid 'time and task' model to a model which accesses allocated envelopes of time over a defined time period e.g. 80 hours over 4 weeks. This allows more flexibility and encourages innovation. Home care and support service interventions will have a strong focus on supporting people accessing home care and support to achieve positive outcomes to optimise their independence. Although in its early days and negatively impacted by Covid and now workforce issues within the market, this model was adopted

following consultation with people and staff in Rotherham and where it is used, feedback is positive.

Provider led reviews

c) Learning from work elsewhere and from our own work within residential care, it is intended to test the concept of provider led reviews within home care. The benefits of provider led reviews include:

- people have a faster response to changes in their needs. This enables better risk management and improves safety.
- Reduction in 'over-prescription' which can lead to greater dependency.
- Impactful work by providers who know their clients (people) well.
- More autonomy and trust around the people who care for that person.
- Release of capacity within adult social care

The parameters of the test will be scoped out and it is intended to co-produce this work with providers and with people who draw upon support.

Workforce and sustainability challenges

d) This is a very significant challenge and not something that can be fixed in the short term. We intend to address the challenges that have been highlighted with recruitment and retention of staff through this model, our workforce strategy and market sustainability plan currently being drafted, and which consider the challenges facing the sector. This is not just an issue for Leicester, nor its features particularly confined to Leicester; it is a national problem.

e) The care sector is already facing major recruitment challenges, at least in part caused by low pay relative to the demands of the job roles. The work currently being done to set fee rates will set the pricing envelope used by providers during the tender process will be mindful of the dynamic and variable costs of running a business which allows providers to recruit, retain and pay staff an appropriate and legal wage. It will include elements such as National Living Wage, covering costs of travel, uniform, PPE, holiday, sickness and training time. Provision for an annual consideration for an inflationary uplift will be built in.

f) Care Analytics report that in their extensive work in other council areas, there is a great deal of variability in terms of higher fees from councils translating into higher pay for care workers so any increase in rates will have to be carefully monitored to ensure this has the desired effect. It is important to note that the council cannot legally oblige providers to employ staff in certain ways, for example not use zero hours contracts. We will ensure our pay rates are fair (see e above) and signal our desire to see a reduction in zero hours contracts within our specification. We will work with providers to reduce these and continue to

engage with other councils to learn what they do to discourage use of zero hours contracts.

g) Skills for Care report that about 9,300 staff are employed in home care roles in Leicester (2021/22) 89% of whom are employed in the independent sector. The age profile of the workforce is steadily ageing with an average age of 43, and an ethnicity profile of 40% white and 60% from black and ethnic minority communities. 79% of staff were female and 21% male. 30% hold a qualification relevant to social care but 63% either have or are working towards the Care Certificate. The staff turnover rate was 25.4% and the vacancy rate 15.1%. 44% of staff are recruited from within the sector.

h) In the long term, demographic pressures will further reduce the workforce available to support care work. This is because the elderly population is growing in Leicester at a greater pace than the working age population and the ratio of potential workers to people likely to need care and support is going to markedly fall.

i) Letting the contract for 5 years with the ability to extend for up to a further 24 months offers some certainty to providers and allows them to build up their business. It also allows us to build relationships with them, support with development and work with the market to ensure that care delivered is the highest quality. The usual termination clauses will apply.

Quality of providers

j) We will place a greater emphasis on quality in bid evaluation to ensure that only the very best providers are selected, this includes:

k) We will set a bar at ITT stage that only those providers rated at least Requires Improvement but with Good in the Well Led domain are allowed to bid. They must achieve an overall Good rating at the time of contract award (should they be successful) or submit a self-assessment statement as evidence that they are currently working towards a rating of 'Good' via a CQC improvement plan. Their contract may be delayed until they have satisfied this. Consideration was given to requiring a CQC rating of Good across all domains, but this is felt to be too risky with supply potentially compromised as a result. Presently 87% of our contracted providers are rated good but this figure is lower in the non-contracted market.

l) We will require bidders to have had prior experience of delivering personal care as a company and to be registered with CQC at the time of bidding for the contract and to have had at least 1 inspection.

m) We intend to award contracts to around 30 providers as at present to allow closer working and development with them and release capacity within the

CaAS Quality Assurance team to work with the non-contracted market to improve quality. This allows a balance between sufficient choice for people needing support, sufficient capacity should a provider exit the market and what is manageable to allow us to work with and develop the market.

Other considerations

n) Locally work is being undertaken on pathway improvements which will see all patients discharged from hospital offered a period of Recovery, Reablement or Rehabilitation (3 R's) through the in-house Home First service. The impact of this may be a decrease in referrals to home care from hospital with people with ongoing support needs having packages commissioned for them following their 3 R's input. The impact of these pathway changes will have to be closely monitored.

o) Night care support is already available through our current specification but as part of our support to the ICS, we have Winter Discharge funds to pilot a night time home care service which uses a block contract arrangement to ensure support is readily available and avoid an inappropriate discharge into bedded provision. This service offers eligible patients discharged from hospital a period of night time waking and sleep-in support to aid their recovery and allow a realistic period of assessment for any ongoing needs. The pilot lasted from 30th January 2023 to 31st March 2023 and was very successful. Plans are in place to recommission this from the autumn of 2023 and over the winter of 2024.

Bring the service in-house

p) Costs would increase because of local government terms and conditions and as the council does not use zero hours contracts, there would be a risk of staff down-time (unused hours) as most home care is delivered around what might be termed 'breakfast, lunch and tea time' calls. In 2021/22 work was done on an hourly rate of the in-house reablement team whose work is comparable to externally commissioned services. This showed that the hourly rate was 86% greater than the current commissioned rate.

Appendix 2
Unison's Ethical Charter

a) This charter is part of the Union's Save Care Now Campaign and was developed to support the conditions and quality of home care services nationwide, benefiting care workers and the people they support. There are commitments within the charter to include guaranteed hours for staff rather than using zero hours contracts and a target of paying the living wage.

b) Adherence to the charter includes a number of practical recommendations, and commits the Council to ensure that carers travel time is funded, that they do not have to rush from one client to the next, and that residents should keep the same carer as far as possible.

c) There are also commitments within the charter to include guaranteed hours for staff rather than using zero hours contracts and a target of paying the living wage. The Living Wage is a rate based on the real cost of living for employees and their families.

d) Our assessment against all the Charter's Recommendations is below:

	Stage 1 - Key Elements	Yes Please tick if Agreed by the Local Authority	Notes (including reasons why a LA will not accept an element)
1	The starting point for commissioning of visits will be client need and not minutes or tasks. Workers will have the freedom to provide appropriate care and will be given time to talk to their clients	Yes	The LA currently starts an assessment by looking at the outcomes someone wants/needs to achieve. This guides the assessment, which results in the commissioning of time and task to achieve the outcome. Increasingly there is less prescription with regard to time and more flexibility afforded to how people choose for their outcomes to be met.
2	The time allocated to visits will match the needs of the clients. In general, 15-minute visits will not be used as they undermine the dignity of the clients.	Yes	Since October 2014, no 15 minute calls have been commissioned, unless for example, 2 carers are needed to hoist a person or where help is offered to walk people to the dining hall in Extra Care schemes.
3	Homecare workers will be paid for their travel time, their travel costs and other necessary expenses such as mobile phones.	Yes	Payment for staff travel time is included in the fee rate paid by the council and providers are required to set out their costs in regard to this when they bid for work.

4	Visits will be scheduled so that homecare workers are not forced to rush their time with clients or leave their clients early to get to the next one on time.	Yes	The ASC Quality Assessment Framework (QAF) requires providers to evidence that care is not rushed and that time is allocated to allow for a task to be completed in the way that the client wishes. All providers are subject to the QAF process. We are reviewing how our time bandings can be altered to prevent the need for care workers to rush calls and ensure they are not disadvantaged financially.
5	Those homecare workers who are eligible must be paid statutory sick pay.	Yes	An element of statutory sick pay is included in within our financial calculations. The review will determine if this can be increased but this will have cost implications.

	Stage 2 Key Elements	Yes Please tick if Agreed by the Local Authority	Notes (including reasons why a LA will not accept an element)
1	Clients will be allocated the same homecare worker(s) wherever possible	Yes	The ASC QAF requires existing providers to evidence that there is continuity and consistency in staff matched to service users and is the method used by the Authority to ensure contract compliance. Electronic Care Monitoring Data is analysed by the Council to ensure compliance.
2	Zero hour contracts will not be used in place of permanent contracts	Agree to work towards this	There is currently no contractual mechanism to prevent providers from taking this approach. However, the current provider engagement is asking again how common this approach is in the home care market. Some are suggesting staff prefer the flexibility of this approach. We have seen increasing numbers of minimum hours contracts and full time contracts and we will continue to monitor this and seek further improvements through our dialogue with providers, learning lessons from elsewhere too.

3	Providers will have a clear and accountable procedure for following up staff concerns about their clients' wellbeing	Yes	The specification and contract require providers to identify and meet health, nutritional, cultural, religious and lifestyle needs and make provision for them. This is monitored through the QAF process.
4	All homecare workers will be regularly trained to the necessary standard to provide a good service (at no cost to themselves and in work time)	Yes	The QAF requires providers to evidence compliance against a core list of training requirements. Providers currently determine their own procedures around whether staff are paid to attend and/or whether this is in work time, but an allowance for staff time in this respect is included within our costings for fee rates. We have updated and enhanced our training requirements for the new model.
5	Homecare workers will be given the opportunity to regularly meet co-workers to share best practice and limit their isolation	Yes	The QAF requires providers to evidence compliance against this contractual requirement. The new model requires enhanced training and qualifications and this will be monitored through the QAF.

	Stage 3 Key Elements	**Yes** **Please tick if Agreed by the Local Authority**	**Notes (including reasons why a LA will not accept an element)**
1	All homecare workers will be paid at least the Living Wage If Council employed homecare workers paid above this rate are outsourced it should be on the basis that the provider is required, and is funded, to maintain these pay levels throughout the contract	Yes	All providers are legally required to pay the National Living Wage. The Council is committed to awarding contracts on the basis of providers paying the Foundation Living Wage, but is aware that some contracts will present a huge financial challenge, including domiciliary care.
2	All homecare workers will be covered by an occupational sick pay scheme to ensure that staff do not feel pressurised to work when they are ill in order to protect the welfare of their vulnerable clients.	Agree to work towards this	There is currently no contractual mechanism to require providers to have an occupational sick pay scheme. However, our provider engagement with providers shows that some of them, particularly the larger players, do have this in place. Our fee rates include an element of statutory sick pay.

Appendix C

Quality of Regulated Care in Leicester City

For consideration by: ASC Scrutiny Commission

Date: 24th August 2023

Lead director: Kate Galoppi

Useful information

- Ward(s) affected: All
- Report author: Annette Forbes
- Author contact details: annette.forbes@leicester.gov.uk 0116 4544824

1. Purpose of report

1.1 This report provides the Adult Social Care Scrutiny commission with an update on work that is being progressed to address the challenge of quality in the Care Quality Commissions (CQC) settings for Adult Social Care.

1.2 The Commission previously received a report in March 2023, setting out the position of quality ratings of providers in the city, alongside a programme of work to address a position of declining performance with several providers of Social Care having received a poorer rating at their most recent inspection.

1.3 The work programme to address quality includes a forensic analysis of themes and trends identified through CQC reports. This report focuses on this element of the programme, outlining the training and support offer available locally to meet the needs identified through this analysis.

2. Summary

2.1 The Council has a duty under the Care Act to facilitate a diverse, sustainable, high-quality market for the whole local population, including those who pay for their own care, and to promote efficient and effective operation of the adult care and support market.

2.2 Leicester has a large market of independent care providers that support the provision of regulated care and support for more than 3000 people in the city. The market generally performs well but more recently concerns have been raised in response to the decline in ratings issued by the CQC when they have conducted inspections.

2.3 The Leicester City Council (LCC) Contracts & Assurance Service (CaAS) works closely with providers to ensure that issues are addressed, and standards raised. Using contractual levers and the provision of practical support and guidance around best practice, CaAS seeks to ensure that care provided to people needing this support can meet their needs and achieves the required quality standards.

2.4 Over recent years, and since the Covid pandemic, CQC inspections of Adult Social Care providers, has resulted in higher numbers of providers rated as inadequate or requires improvement, than previously. Whilst the risk-based approach to inspection that the CQC has been implementing will inevitably see more providers ratings decline, rather than improve, we are committed to taking a proactive approach to understand any systemic reasons for poor performance, and to deliver a programme

of activity to support improved performance, and delivery of quality of care for Leicester residents.

2.5 In response to the quality concerns in the market a programme of activity is underway. The programme includes a review of the core contract for residential and nursing care to assure us that it is fit for purpose to hold providers to account for the care and support that they deliver; with increased capacity to the Contracts and Assurance (CaAS) team through Additional non-recurrent health monies to support contractual management and performance improvement. Recognising the importance of workforce, a workforce strategy is in draft with actions being implemented to support the availability of a sufficient, confident and capable workforce, this includes a training offer as well as recruitment and retention support. A quality benchmarking exercise has been undertaken for learning disability and autism services that draws on the learning from several national reports to understand any quality gaps we have locally and identifying solutions to this. A quality in care pilot is underway with a small, dedicated team targeting providers with high-cost packages of care and observing practise to address both cost and quality – learning will be rolled out more widely.

2.6 Part of the planned programme to address quality concerns has been a forensic analysis of 39 CQC reports which rated 29 providers as Requires Improvement or Inadequate from January 2020 to June 2023. Some of these reports were produced following a revisit by CQC, in some cases the rating improved from Inadequate or Requires Improvement. The issues identified across both visits have supported the identification of themes and trends across settings. This is being used to support providers to access training that is on offer, and to identify any training gaps that exist and work with partners across the health and care system to meet those gaps.

2.7 In addition, CaAS staff have developed a series of Quality Improvement Cafes which will deliver support which has been identified as required from the analysis of reports. These are being delivered face to face. These are planned in every 6 weeks for the next 18 months. The subjects covered will deliver best practice guidance and practical resources to address concerns identified from the CQC reports.

3. Recommendations

3.1 For members to note the content of this report and the actions being taken to address quality concerns in Adult Social Care CQC settings.

3.2 For members to be aware that any report that identifies poor quality or dangerous care is treated as a matter of concern, and as such the LCC contracts team takes urgent action to support providers to address issues and raise standards, ensuring people are safe from harm and neglect.

4. Report/Supporting information including options considered:

The Market and its Performance

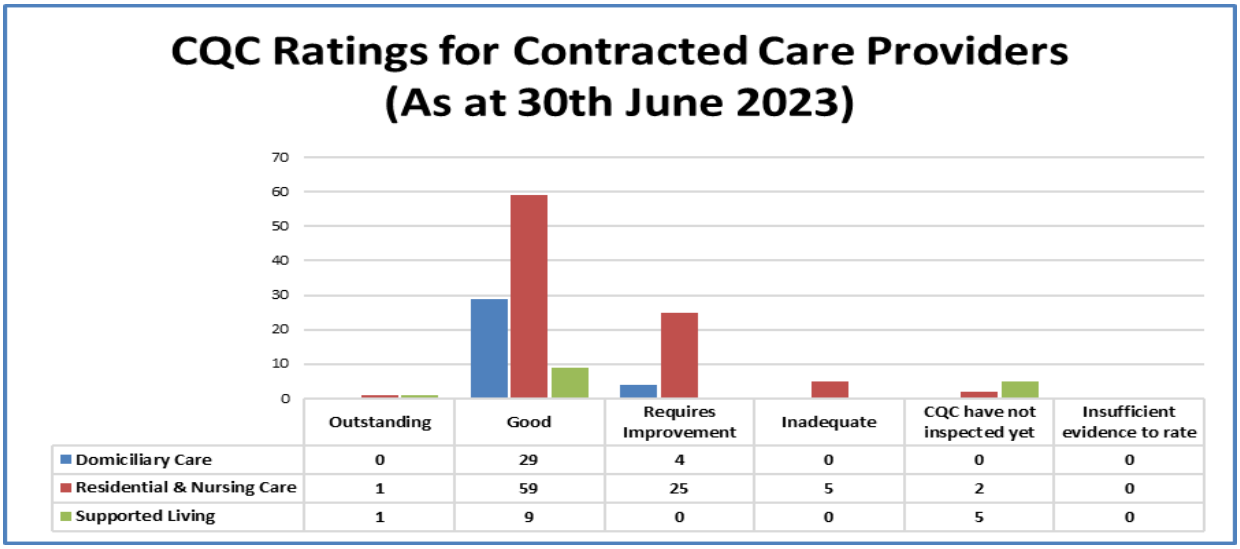
4.1 All providers who deliver care which includes personal care are required to be registered with the Care Quality Commission (CQC). Providers register either to deliver care in the community (which includes both domiciliary care and supported living) or care in a care home (which may or may not include nursing care).

4.2 In Leicester there are 93 independently owned care homes operating currently and LCC contract with all except one home. 49 contracted homes deliver care to older people and currently 809 people are supported by LCC in these services. A further 875 people live in these homes, who are either funded by other councils, by the NHS, or who fund their own care. The total spend on residential and nursing care for older people was £39.4m in 2022 - 23 including payments to providers not based in the city.

4.3 The remaining 43 care homes are primarily delivering support to working age adults who need support with learning disabilities and / or mental health needs, and 352 people currently live in these homes supported by LCC. A further 210 people live in these homes, who are either funded by other councils, by the NHS, or who fund their own care. In 2022 – 23 LCC paid £31.9m for these services, however it should be noted that this figure includes payments to residential care providers across the country.

4.4 Within domiciliary care, the market currently has 190 registered providers operating in the city. LCC has a contract in place with 32 of these providers, who deliver 400,000 hours of care each quarter to people on behalf of LCC. LCC paid £33m in total for domiciliary care from contracted providers in 2022-23, in addition to £26m to people using a direct payment to purchase their own care.

4.5 The Council contracts with 15 Supported living providers. The main principles of supported living are that people drawing on this type of support own or rent their home and have control over the support they get, who they live with (if anyone) and how they live their lives. These services provide care and support to 396 people in their own homes, and the cost of this support is £16.2m per year. A further 196 people use a direct payment to access supported living from providers who are not part of the framework agreement at a cost of £9.7m.



	Outstanding	Good	Requires Improvement	Inadequate	CQC have not inspected yet	Insufficient evidence to rate
Domiciliary Care	0	29	4	0	0	0
Residential & Nursing Care	1	59	25	5	2	0
Supported Living	1	9	0	0	5	0

4.6 The table above shows that in June 2023 65.2% of the contracted providers in Leicester City are rated Good or Outstanding. While poor quality care is never acceptable this demonstrates that while problems do exist, the problems are not systemic in our contracted care. The tables shows that only 5 care homes are inadequate which is less than 5.4% of the total contracted market.

4.7 The approach by CQC to inspection has changed following the pandemic, operating a fully risk-based approach only visiting those services where intelligence identifies a cause for concern which could be partly responsible for the dip in ratings. By only visiting services where concerns are suspected the CQC limits their opportunity to identify good practice. In the last published CQC Area Profile (2020), our provider ratings for Residential and Nursing Care were:

- 3 Outstanding services; this is now 1.
- 80 Good rated services; this is now 59.
- 18 services rated Requires Improvement; this is now 25.
- 0 Inadequate services; there are now 5.

4.8 The change in ratings not just in Leicester City but across the East Midlands has been so dramatic that the Association of Directors of Adult Social Services (ADASS) commissioned a piece of work to look at the data and developed a number of scenarios to try and determine why the CQC data for the East Midlands is so out of step with that of other areas and England in general.

4.9 This working group looked at a number of hypotheses including whether the commissioning arrangements and rates payable within the Region had impacted on the quality of provision, if there were specific workforce issues in the region that could impact quality, if there was any correlation with the local authority approach to quality monitoring and if the impact of a higher number of safeguarding concerns coming through to CQC in East Midlands leading to more targeted review.

4.10 Following several workshops and roundtable discussions no conclusion was reached which led LCC to look in detail at the reports and issues identified within City providers of residential care.

CQC Inspection findings

4.11 CQC reports from 2020 to June 2023 for 29 providers of residential and nursing care were analysed. Of the 29 reports 2 were for providers who had been rated Inadequate, 4 were where the rating had improved from Inadequate to Requires Improvement, 17 were for providers rated Requires Improvement, 6 were for providers where the rating improved to Good. The analysis identified 215 individual issues which had been identified during inspection at several the providers. These were grouped under 19 headings to aid the development of a local support offer from partner organisations working across Adult Social Care in Leicester, Leicestershire & Rutland (LLR).

4.12 The themes identified included:

- Medication (27 specific issues)
- Health & Safety (22 issues)

- Nutrition / Eating & Drinking / dietary (18 specific issues)
- Inclusion and person-centred support (16 specific issues)
- Infection Prevention and Control (15 specific issues)
- Leadership (15 specific issues)
- Staff training & Development (12 specific issues)
- Assessment / care planning/ monitoring & review (12 specific issues)
- Safeguarding / Incident & accident management / lessons learnt (12 specific issues)
- Mental Capacity Assessments (10 specific issues)
- Staffing levels / deployment (9 specific issues)
- Moving & Handling (9 specific issues)
- Recruitment (8 specific issues)
- Fire Safety (7 specific issues identified)
- Pressure area care (4 specific issues)
- Diabetes (3 specific issues)
- Personal care / Dignity & Control (4 specific issues)
- End of Life (2 specific issues)
- Covid 19 (5 specific issues) N.B. this has not been included in the analysis of training needs.

4.13 The analysis and themes identified have been shared widely with commissioners from health and social care in LLR and across the region, with training organisations commissioned by the local authorities, providers of residential and nursing care and officers and managers within CaAS.

4.14 A similar process is looking at the reports for domiciliary care providers and a programme of support will be produced once this analysis is complete. However, at the current time only 4 of the 32 contracted providers are rated as Requires Improvement.

4.15 The 19 themes for residential care providers have been considered against existing training and development available locally and a programme of support is being developed. The table below identifies where training is already in place, and areas to explore further.

Theme / training need identified	**Offer**
Medication	Meds optimisation team may be able to support / L2 distance learning from Leicester College
Health & Safety	LCC Corporate Health & Safety Team
Nutrition / Eating & Drinking / dietary	Nestle (thickener training) and the worksheets / videos on the Providing Care Website (ICB to be approached for support from dieticians)
Inclusion and person-centred support	Covered in Care Planning Quality Cafe, and a Session on strength based planned at Quality Improvement Café
Infection Prevention and Control	Public Health IPC nurse to develop training resources and MST event
Assessment / care planning/ monitoring & review	Quality Improvement Café
Leadership	Various courses available locally and resources from Skills for Care

Staff training & Development	Leicestershire Social Care Development Group (LSCDG) access to leadership training and training for senior staff including input from Skills for Care Resources
Safeguarding / Incident & accident management / lessons learnt	Quality Café to be developed alongside the Train the Trainer offer from the Safeguarding Adults Board
Mental Capacity Assessments	Quality Improvement Café
Staffing levels / deployment	Management / leadership training & Skills for care resources
Moving & Handling	LSCDG Train the Trainer
Recruitment	Inspired to Care
Fire Safety	Leicester Fire and Rescue Service(LFRS) workers to be asked to develop and deliver a session on Microsoft teams
Pressure area care	LPT training team Community Matron and her team Providing Care Website
Diabetes	EDEN Cares training The Providing care website LPT Training team community nursing
Personal care / Dignity & Control	LSCDG online training being revamped and will be available in the Autumn
End of Life	LOROS training offer

4.16 CaAS and Partner agencies are proactively targeting providers to signpost them to available training and support that addresses the issues highlighted through the analysis. Where no formal training offer could be identified the quality cafés that have been developed are initially meeting the gap and have already delivered 2 workshops picking up themes not covered by a training offer currently.

4.17 Within the contracts team, a dedicated improvement team already exists which provides structured intensive support to failing providers. The team develop a bespoke programme of support, working intensively with providers embed improvements in practise in order to prevent complete provider failure, and support quality improvement. Based on the significant improvement experience within this team they have developed several face-to-face workshops which are being delivered through the quality improvement cafes. Workshops so far have focused on best practice and resources available to support providers to meet their duties under the Mental Capacity Act (MCA) and the best practice elements of care planning and review. The team is continuing to develop sessions to address some of the themes identified, specifically where other resources are not available locally.

4.18 While the providers who require improvement will be signposted to these offers of support it is important that providers who have not yet been inspected by CQC are also aware of the themes and specific issues and supported to take action to ensure that their systems and processes are effective and of the standard expected.

4.19 An online workshop to share the findings of this forensic analysis in detail is planned for early Autumn. This will be delivered by officers from CaAS and a recording of the session will be shared with all providers across the City, including the 1 home which does not currently have a contract with Leicester City

4.20 In addition, regular information sharing meetings are held where both high-level concerns and emerging risks are shared amongst professionals to ensure that all stakeholders are aware of any concerns and the actions in place to mitigate these.

4.21 Officers continue to work with providers on both a planned and reactive basis. Visits may be announced or unannounced and the decision as to whether to announce a visit will be based on a decision as to whether the outcome of the visit is likely to be impacted by giving the provider notice of a Council inspection.

4.22 As of July 2023, 16 providers have not been inspected by CQC since before 2020, in addition 2 recently opened homes have yet to be inspected. On this basis proactive work is underway with local nursing homes, and a number of providers who have yet to be inspected by CQC. All 18 providers have either been subject to the quality Assurance Framework (QAF) or responsive visits have been undertaken to assess the safety of people living in the service This will help providers to further develop effective systems that evidence that the care and support they provide meets the needs of people supported and should stand them in good stead when CQC does inspect.

4.23 The quality assurance review that the contracts team conducts includes reviewing training of staff, and this will be used as a way of monitoring the response to the uptake of training that is being promoted through this review.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising at this time.
Martin Judson, Head of Finance

5.2 Legal implications

There are limited legal implications arising from the recommendations of this report. Advice should be sought from Legal Services prior to triggering the termination provisions of a contract and /or the replacement of a provider.
Legal advice should also be sought in the event that legal action is considered.

Kevin Carter, Head of Law

5.3 Climate Change and Carbon Reduction implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

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

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

This means the council has a duty to consider the diverse needs of the individuals we serve, minimising disadvantage and ensuring the inclusion of under-represented groups. It must ensure that those organisations carrying out duties on its behalf also comply with this duty. Service providers must comply with equalities law and the commissioning authority must ensure providers are able to meet the requirements of the law.

Equality and diversity are essential components of health and social care. Good equality and diversity practices make sure that the services provided to people are fair and accessible to everyone. They ensure that people are treated as equals, that people get the dignity and respect they deserve. This is particularly important for adults in need who, because of a disability, illness, or their age, are unable to take adequate care of themselves and keep themselves from harm. The report highlights the work programmes across health and care that are supporting the care sector. The people using the services will be from across many protected characteristics, initiatives that are designed to improve the provision of care should lead to positive impacts. It is important that the routes available for people to raise concerns are accessible.

Equalities Officer, Surinder Singh Ext 37 4148

5.5 Other Implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

No other implications apply to this report

Appendix D

Adult Social Care Scrutiny Commission Report

Preparation for CQC Assurance: Our Self-assessment

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 24 August 2023

Wards Affected: All
Report Author: Ruth Lake
Contact details: Ruth.lake@leicester.gov.uk
Version Control: v1

1. Purpose

1.1 To update the Adult Social Care Scrutiny Commission with preparation for Care Quality Commission (CQC) Assurance

1.2 To share the self-assessment completed in preparation of external assurance and seek any comments

2. Summary

2.1 Adult Social Care (ASC) was subject to a substantial programme of reforms, as previously described (see background papers). Some of this has been paused, following central government decisions regarding funding reforms and reforms of the framework for Deprivations of Liberty Safeguards / Liberty Protection Safeguards. Other elements have continued to move towards implementation.

2.2 Within this programme, the white paper, "People at the Heart of Care" created a new duty for CQC, to become responsible for assessing local authorities' delivery of their adult social care duties, under part 1 of the Care Act. The assurance approach by CQC commenced on 1st April 2023.

2.3 The anticipated approach to assurance was shared with the ASC Scrutiny Commission on 8th December 2022 and has moved forward largely as expected. 5 councils, including 2 in the East midlands, have volunteered for 'pilot' assurance visits by CQC between June and September. Between September and December, 20 further councils will be visited for an assurance process / inspection, with 20 further council's being subject to assurance processes between January and March 2024.

2.4 It is unknown when Leicester City Council might be visited by CQC for an assurance process. We have been preparing for this (as set out in the ASC Scrutiny paper dated 8th December 2022) working with regional colleagues.

2.5 A core element of this preparation was the completion of a self-assessment. This is similar to the document prepared by Children's services for Ofsted, known as the Self-Evaluation Framework.

2.6 Our self-assessment is attached at Appendix 1. This document set out the key areas of strength and areas for improvement.

2.7 The approach to completing this document and the quality assurance work that has followed is covered in the main report (below at section 4), together the governance, quality assurance and communication arrangements that support us to address areas for improvement.

2.8 The self-assessment is not a 'fixed' document and will be refreshed periodically to ensure it remains an up to date narrative of the delivery of ASC and the impact that this has for people who draw on our support.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the report and self-assessment and provide any comments or feedback.

4. Report

Approach

4.1 In preparation for future CQC assurance processes, the East Midlands councils worked together with the Local Government Association to produce a template and guidance for a self-assessment. The self-assessment is a key element of the assurance process, being a document that will be requested by CQC when an assurance visit is scheduled to take place.

4.2 Leicester ASC started the production of our self-assessment via a staff workshop in January 2023 – 80 staff, representative of the many roles across ASC, came together to identify our position against the CQC quality statements in their draft assurance framework.

4.3 This information was used to produce a narrative document (the self-assessment) that describes where we believe our strengths and areas for improvement are, and describes the plans we have to build on, sustain or address these. The self-assessment is supported by an evidence bank, so that our understanding of our position can be triangulated or tested against data, feedback from people who draw on support and carers, from staff and stakeholders. Our aim was to be self-aware; both positive about strengths and honest about areas for improvement.

Quality Assurance

4.4 All East Midlands councils shared their self-assessments with the regional ADASS branch for independent review, followed by a joint workshop to look at approaches, content and to reflet on their styles and accessibility. Feedback regarding Leicester's self-assessment has been positive, in that it is seen to be genuine, self-aware and well evidenced.

4.5 Work has since taken place to produce a summary version and an easy read version, to support wider engagement with people who draw on support and with stakeholders. This is core to quality assurance, so that the narrative is one that others would reflect if asked about their experiences of ASC in Leicester.

4.6 To support our capacity for leadership in the context of external scrutiny / judgement, a 2-day Leading for Assurance course has been developed by the ADASS branch regionally and delivered to middle managers (Heads or Service / Service Managers and equivalent). This has been well received by the 2 cohorts who have completed it to date; 8 of the 13 managers in Leicester for whom this training is targeted have attended, with the remaining 5 to particate in September.

4.7 Readiness for CQC assurance is one workstream reporting to the ASC Reforms Programme Board. It is led by the Director, Social Care and Safeguarding. The focus has now shifted away from the preparation of the self-assessment to 2 areas of focus:

a) Quality assurance as our everyday business
b) Being prepared for a CQC visit

Governance and quality assurance

4.8 Our primary aim is to deliver an ASC offer that supports people to lives the lives that are important to them. Therefore, whilst we wish to be prepared for external assurance / inspection, we want to understand for ourselves how well we are achieving that aim and quality assurance is the core mechanism by which we can explore this. Prior to the reforms, we had developed arrange of approaches to understanding our impact and effectiveness and these have ben further developed in the context of external scrutiny.

4.9 An ASC Assurance Framework is in place, with an Annual Assurance Statement produced in 2022/3. The delivery of ASC in monitored and supported by a Practice Oversight Board.

4.10 The Social Care and Education (SCE) Performance and Quality Board receives regular reports from ASC, covering a range of metrics, indicators

and sources of information including from people who use services and staff.

4.11 Information gathered in the Annual Assurance Statement and the self-assessment, as well as Healthy Workplace Survey and from peer reviews, has been drawn together to inform priority planning for 2023/4. A business plan has been developed with 6 core priorities, reflecting the areas for development and improvement identified including those from the self-assessment.

4.12 The 6 core priorities for 2023/24 are:

- **Carers** – We want informal carers to feel well supported, able to continue their caring roles and live a good life
- **Wellbeing** – We want to maximise the wellbeing of people who draw on support, in order that they can achieve their potential and reduce their reliance on adult social care
- **Staff** – We want our staff to work in an environment that is positive and inclusive, where change is managed well
- **Care market** – We want to secure a market that delivers good quality of care to the right people who draw on support, providing the right care at the right time to the people who need it.
- **Capacity and outcomes** – We want to maximise our capacity, responding to need and achieving outcomes efficiently and effectively
- **Use of resources** – We want to be sure that we are making best use of our resources, so that all that we do provides value for money.

4.13 We are using this summer's sector led improvement approach to test ourselves against our self-assessment; an experienced ex-Director will review our documentation and published performance / quality data and will also meet with staff and stakeholders in August. She will reflect back to us what she has found, as a critical friend.

4.14 In this respect, being able to demonstrate to an external inspector that we understand ourselves and have appropriate plans in place to make improvements, is built into our everyday business processes, rather than being seen as a 'one off 'activity.

Communication

4.13 In readiness for a CQC visit, we are communicating key messages to staff. 15-minute briefings took place for all staff on the week commencing 3rd July. Regular updates will be provide in team and service meetings and 'storyboards' are being developed that provide staff with the accessible information about topics related to the CQC quality statements.

4.14 Communication with wider stakeholders will take place in forums such as our partnership boards, Making it Real Group and place-based meetings with our system partners.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising from this report.

Martin Judson, Head of Finance Ext 35 4101

5.2 Legal implications

There are no direct legal implications arising from the contents this report

Pretty Patel, Head of Law Ext 35 1457

5.3 Climate Change and Carbon Reduction implications

There are no significant climate emergency implications directly associated with this report.

Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

The council need to ensure that that we are meeting our statutory obligations under the Equality Act 2010. Whereby public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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

There are no direct equality implications arising from this report as it provides an update for the Commission on the preparation for Care Quality Commission (CQC) Assurance processes.

Inspection is invaluable, particularly for public sector services in identifying strengths, reinforcing good behaviour, reassuring staff and to give examples of good practice that could be replicated, whilst also addressing identified weaknesses. It is important for an ASC service to understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity. Genuine choice and control about personalised care and support can enhance quality of life and promote independence to individuals from across all protected characteristics.

Equalities Officer, Surinder Singh, Ext 37 4148

6. Background information and other papers:

ASC Scrutiny Paper: Health and Care Reforms, 18th August 2022

Executive decisions (leicester.gov.uk)

ASC Scrutiny Paper: Adult Social Care Assurance, 8th December 2022

ASC assurance_for Scrutiny Nov 22 v2.pdf (leicester.gov.uk)

7. Summary of appendices:

Appendix 1 – Leicester City Council Self-Assessment March 2023 v7

LEICESTER CITY COUNCIL

ADULT SOCIAL CARE

OUR SELF ASSESSMENT

MARCH 2023

Contents

Section A: Overview and Summary

Our self-assessment seeks to tell a story about Adult Social Care (ASC) in Leicester, reflecting the strengths, challenges, opportunities and our shared commitment to continual improvement for the benefit of the people our teams serve with passion and dedication.

In staying true to our principles of co-production, the format has been shaped by our wish to ensure it meets accessibility standards. This means graphics, charts and illustrations have been kept to a minimum. It felt important to us that, if we are asking people to help us develop the content, we should remove any barriers to their being able to do so.

We hope you build a sense of Leicester's ASC service from this document.

Martin Samuels

About us: Leicester City Council

"We are Leicester Together"

Leicester is a proud but modest city of superdiversity. The image above shows the diversity found in just a small area. We are home to 368,000 people, an increase of over 38,000 since 2011 (11.8% - highest of all ONS comparators). The entirety of that increase was of people born overseas. We have people working for us who are passionate about the city and about the jobs they do for the people of the city – this is often remarked on by people who have delivered peer reviews / inspections.

We are a city with challenges. Despite rapid population growth, the number of households only increased by 3.5% - one of the lowest. We are the 3rd most densely populated area outside London. We are also the 32nd most deprived Local Authority (LA) area in England (of 317 LAs) and the 10th most deprived LA area for the proportion of older people living in income deprived households.

The Council is a mayoral-led organisation, with a very significant majority of councillors being Labour. For the last 4 years, our corporate 'plan' has reflected the delivery of political commitments, supported by the Joint Health and Wellbeing Strategy of the Health and Wellbeing Board (E1[1]) and our clear ASC 3-year strategy (E2).

The annual ASC budget is £194m gross / £129m net, with the vast majority of spend focused on direct services to people who draw on support. As we describe further, we have a spend profile that has seen considerable growth over recent years, linked to the numbers of people we support and the increase in their needs once they start receiving long-term support. Whilst some of this is undoubtedly linked to our demographic / economic profile, we also understand that we have opportunities to change this trend by adapting our offer and approach.

The Strategic Director for Social Care and Education is both the Director of Adult Social Services and Director of Children's Services in a combined department. Two Directors support the ASC and Safeguarding / ASC and Commissioning divisions, working as an integrated ASC function. Our management structure is 'flat' with Heads of Service / Operational Leads directly managing Team Leaders / first line managers (E3).

The directly employed ASC workforce is 894 individuals (771 full time equivalents), with a profile that is reasonably well reflective of our more established communities (E4) (acknowledging this is not so for the Director team). Like many areas, workforce challenges exist, with difficulties recruiting some groups of professional staff and ensuring we have sufficient capacity to deliver compliant, high-quality ASC. However, our turnover of staff is below the Council's corporate average and staff feel positive about working for us and are clear about their roles (E5). The external workforce has high vacancy rates (13%) and high turnover (24%), with an ageing workforce and few young entrants. (Skills for Care data)

We work closely with local NHS partners; strategically as part of the Leicester, Leicestershire and Rutland (LLR) Integrated Care System (ICS) and operationally

[1] Health and Wellbeing Board

through local delivery teams that are in part aligned / co-located. The Directors are visible and active in supporting the ICS Leadership work (E6).

The Council has recently launched a new Voluntary and Community Sector Engagement Strategy, with priorities including: Civil society; VCSE – Insights, Importance, and Impact; Funding; Infrastructure support; Volunteering; Businesses and the VCSE (E7). This will provide a platform to build on our plans for cohesive neighbourhood teams that include a wider range of stakeholders.

Our demand profile, and especially the greater extent of growth in need and use of resources (long term support), has some differences to comparator councils. In part this will reflect the deprivation, poor health and poverty in Leicester; however, we know that there are opportunities for us to positively influence this trend.

Our care market consists of a wide variety of small and medium sized providers (E8[2]). The well-known national providers have only a limited presence in the city. Some 3,980 people draw on community care services, and a further 1,336 live in care homes. In 21/22 there were 12,000 filled posts in the independent sector and a further 1,000 employed by direct payment recipients (Skills for Care). We are fortunate to have engaged providers who work with us to develop better outcomes for people. This was very evident during the Covid-19 pandemic. However, quality across the care market is below that we would wish to see for our population and below the average for our statistical neighbours, and this is an area of focus.

Our strategy for ASC

ASC embraces a strengths-based approach as the foundation for all that we do. This is woven through our strategies and plans. We can see this is beginning to develop into a culture that will improve people's experience of ASC and achieve good outcomes. Nonetheless, we recognise there is much more to do.

"Leicester City are taking a systemic approach to support values led and strength based change. We have been delighted to see their efforts to drive serious strategic change in culture and practice. What we have observed and seen reported has been authenticated by local people we know who draw on support."

Martin Routledge, Social Care Future

The connection between everyday practice, behaviours, priorities and vision is captured in a key single-page document: Our promise for ASC (E9). This was co-produced with people who draw on support and it is a Leicester version of the practice framework approach adopted across the East Midlands.

We have a 3-year strategy for ASC (E2), which has been refreshed for this final year of its lifespan, and an annual business plan for 2023/24. This is supported by service level plans, which are being developed during the first part of the business year.

Our ASC vision is aligned to the wider Social Care and Education departmental vision. This is described in the 'why' of Our Promise'

[2] Market Position Statement

WHY are we doing this?	**Social Care and Education Vision**	**We are committed to supporting children, young people, adults, carers, and families to be safe, be independent, be ambitious for themselves, and live the best life they can.**		
	Adult Social Care Vision and outcomes	We want every person in Leicester to live in the place they call home with the people and things that they love, in communities where they look out for one another, doing things that matter to them.	Improved morale and satisfaction for people working in Leicester.	More sustainable use of resources.

We understand that people need different things from us, depending on their individual circumstances. This is described in the 'who' of Our Pormise.
We aim to ensure long term decisions are not taken at points of crisis or change. Our staff are our main resource and Our Promise reflects a commitment to work well together.

WHO is this for?	**People drawing on support**	**People who may need advice or support**	**People with longer-term needs for support**
		We listen to people to understand what matters to them. We make connections and build relationships to improve people's wellbeing and independence. We avoid planning long-term in a crisis.	We work together, using the strengths and resources around the person and from informal and formal services, to achieve their chosen outcomes.
	People working in support	We listen to each other to understand what matters. We work well together, innovate and look for solutions, thinking creatively. We keep it simple and reduce bureaucracy and red tape.	

Our high-level priorities have been consistent themes for several years but are now reflected in 5 priorities, and in language that works for people who draw on support and for staff. These are described in the 'what' of Our Promise.

WHAT are our aims?	**Our priorities** 2021-2024	**Starting with what's strong**	**Staying at home**	**Being safe**	**Successful transition**	**A learning organisation**
		We will focus on what people and those around them can do to promote wellbeing, self-care, and independence.	We will improve the opportunities for working age and older people to live at home, in their community.	We will support adults with a social care need to be safe from harm and abuse.	We will work together to improve support for young people and their families as they become adults.	We will listen to what we are being told, using this to develop and ensure the right support is arranged for people.

We have adopted Making it Real and use I and We statements to connect our strategy and the way we work to the outcomes that people wish to see.
The strategic plan covers the 4 domains within the (draft) CQC assurance framework and the more detailed implementation plan (E10) sets out the specific actions we are taking to achieve this vision.
There are supporting plans and strategies, including a programme to deliver the ASC Reforms (E11) and a Market Sustainability Plan (E12).

Working effectively in partnership

Our partnership infrastructure is evolving as we develop and embed co-production.

We have established partnership boards, co-chaired by people who draw on support, for mental health (MH) (E13), learning disability (LD) / Autism (E14) and a Carer's Group. The Mental Health Partnership Board is now linked formally to the ICS as the place-based element of the LLR Mental Health Partnership. Similarly the Learning Disability Partnership Board is effectively supporting the new ICS arrangements for LD/A which is driving forward this important agenda, building on the successes of the Transforming Care Programme.

More recently, we have developed a Making it Real group, supporting our strengths-based approach, which is a forum of around 30 people with lived experience plus staff from ASC. These forums are active and engaged groups, that have delivered tangible difference – in designing services, supporting procurement, developing new approaches to social work and helping to deliver support that people feel enables them to live their lives (E15). These are detailed within the relevant theme.

We know that there is more to do, specifically in creating a formal governance framework that better links the voice of people into decision making boards, and in completing our work on designing a framework for co-production and remuneration.

Our partnerships with NHS colleagues are set out at system (ICS and partnership) level (E16) and also work at place thorough the Health and Wellbeing Board (E17), a Joint Integrated Commissioning Board JICB (E18) and Integrated Systems of Care ISOC (delivery) Group (E19). Built initially on Better Care Fund (BCF) delivery, these have developed over time and enabled the delivery of jointly commissioned services including domiciliary care and pathway 2 discharge support. ISOC has supported operational change, for example to create an integrated HomeFirst offer which includes mental health services, resulting in excellent admission avoidance services and good ASC discharge performance (D20) through effective promotion of independence.

At system, we have a Fuller Steering Group, developing our shared approach to integrated, proactive primary and community care through neighbourhood teams, and there are issue specific networks, for example to support our work with people who hoard, people with entrenched street lifestyles and Transforming Care.
Our place-based partnerships include wider services such as public health and housing. We benefit from the direct integration with children's services and community safety, supporting work on SEND / Transitions and our approach to newly arriving families and individuals.

Whilst there are groups with VCS representatives and other local services, we know that our breadth of representation across our partnerships needs expansion.

Our key strengths

The self-assessment expands on areas of strengths, where we feel we are creating good outcomes for people, and evidence is included in the body of the report. Using the voice of people to illustrate these, would wish to highlight:

A Strengths-based Practice Culture
We have started to embed a whole service approach to strengths-based practice in our everyday work. This embraces all aspects of ASC and its enabling services within the wider council. Our journey of co-production is developing but we can see the impact of this approach in the extent to which people are positively reporting their experience. One person working with us has reflected:

> At Leicester it is now different. There is change. Little changes at first with a big impact. A focus on co-production, working with those who experience the process, and asking them what they would like, how they would like it delivered and by whom. It is early days, but as a person who receives support, I have been proud to be part of this process. I have already seen the power the changes have had, how everyone feels better about the work they are doing and people are happier with the support they receive.
> https://www.caretalk.co.uk/opinion/making-everyday-co-production-real/

Delivering HomeFirst and Supporting Independence

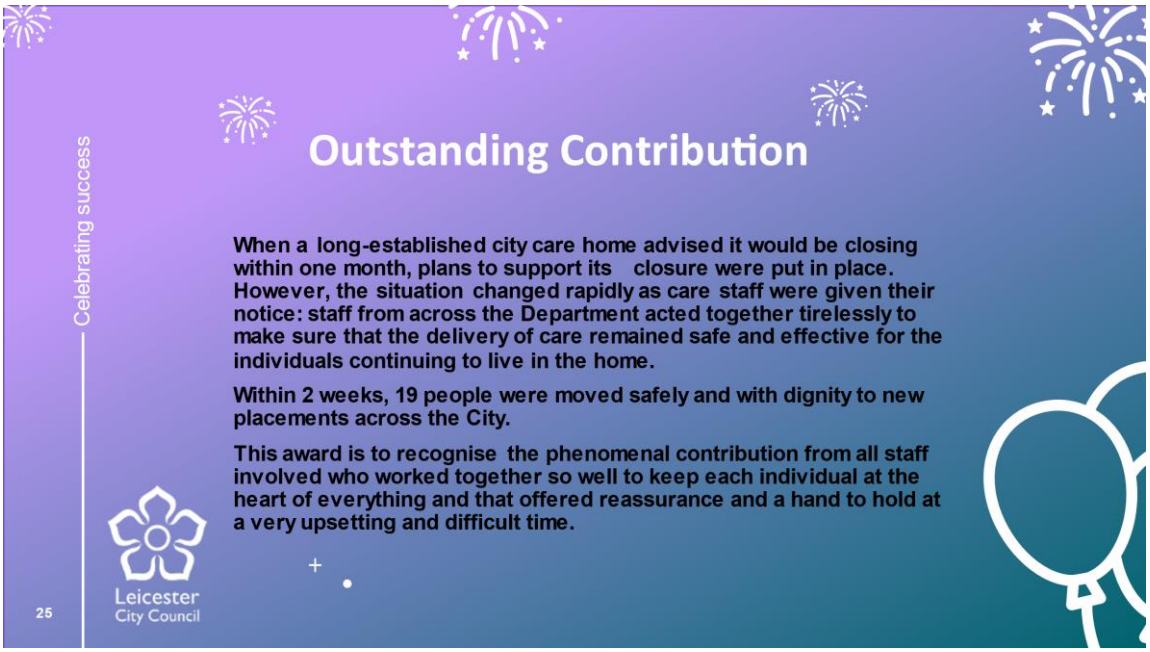
We have integrated services across social care and health that help us to avoid admission to care / hospital and ensure people can return home quickly, which we call our HomeFirst offer. We also have services that support people with mental health and learning disability needs. Together, these services are promoting independence and wellbeing. 78.3% of people who had short term support did not require any ongoing support as a result and 92.6% of people who accessed reablement were still at home 3 months later.

"thank you .. for giving me all the help and encouragement to become a positive and confident [person] once again. I cannot stress enough what you have instilled in me, from your kind hearted sessions and calls … I have been following all the positive steps we always spoke about …. I like to think that because of you and my own determination, I have come out on top"

Feedback from a commendation

Working together to promote safety

Our formal safeguarding partnerships are well established, equal and focussed on making a difference. We are equipped to step in where services are at risk of not delivering safe services. Harm has been avoided as a result.



ASC Celebrating Success Award 2022

Building relationships with our providers and fostering innovation

During the Covid-19 pandemic, our relationship with our providers was strengthened through collaborative approaches to managing risk. This has remained and we have drawn on this to build creative solutions. Examples would be the development of provider led reviews, provider engagement in creating new support plans and work to pilot new technologies.

"The adoption of technology to conduct multi-disciplinary meetings with health, CQC the police and other parties has allowed us to effectively mitigate major safeguarding issues, allowing us to

accommodate for complex cases which present with needs that are beyond the normal scope of care both for those needing care from our host authority and those from outside. This ease of work has had a direct impact on how many of these cases we can take on, allowing for normally difficult placements to be placed."
Clarendon Mews Care Home

Effective leadership and management that fosters "More Good Days"
Leadership is stable and collaborative. Risks are managed within a clear framework and people understand their roles and have opportunity to develop. Staff are committed to Leicester as a place and we have a tangible enthusiasm for our work.

As a result, our workforce stay with us (our turnover rate 7%, well below the corporate average) and grow with us. 94% of staff are clear about what is expected of them and understand how their work fits into the organisation (E5).

"The support of my manager has made a huge difference in my role. Thank you for being approachable… for listening…for being encouraging"
Staff survey feedback

"The Peer team were universally impressed with the level of attachment to place shown by the people we met both within and outside the Council. The commitment, ownership and of colleagues in Leicester and key partners is an abiding impression."
Feedback from Peer Review, Sept 2022

Our key risks and challenges

As with all councils, there are significant challenges arising from financial uncertainty and pressure, workforce pressures and the scale of demand, reform and the connected risks in our partner agencies, such as NHS.

We would highlight the key risks and challenges as:

Capacity and demand
We appreciate that we are not able to fully deliver the requirements of the Care Act, in relation to timely assessments and annual reviews. We are also unable to reduce the number of people awaiting a Deprivation of Liberty Safeguards assessment. Capacity also impacts on our ability to fully embed the positive changes we are making at the pace we would wish, so that all experience is good, all of the time. We try to mitigate the risks of this, but it should be reflected as a key challenge.

Use of Resources
Our growth in need / support is different to other areas and is a key pressure. We need to find solutions that reduce the use of statutory resources.

Quality and resilience
The quality of care within Leicester's market, and the risks associated with increasing fragility, should be acknowledged as a key challenge and risk to people's outcomes / experience.

Carers

Looking across all the themes, we would highlight the need to improve our offer to informal carers, from assessment, to support and access to services that enable them to take a break. Not supporting carers well is a risk to our ability to support people at home and to reducing the use of statutory resources.

Connections
We acknowledge the challenge of developing wider strategic and neighbourhood partnerships, including with the VCS, that build strong, inclusive local networks, addressing the needs of our super-diverse communities and reflected in our workforce.

Our track record of improvement

We are an organisation committed to continuous improvement, and we can learn and build on work that has made a difference to the outcomes we can achieve.

Redesigning our approach to social work
In 2020 we set out to deliver a review of direct payments (DP), recognising that whilst the numbers receiving a DP were high, experience wasn't positively reported. The impact of considering things from the perspective of people who draw on services was dramatic. This resulted in a wholescale revision of our policy and procedures, and the communication materials we sent, and also led to Leicester City Council (LCC) signing up to Making it Real and embracing the framework across all our work. Our approach to assessment and review has been transformed. Whilst data looks similar (in terms of the % of people using a DP), feedback indicates improvements in experience and the wider benefits of adopting this approach can be seen through our strengths-based performance framework (E15).

"I've got more flexibility with my direct payments than I've ever had"
A person drawing on a direct payment for support

"I love the new review - its brilliant, it made me really happy"
A person's reflection on their review

Integrated HomeFirst
Leicester ASC was at one stage a negative outlier for its performance in relation to people leaving hospital. We worked across our system, via the BCF, to create an integrated approach to admission avoidance and discharge. At the last point when Delayed Transfers of Care were reported, we were in the top 5 performing Councils nationally. This approach is now embedded in our HomeFirst services. The number of people waiting to leave hospital are routinely below 20 at any point, who are moving on very quickly to their usual place of residence in most cases - with our reablement service offering support within 24 hours and our Integrated Crisis Response Service (ICRS) delivering support within 2 hours. We have included performance information to illustrate this (E21).

"Words are not enough to thank you for what you have done in helping my dad achieve what mattered to him in living his life and I am so grateful you took risks with dad to protect his independence and promote quality of life."
Family member commendation

Transforming Care
In October 2022 a Collaborative was formalised between the ICB and LPT to strengthen our collective response to improving outcomes for people with a Learning Disability or Neuro-developmental need. This builds on the successes of the Transforming Care Programme, delivering the vision that all people with a learning disability &/or neuro disability will have their fundamental right to live good fulfilling lives, within their communities, with access to the right support from the right people at the right time. Collective partnership work has resulted in significantly fewer adults in hospital, with numbers reducing substantially - ensuring many more people are able to live in a less restrictive setting and experience more fulfilling lives; in addition the targets for people accessing their annual health check with their GP is already being exceeded in 22/23, and LEDER reviews are consistently undertaken more promptly and learning is actively shared across the system (E22[3]).

Improving experience for people who draw on support
We understand that people in Leicester experience comparatively poor life outcomes, linked to deprivation and health inequalities. Whilst it is difficult to point to individual projects or initiatives to improve people's experience, we believe that taking an inclusive approach that focuses on what matters to people will improve lives.
Our ASCOF 1J score, which measures the impact of adult social care services on the quality of life of people drawing on our support, was the second highest in England in 2021/22, with year on year improvement in our score and ranking since 2016/17.

[3] LG Inform - Social Quality of Life Data

Section B: Self- Assessment against the CQC Themes

Providing Support - Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?
Our ambition is set out in 'Our Promise for ASC'. **In summary we listen to people to understand what matters to them, make connections, focus on wellbeing, build strengths and enable people to achieve the outcomes that are important for them** (E9). **Our strengths in this area are:** Our approach to assessment, care planning and review is person centred, strengths based and creates a framework that enables people, from all of the different communities across the city, to have support that makes a positive difference. Our assessment teams are appropriately trained, with the experience and knowledge necessary to carry out strengths-based assessments, including specialist assessments. We work closely with other professionals to ensure support is coordinated across different agencies, with a focus on care at home. We have a timely, robust response to meeting immediate needs and an integrated approach to delivering services which promote independence. **Our priorities for improvement are:** To improve the experience of unpaid carers, so that needs assessments are undertaken in a timely way and carers have greater access to information, training and support. To improve accessibility to information and advice and to increase opportunities for people to maximise their own wellbeing. The work we have done to understand how our different communities access and experience ASC points to early engagement, rather than formal assessment / support, being the area of most noted disproportionality between communities (E23). To develop a clear co-produced approach to prevention, in a way that engages people from our disadvantaged communities and reduces inequalities. Whilst we feel that our approach to assessment, care planning and review is strong, we recognise that we are not always delivering this in a timely way. We

prioritise activity based on risk and need, but some people are waiting too long for assessments and our annual reviews are not up to date. This is an area we wish to address.

What is our performance and how do we know?

Assessing Need
We believe that our performance in systematically delivering an approach to assessment, support planning and review that enables people to live the lives they want and respects individuals' uniqueness, is strong. This is reflected in the improvements seen in measures of social care impact on quality of life (E15) and in feedback from people (E22). We have embraced Making it Real across the department (E24[4])

ASC has adopted whole service strengths-based approaches to social care practice, supported by enabling functions in commissioning, performance, finance and ICT. Our approach to this has led the way for colleagues regionally and we have developed a national toolkit together with SCIE (E25[5])

We have fundamentally changed documentation to support a linked assessment model, reducing process and instead focussing on conversations, what matters to people and what they wish to achieve (E26).

We have developed this collaboratively, with staff and people who draw on support / carers, through our Strengths Based Oversight Group (E15) and our Making it Real group (E27)

We have created a learning and development programme for all members of staff who conduct assessments and reviews, which includes training delivered by people who have lived experience of ASC and carers (E28).

Audits are used to seek assurance that our approach is evident in practice. These show that involving the person in one of the most commonly cited areas of strengths (although we know that this is not yet happening 100% of the time). The governance approach and evidence is described further in the Leadership theme.

A Strengths-Based Practice Implementation Lead co-ordinates work, identifies and removes barriers and is helping the whole staff group to move away from a transactional care management approach and instead adopt person centred ways of working.

We have adopted the use of the Outcomes and Support Sequence in care planning, with a view to supporting best practice, best use of resources and best outcomes (E29). Our most recent peer review (October 2022) noted that the approach was positive but practice was yet to show impact on demand for statutory services (E30). Audits (E31) also show us that this is not embedded in all work that we do. We have therefore (Jan 2023) introduced a mandatory process

[4] Making it Real Commitment
[5] SCIE Toolkit

for staff to evidence their use of the support sequence before seeking approval for a long-term care package. This is supported by audit tools embedded in the assessment and review. It is too soon to demonstrate impact.

We have a Performance Framework for Strengths Based Practice that draws together a range of information that tells us what impact we are making (E15). We know the new approach is making a difference to staff and to people who draw on support. Over 85% of people that provided feedback agree or strongly agree that our support helps them to live their lives. Our staff surveys (E32) show us that staff are feeling positive about the changes and how this helps them to do their best work. We also align feedback from people who draw on support (such as complaints and commendations) to 'I and We' statements.

This information also tells us which areas we need to pay attention to, so that we can continuously learn, respond and monitor for impact.

"[LCC ASC] are able to pin down and demonstrate specific incremental and more strategic changes that have been co-produced with people leading to better outcomes and as a result lives. We think this is especially valuable not only to the people who receive care and support but to the workforce."
Martin Walker, TLAP

Our use of direct payments is a strength (E22) and we have worked hard, via co-production, to ensure that people using direct payments have a positive experience of choice and control, as this was not previously the case (E33[6]).

However, we also know that too many people are not receiving their planned annual review and some people, with lower needs or risks, are waiting too long for an assessment (E22). In addition, capacity constraints at our 'front door' have resulted in too few people receiving high quality advice and guidance, so that their issues can be addressed without them needing to progress to statutory assessment and support planning (E30). Our plans to address these issues are set out below.

Recognising this is an issue of concern, we operate a risk-based approach to prioritising work in line with the model developed in the East Midlands (E34). We have robust arrangements to respond to immediate risks to people's wellbeing, while they are waiting for an assessment.

Our Integrated Crisis Response Service, brokerage service and reablement service provide support in a timely way where this is needed; this is expanded on below when reflecting on how we support people to have healthier lives. There is a consistently low volume of people awaiting care in the community and people the numbers of people who are ready to leave hospital stay low (typically no more than 20 at any point) and move back to their usual place of residence quickly (typically within 48 hours or sooner (E35).

[6] Direct Payments Blog

"There is significant variation between integrated care systems (ICSs) too, with average delays exceeding 3 days in [redacted] ICSs, and less than 1 day in nine ICSs, including [redacted] Leicester, Leicestershire and Rutland (0.68)."
Why are delayed discharges from hospital increasing? Seeing the bigger picture - The Health Foundation

There are sufficient residential options available, if needed, on the same day.

Supporting People to Have Healthier Lives
There are pockets of strength, with some good local services delivering support that improves wellbeing, reduces need and promotes independence.
However, we do not yet have a joined-up approach to prevention. There are opportunities, with proposals to develop a system wide approach, set out in the plan below.

Public Health commissions LiveWell, a holistic integrated lifestyle service. There is a Steady Steps programme to reduce falls. 'Let's Get Together' aims to reduce social isolation and 'Let's Get Growing' aims to improve mental health and wellbeing through gardening. Funding from the ICB has supported a 3 year Health Inequalities action plan, with schemes which will deliver improvements to wellbeing across a range of disadvantaged groups (E36). This is at an early stage of delivery but we will know how this is making a difference from impact reporting to our 'place' group, ISOC. (E37)

Our integrated HomeFirst offer is a strength, which is recognised by partners and receives positive feedback from people who draw on support and carers. We note this in the regular commendations received (E38). HomeFirst includes our reablement and ICRS. We can see from data that they support people in a timely way and have a positive impact on people's independence and their ability to remain at home or be discharged from hospital in a timely way. Activity and impact data is reported to ISOC with stories about people's experience (E39). They are a core component of our BCF. Both services are rated Good by CQC, with some outstanding elements (E40[7])

Part of this offer is Technology Enabled Care (TEC) and that enables some good joined up working, for example across our emergency alarm scheme and response services for falls (E39). We are making inroads to expanding our offer. We have a strategy with key priorities, identifying how it be delivered (E41), but are not yet confident that we are systematically using TEC to its full potential. We have recently trialled Co-bots (supportive exoskeletons for people who are moving and handling) within the HomeFirst service and are now trialling them in a care home setting (E42). This is providing useful learning about how to deploy new technologies.

Care Navigators have been embedded in preventative work within primary care for over 10 years (E43). Their impact has been positive across a wide range of areas, as demonstrated by the holistic outcomes they achieve and the value placed on them by our wider colleagues in primary care (E44).

[7] CQC Rating

Across the lines of enquiry, we understand that we are not yet providing timely or sufficient information, advice or support to carers. Our carers data from the ASCOF survey would point to this being the case (E22). Our direct offer has reduced due to financial constraints, so previous incentives (via a one-off annual carers payment) to identify and assess carers have been lost. Our core offer is a contracted service. The majority of support to carers is provided via services to the cared for person. We understand that our personalised support to carers data looks healthy via ASCOF 1Ciib (E22) but this activity relates to a small minority of carers. Our plans to improve this are noted below.

Equity in Experience and Outcomes

There are some positive and strong approaches to working with groups who may have poor care or be seldom heard. We have specialist social workers to support our Deaf and hearing-impaired community and to work with people who hoard (E45) and those who have entrenched street lifestyles.

We have well established partnership boards and a newer Making it Real group. These relationships have directly impacted on the positive outcomes for people. For example, the Learning Disability Partnership Board was involved in creating approaches to Covid-19 vaccination, increasing take up and reducing harm. Members of the Making it Real Group co-produced our revised approach to reviews and designed supporting information (E46). Our Dementia Strategy (E47) was co-produced (E48[8]) and includes a priority to engage with seldom heard groups.

We are working with IMPACT, the UK Centre for Evidence Implementation in Adult Social Care (E49[9]), hosting a facilitator who is working to understand the experience of people from our diverse Black and Ethnic Minority communities in their use of direct payments (E50).

We use data to understand whether people's experience of ASC is equitable (E51) and take this learning into our internal forums supporting equality, diversity and inclusion, such as the Anti-Racism Test and Learn Group (E52).
All service developments, change processes and financial plans are supported by Equality Impact Assessments and equality implications are included in all decision reports.

Within our system, the 'Core 20 +5' work is driving our health and wellbeing strategy and plan.

There is more that we can do to make best use of available information, so that we are systematically focussing on reducing inequality, and to connect to local communities.

[8] Dementia co-production video
[9] ImPACT Brief

What are our plans to maintain/improve our performance in this area?
We use regular performance reporting, our Practice Oversight Board and a range of supporting quality assurance processes to monitor our delivery of ASC, including ensuring that those areas which are strong remain so and to further improve where we can. To address the improvements needed for carers, we are an active partner in the Leicester, Leicestershire and Rutland Carers Delivery Group which has membership from across the ICS and which has developed a strategy coproduced with carers of all ages. We have a City Council group which oversees our work with carers, identify and address areas for improvement and which will be responsible for overseeing our place-based delivery plan for the Carers Strategy. We are currently putting together our delivery plan with carers to ensure that it responds directly to their priorities. To address the priorities developed in the LLR Strategy and which will be pursued on a local basis we have plans to: • Complete the Practice Guidance for staff • Ensure that our adult social care services are aware of and include young carers that may be involved in supporting the person receiving care • Ensuring carers can access the information they need; in the formats they require. This includes making sure information is available to those who may not be able to access information during usual office working hours • Refresh of internet pages to ensure information is clear, pages are easy to navigate, and language used isn't "too corporate" which includes information for Young Carers. • Including information on advocacy and getting carers voices heard. • Support carers to be able to access a broad range of services within their local communities, including voluntary/community led organisations, helping to support their wellbeing and alleviate social isolation • Work across the council to improve the move between children's and adult services with young carers and parent carers, so that they can consider and plan for their future aspirations in terms of college, university, leaving home and ageing • Ensure carers are informed of technology solutions that can support them in their caring role and work with carers so that they are reassured and confident about using technology and / or gadgets To address the improvements needed in delivering accessible information and diversion from statutory services at point of contact, we have plans to: • Implement / communicate our revised ASC Online offer from April 2023 • Maximise the opportunity this presents for greater self-help / self-assessment • Address the digital skills confidence gap in the workforce • Continue to recruit additional staff and support those now in post to have strengths-based conversations that divert people from statutory services

To address improvements in our approach to prevention, we have plans to:

- Work with system colleagues to deliver the new Health, Care and Wellbeing strategy
- Build on emerging ICB plans, to take a proactive approach to early support using population health management, drawing on our existing strong resources in primary care and integrated neighbourhood team footprint
- Engage our existing forums for co-production in shaping preventative work
- Ensure the steps taken to embed the outcomes and support sequence approach are having the impact we expect to see via audit
- Continue to support the roll out of Getting Help in neighbourhoods (MH) – as referenced in theme 2

To improve our position regarding timely assessments and reviews, we have plans to:

- Continue to recruit additional staff to complete strengths-based reviews – many are now in post
- Draw on useful analysis from our cost of care process, to target key areas where reviews may lead to reduced use of care
- Continue work with our care market, to deliver provider-led reviews in appropriate circumstances
- Roll out the new self-review process, via the ASC Online offer from April 2023

These are a high-level summary; detailed plans will support these intentions. Some plans are current and in delivery with oversight arrangements; some require development as a result of reflecting on our self-assessment and will be built into the refresh of our strategy and implementation plan.

Working with People – Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?
Our ambition is for people to be able to access the right support, at the right time. We want support to be high quality, person centred and coordinated. We aim to ensure that we have a sustainable market in place that supports the needs and aspirations of the people of Leicester, delivering good quality, safe care and offering choice. This is reflected in our commissioning strategies, as a Council and at place / system. **Our strengths in this area are:** We have good market oversight, as reflected in our market position statement, and use our internal commissioning boards to review contractual performance and understand market gaps to shape future commissioning intentions.

We have a good track record of joint commissioning with partners both in the NHS and our neighbouring Local Authorities. This supports effective provision for people that delivers joined up care, provides value for money, and is effective in supporting a sustainable market.

We embed coproduction throughout our commissioning cycle, working with people with lived experience in the co-production of our strategies and plans, the design and procurement of services, and the quality assurance of provision. with people who draw on support. In doing so, we are focussed on our Equalities duties and seek to address the needs of people with protected characteristics.

Our arrangements with health partners in delivering joined up services are built on a strong foundation (BCF). Whilst we do not use pooled budgets extensively, we work together to ensure people have integrated support when working on shared priorities. Our approach to the delivery of HomeFirst (Rehabilitation, Reablement and Recovery or RRR) is holistic, demonstrates impact and is nationally recognised.

Our priorities for improvement are:

The quality of care from our local provider market is not as good as we would wish. Whilst reasonably stable over the last 3 years, we are now beginning to see fragility in the Nursing Care market.

There are not yet sufficient accommodation-related solutions for people as an alternative to residential care to enable us to meet our ambitions for independent and supported living. We will also be reviewing these ambitions as we refresh our needs analysis for the 10 year strategy, reflecting on the insights from our market sustainability plan.

Whilst we have good oversight of the workforce through the data from skills for care, and our insights / intelligence from providers, there are issues of recruitment, retention and turnover that present a challenge to the sustainability of the market. We are looking at opportunities as a system to support this and will be considering a ‘one workforce’ approach.

Our relationships with providers beyond the NHS and with neighbouring Authorities, is not as strong as it could be / under-developed.

Carer strain and breakdown is a risk that we are aware of. Whilst our strategy and our commissioned service for support this area, we are aware that there is an issue for Carers in accessing high quality replacement care for short breaks.

What is our performance and how do we know?

Care provision, integration and continuity

Our approach to strategic development has, for several years, been one of co-production. We have worked to develop plans that make sense at place and at

system, with several Leicester, Leicestershire and Rutland (LLR) strategies, supported by local delivery plans.

This can be seen in our Learning Disability Big Plan Strategy (E53), the joint integrated commissioning strategy for Mental Health (E54), Living well with Dementia Strategy (E55) and the Joint Carers Strategy (E56). The foreword in our Carers strategy is written by a Carer who says

"And that's where this strategy could, and should, and will if we follow it, take us. A team. Working together."

We are working with people with neurodiversity, who are supporting our audit process for the Autism strategy. We have appointed an Autism Champion who is an expert by experience and is facilitating feedback from autistic adults on our self-assessment against the national strategy so that we can triangulate the findings to influence our strategy.

People with lived experience shared their experience of support for neurodiversity.

[what works?] "The community and a chance to be with people like myself and to know that I am not alone"

[what could be better?] "Maybe smaller groups? Groups for specific things so then everyone can have time to process and actually learn."

This valuable feedback has shaped the service specification for the attention deficit hyperactivity disorder (ADHD) support.

Where we share priorities with partners in the NHS and our neighbouring authorities, we work together, with LCC most often taking the lead in joint commissioning work. As a result, we delivered a joint framework for domiciliary care, which is robust and where we have very few difficulties securing support for people, despite exponential growth in demand over the last 4 years. We have commissioned Discharge to Assess services for our LLR system. The impact is evidenced in our Await Care list (E35).

Commissioning services with Leicestershire County provides consistency in provision and quality for residents across the sub-region, evidenced in our dementia care and advocacy arrangements. Joint commissioning has supported funding and enabled us to retain preventative support e.g. for mental health, with the ICB contributing 90% of the funds to maintain this provision. Jointly funded posts support this work.

We use evidence through needs analysis and tools such as POPPI and PANSI to forecast demand and shape / commission services. This is evidenced through our all our All-Age commissioning strategy and our 10-year independent living strategy that sets out against different needs the numbers and types of accommodation needed to support independent living over the next 10 years. Our Fair Cost of Care and Market Sustainability plan has given us greater insight into the markets for homecare and Residential and Nursing care for older people, and as a result will help us to shape our markets more broadly, for instance in expanding

supported living further to manage the potential exits from residential care that we should expect and to support mental health discharges.

Our capacity for support in our home care and residential care markets is sufficient to meet demand (FCOC / MSP), and capacity Tracker; but we are experiencing challenges in capacity of nursing care and supported living.

We have supported our external workforce and seek to ensure staff are well trained and that the workforce is sustainable and equipped to meet people's needs. This is evidenced in our formal offer (Leicester/shire Social Care Development Group / Skills for Care) (E57) and work with our LCC Employment Hub (E58) and Inspired to Care (E59). Additionally, we have active provider forums (E60). Our Quality Assurance Framework looks for evidence that these opportunities are being taken up by our providers.

"I feel that our relationships with Leicester City have strengthened over the past two years. We have been fortunate to take part in two pilots.
We have the Bariatric reablement pilot, we have received training and equipment to support these residents. Other agencies come and support with the manual handling issues to hopefully get these residents able to return to their own homes."
Aaron Court Care Home

We learn from feedback and act up on this: during the pandemic, people who used Personal Assistants (PA's) told us that their carers/PA's did not receive the same communication as carers who worked for agencies. We have since started to build a PA database, which will allow us to communicate directly with PAs and, by capturing demographics, we will better understand the sufficiency of culturally appropriate PA capacity.

However, whilst we work hard to put the right support arrangements in place, the quality of our providers is challenging. We work directly with providers who are not delivering high quality care – often supporting them proactively before regulatory action is required. We have a robust Multi-agency Improvement Planning (E61) process to support providers to rectify poor care.

"MAIPP has been an incredible support and resource to The Magnolia team and people who live there. The approach is fantastic, with a supportive emphasis and "can do" attitude."
Katie, Operations Manager, Magnolia Care

Performance information and risks are made explicit in our reporting (E62). This is an area where ASC Scrutiny Commission have taken a keen interest (E63[10]).

The provision of replacement care is not enabling carers to take planned breaks or manage in unplanned situations as well as we would like. Performance information (E22) and feedback from staff would point to carers feeling less satisfied that we'd want. There are challenges in securing short breaks for people with complex needs. This includes where people have culturally specific needs. Our plans to improve this are set out below.

[10] Scrutiny Webpages

Partnerships and Communities

Our intermediate care offer is part of our HomeFirst service. This is operationally integrated with community health services (nursing and therapy) allowing for multi-disciplinary working across the range of crisis and RRR services. There are excellent links with the city community alarm scheme and we can demonstrate substantial impact in reducing harm from falls, avoiding hospital admission and in supporting people to be independent (E39). Our offer has expanded using discharge funding, to support the LLR Unscheduled Care Coordination Hub, which is reducing ambulance demand and supporting people to stay at home (E64). We now have access to night care as an alternative to a short-term bed, and have supported work on End of Life care, including for Leicestershire county residents. Our BCF supports our work across the health and care interface (E65).

Our joint working with other agencies and community partners would benefit from further development. Although we do work at a strategic level with our Housing department (E66), we still experience challenges in securing accommodation for people to support the ambitions in our 10 year plan, particularly so for those with more complex needs. There is not yet adequate supply of suitable options, in particular for those who exhibit behaviours that are challenging for staff, where people have substance misuse and mental health issues. People may be placed in temporary accommodation and remain there too long and there is not always a coordinated approach to supporting these people between ASC and Housing teams.

We do have a robust joint working arrangement for people who have entrenched street lifestyles, with a specialist social worker (who is currently Social Worker of the Year for her work in this area) (E67[11]).

We have a shared vision for creating neighbourhood teams, established via our joint work through the ICS design collaboratives, but the involvement of services beyond health and care, in particular with the Voluntary and Community Sector (VCS, is still being developed. Our collaborative arrangements for mental health have supported capacity building within the local VCSE sector with over £1m being invested into a getting help in neighbourhoods grant programme that has supported over 1000 people across the city. This funding provision has also enabled the growth of preventative arrangements for dementia and supported the provision of crisis cafes in the city.

What are our plans to maintain/improve our performance in this area?

To drive up the quality of care and stability within our provider market we plan to

- Set out a programme of work to understand the quality concerns
- Work with ICB to address underlying issues relating to the cost of nursing care / CHC and FNC
- Roll out our new Quality in Care team (E68)
- Review our core contracts

[11] Social Worker of the Year Press Release

- Deliver quality cafes to registered providers
- Consider a shared quality framework with NHS

To further develop short breaks options and support carers we will:

- Complete a respite review
- Continue our work in partnership with Public Health to deliver the CareFree initiative, promoting this widely in order to increase take up
- Continue to work with carers to understand what would work and identify joint solutions

To create more accommodation options we will:

- Continue to build on our 10 year Supported Accommodation strategy with partners, refreshing our needs analysis building on our insights through the FCOC and MSP exercise
- Work with external partners to secure solutions

To support the workforce we will:

- Finalise our workforce strategy and delivery plan
- Continue working at system to support the agenda and explore opportunities for one workforce
- continue our training plan, and our arrangements to support recruitment and retention that we have The Employment hub and Inspired to Care

To extend the range of partnerships we have in communities we will:

- Continue work with ICB to deliver proactive, anticipatory Integrated Neighbourhood Teams that have relationships across care, health, other statutory agencies and local VCS / people – see Fuller Steering Group programme for detail (E69

Ensuring Safety - Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?

Our ambition is set out in two key We statements:

“We know how to have conversations with people that explore what matters most to them – how they can achieve their goals, where and how they live, and how they can manage their health, keep safe and be part of the local community”

“We work with people to manage risks by thinking creatively about options for safe solutions that enable people to do things that matter to them”

Our strengths in this area are:

The Safeguarding Adults Partnership and Board Office is well resourced, with funding agreements between statutory partners in place. There is positive representation at the joint Leicester SAB and Leicestershire & Rutland SAB meeting with good challenge provided by all, including the independent chair.

The application of a decision-making framework for safeguarding (currently known as our LLR Thresholds document) identifies concerns that require further investigation under s42 of the Care Act and enables them to be addressed promptly, minimising risk.

We have developed a robust framework to respond to unplanned events, such as provider failure, to minimise the potential risks to people's safety and wellbeing.

Our priorities for improvement are:

Currently there is no specific mechanism for gaining feedback from people who have lived experience of safeguarding (and their carers / independent advocate) so we have little to draw on that is the direct voice of people. The information we have from national survey results suggests that a higher number of people say don't feel safe, but they are positive about the services they receive in making them feel safe and secure. Our understanding of this would be enhanced by more direct feedback from people.

We need to better understand the impact of our work by using lessons learnt exercises.

What is our performance and how do we know?

Safe Systems, Pathways and Transitions

Safety is a shared priority across statutory partners. Specific reference is made to safeguarding (Care Act) in the section below. We actively share information so that we can be held to account for our safeguarding contribution and we use channels such as the Review Subgroup and Audit subgroup to explore and learn from adverse events.

We use risk registers to identify key concerns and set out mitigating actions. This highlights our risks in relation to provider failure, the adequacy of the workforce to meet demand, our risks in relation to Deprivation of Liberty Safeguards (E70) and the stability of our Approved Mental Health Professionals (AMPH) services, by way of example (E71).

Partnership working arrangements are in place to safeguard young people transitioning into adulthood (E72). Joint Solutions and Complex Transitions Case meetings are attended by ASC, Children and Young People's Social Care (C&YP SC), health & SEND partners. We focus on young people in secure settings prior to discharge, avoiding further hospital admission and breakdown of family units. We use the Independence Resource Checklist (E73) to identify strengths and where extra support would promote independence. This is a fairly recent

introduction, but we aim to use the data to forecast future demand, understand how best we can build on preventative services and to identify gaps in services.

The Transitions work above includes the offer of intensive support into universal services, to promote the young person's independence without the need for paid services. We also work alongside the young person to reduce risk, where there are complex family dynamics

Partnerships have been enhanced by our work in collaboration with SEND partners, young people and parents under the Preparing for Adulthood Strategy (E72). There is a focus on independent living, independence living skills and travel training which aims to look at the information for young people and families, gaps in support and how best these are managed.

The Parent Carer Forum (E74) creates a monthly platform for co-productive working and greater opportunity for transparency for those working through transition.

Continuity in the context of hospital discharge is captured within the other themes

Funding decisions between health and social care can be a challenge. This is more likely to be a feature in MH and LD work, where high-cost packages are required for complex individual needs. Our funding agreement (E75) following the cessation of Discharge Funding has reduced dispute at the point of acute hospital discharge.

We do work to a ‘solution first / funding agreement later approach’. There is evidence of this in practice records (E76).

Providers at risk of failing are managed via Multi-Disciplinary Team (MDT) meetings. We have a team which can provide intensive support to providers, with a risk-based approach to the frequency of support visits. (Our Multi-agency Improvement Planning Process is referenced above in ‘Working with People’). Where a provider serves notice, the Planned or Unplanned closure process will be implemented (E77).

The Contracts and Assurance Service hold monthly meetings to review intelligence on all regulated services and this informs our visiting schedules based on identified risk. We can point to recent, well managed closures or near miss events, where all those impacted moved successfully (where needed) and where harm was avoided.

Safeguarding

Our Safeguarding Adults Board (SAB) has a strategic plan in place (E78[12]), which is being refreshed following a development event in February 2023 (E79). Engagement and ownership from statutory partners works well, with shared responsibility for chairing SAB subgroups (E80[13]) This enables safeguarding partners to be held to account for progressing work and actions.

The subgroups, mostly joint with the Leicestershire & Rutland Safeguarding Adults Board (LRSAB), are effective (E81) in supporting performance, reviews, engagement, training and audit.

Strong elements are the impact that audits have, in identifying improvements and delivering these via training, process or practice change. An example would be the management of strategy meetings, where police involvement has increased following an audit identifying inconsistency (E82) in identifying criminal concerns.

The learning from reviews is translated into clear action and tracked for delivery (E82). We have recently started to revisit completed review actions, via SAR Impact Reviews to check with practitioners that actions taken have made the difference that we were seeking to achieve.

Whilst the SAB was adaptive to ensure the Covid impact was managed during 2020 – 22, it did lose some of the routine reporting on performance, which is being re-established as a priority (E79).

We have a LLR information sharing agreement in place (E84[14]) for safeguarding adults & children; this has resulted in reduced barriers from partners in accessing information to support risk reduction.

We are sighted on new risks and new communities that may need support. Our "tricky friends" video (E85[15]), translated to Ukrainian to support Homes for Ukraine scheme, was shared externally as a good practice example. Social media is used to share awareness raising information in local languages.

Our Multi-Agency Policies and Procedures (MAPP) (E86[16]) are maintained by the LLR SAB Policies and Procedures group; we have also developed several bespoke local documents/guidance including Adults at Risk of Exploitation – Cuckooing; Persons in Positions of Trust; Causing Enquiries to be made.

The interface between adult safeguarding and the LLR Vulnerable Adult Risk Management (VARM) approach (E87[17]) needs to be clearer. This has been

[12] Safeguarding Adults Board Strategic Plan
[13] SAB Board Structure
[14] LLR Information Sharing Agreement
[15] Tricky Friends Video Link
[16] MAPP Policy
[17] LLR & Vulnerable Adult Risk Management Interface

highlighted via several Safeguarding Adults Reviews and multi-agency audits and is work in progress via the procedures group.

Safeguarding performance is a core element of the ASC balanced scorecard (E62) and quarterly performance reports to the SCE Leadership Team and Lead Member (E88). We are aware that our s42 activity including the achievement of outcomes looks to be lower than average and this is being further explored, with changes to practice guidance where needed.

Practitioner feedback and outcomes of multi-agency audits (E89) demonstrate good understanding of assessing immediate risk and immediate protection plans (E90).

Work has just started on embedding the Outcome and Support Sequence (see Assessing Need) which requires practitioners to evidence that they have used the Support Sequence to develop a plans and strategies directly with adults at risk when developing a safety plan. This is in the early stages, so impact isn't evidenced yet.

We use data to improve pathways and ensure we have resources to manage significant concerns. We worked with providers to create a pathway for reporting notifiable incidents in care homes (E91). This was launched in July 2019 with the aim of reducing low-level incidents in care homes being reported incorrectly as safeguarding concerns (as evidenced from a data deep dive in 2018/19). This has had a direct impact on reducing the overall numbers of safeguarding concerns as seen in the SAC returns. This work will be extended to supported living and domiciliary care; the latter being planned for May 2023 onwards.

Further work is needed to develop staff guidance on how to respond to large scale Organisational Safeguarding enquiries.

Safeguarding Multi Agency Audits findings provide some opportunity to understand how Making Safeguarding Personal (MSP) is being implemented and learning is used to support training and practice development as a single agency (E92).

Internal Practice Audits (previously called Case File Audits) show reoccurring themes around case recording, application of Mental Capacity Act (MCA) with limited evidence that the actions in place to address them have been fully effective or sustainable. Plans to improve this are noted below.

Changes have been made to Liquidlogic (Nov 2022) to support how practitioners record what outcomes the person wants to achieve from the safeguarding enquiry. The Outcome and Support Sequence work reinforces this and revisions to safeguarding adults in-house training includes writing outcomes in person friendly language (E29). It's too early to demonstrate sufficient evidence of impact;

however, feedback from practitioners supporting the Liquidlogic Forms group has been positive (E93).

What are our plans to maintain/improve our performance in this area?

To build on work to ensure safe transitions we plan to:

- Provide workshops for parents of young people with SEND needs in how best to prepare and support young people who are transitioning into adulthood. These workshops are planned to begin in April 2023

To address the gaps in gaining feedback from people who have lived experience of safeguarding we will:

- Develop quality audits specifically which look at MSP and Safeguarding Practice and sample several enquiries to better understand practice themes
- Build on the opportunities elsewhere in the department to draw on the voice of people with lived experience through the Making it Real group.
- Explore using Health Watch to contact people with lived experience of safeguarding views after a s42 enquiry is completed.
- The SAB to build on the work completed on raising awareness of safeguarding through animations used in social media campaigns by developing a mechanism to test its impact.

To improve our understanding of impact and lessons learnt we will:

- Via the SAB, complete Impact Reviews for all completed SAR's
- Ensure that the use of lessons learnt exercises to inform our market management approach will be formalised (E94). Once in place this will be used to help manage and predict provider failure in the future.
- Continue to use the themes from our monthly programme of self-audit and formal practice audit within which safeguarding practice is covered
- Further develop our Practice Audit Framework to measure the impact of what we do for the individual, families and communities and link to actions with measurable impact
- Review the effectiveness of changes made to Liquid Logic in Nov 2022 on how practitioners record what outcomes the person wants to achieve from the safeguarding enquiry.

To support safeguarding in our external provider sector we will:

- Complete work started to analyse CQC reports and use this to develop a tailored support package for these providers and the wider market to help improve performance.

Leadership - Our Self-Assessment

Summary – what is our ambition, what are our three strengths, what are our priorities for improvement?

Our ambition is described in our ASC Leadership Qualities framework (E95). We strive to have inclusive, collaborative leadership that enables people to thrive and deliver their best for the people of Leicester. We support this with effective management and governance, so that we understand how well we are delivering our ASC functions.

Our strengths in this area are:

A stable ASC leadership team, supported by an established corporate team and within an ASC culture that focuses on outcomes for people. Staff are highly committed to Leicester as a place.

Risks are well understood and managed, in a risk positive environment. Information about risk, performance and outcomes is used to inform strategy

We use feedback from people to inform strategy and make improvements, and we are increasingly successful in co-producing services and processes with people who draw on support. We are an active learning organisation that welcomes and participates in sector-led improvement activity.

Our priorities for improvement are:
Whilst we have effective arrangements in place, we need to improve the understanding of staff *at all levels* of the governance and management systems that exist to support their everyday work and help them to connect their roles to the strategic ambition for ASC. The voice of people who draw on support / carers is not as well developed as it needs to be, within our formal governance arrangements.

There is more to do, to ensure that we have embedded a learning culture, which draws in sources of information that shape the learning and development approach. This includes the digital skills agenda.

Our use of resources is different to other councils, including some which are 'comparators'. This is a challenge as we seek to deliver services within an increasingly difficult financial context. We are aware of this and actively working to understand why this is and have plans to reduce the growth in spend on long term support.

Whilst the Local Authority has a strategy and aligned objectives regarding improving outcomes for unpaid carers, it is evident that this is not resulting in carers feeling well supported. This has been covered in theme 1 so is acknowledged against this theme but not repeated in this section.

What is our performance and how do we know?

Governance, management and sustainability
Our approach to governance, where cross-staff forums and co-production groups work in support of the more traditional programme / assurance boards, reflects our ambition to foster leadership at all levels and a culture of collaboration. These are still developing but are having positive impact on the experience of people who draw on support, as well as enabling staff satisfaction (E15).

Our work within the ICS, in particular the Inclusive Culture and Leadership / Equality, Diversity and Inclusion workstreams, supports our ambition for 'More Good Days' for our diverse population and for a diverse, engaged workforce where difference is valued (E6).

ASC has a strong and stable leadership team with a diverse range of age, ethnicity and gender across the management tiers. ASC was an early adopter of the corporate recruitment policy of "internal first", which is helping to develop and retain staff who are representative of our local communities (E4), with evidence of career progression from frontline roles to Team Leader, Head of Service (HOS) and into Director roles. The senior team has a positive blend of local and wider experience, from across social care and health systems. This stability has resulted in good relationships being formed with Trade Unions and with partners both inside and outside the organisation. The BCF was used as a platform for integration across ASC and Health and this has had lasting impact in the strength of partnership with (now) ICB colleagues.

"Leicester is a city with a strikingly diverse community who are supported by a loyal and committed staff team many of whom have been at the Council for significant parts of their careers. This strong sense of place is recognised and echoed by partners in particular Health."
Peer Review Feedback Letter, November 2022

The corporate leadership team is a stable, experienced team. The ASC Scrutiny Commission has been actively engaged in providing challenge to key issues (E96[18]).

ASC has actively participated in sector-led improvement work, requested external reviews from LGA and proactively sought out insights from other councils as part of its approach to understanding financial challenges (E97). ASC leaders participate in delivering peer reviews, and are active in regional / national networks, including those which focus on outcomes for people (e.g. Social Care Future Community of Practice)

Building leadership capacity is recognised as critical to the future success of the department. There are several leadership programmes in place (E28) for current and aspiring leaders and managers.

The LA and ASC have a good overview of risks and a healthy approach to risk management, which has recently been refreshed to ensure clear links between strategic and operational risks (E98). This is evidenced in the risk registers that

[18] ASC Scrutiny Commission Papers

are kept for each service area, where risks are escalated to a high-level corporate risk register.

Within ASC each project has its own risk register, with high level risks escalated appropriately. An example would be our approach to managing the impact of the ASC reform agenda, which has substantial risks relating to capacity, finance and ensuring legal compliance. Our Plan on a Page (E11) has been a useful way to capture the extent or work needed and communicate this to the Council's senior and political lead leadership, and other stakeholders. Internal audit has given positive assessments of the management of key risks, including the ASC reforms programme (E99).

All staff are required to attend a risk management training course (Identifying and Assessing Operational Risk)

ASC has worked with the corporate Risk Team to review business critical activities and ensure our plans are robust in the event of business continuity issues or major incidents. ASC has supported external providers to develop their own plans.

"The risks associated with moving and handling have been carefully risk assessed and reviewed weekly with the local authority team to track changes and monitor outcomes. There is a clear common goal to improve wellbeing of our staff teams and people living at the service with positive outcomes."
Vishram Ghar Residential Home

Understanding and managing risk has led to improved outcomes. An example would be the risk escalated regarding training for ICRS staff in health competencies. This was mitigated, then resolved and as a result, people continued to benefit from joined up coordinated care outside of hospital.

Leadership, improvement and innovation
We seek to use a range of feedback to inform our priorities and plans, including from people who draw on support. Our new Annual Assurance Statement (E100) approach draws feedback, performance and other information together. This is now used to support planning and to check whether outcomes are being delivered and that they are having the intended impact.

Tangible examples of change driven by feedback has been the work to revise our direct payments approach and changes to our review process. Actions taken as a result of complaints is evidenced in our reports, shared with the Lead Member (E101).

Governance arrangements oversee ASC financial plans, the delivery of strategy, monitor performance and support the oversight of quality. These connected forums are well understood by ASC Directors and the HOS or other staff who are involved in the groups. For example:

- Practice Oversight Board (E102)
- Programme (E103) and Performance Board (E104)
- ASC Reforms Board (E105)
- Strengths-based Oversight Group (E102)

We introduced dedicated time to work as a leadership team across SCE on our 'wicked issues' and have recently refreshed the approach to become more structured (E106).

Whilst we have structures in place to support inclusive decision making, with an appropriate governance framework, there is more to do to ensure that staff understand these and that there is a strong voice of the person focus.

'Our Promise for ASC' (E9) describes the link between strategy, leadership and practice to deliver outcomes (E107). 15-minute briefings were used to socialise this but staff who are not directly engaged with the various governance arrangements are less clear about what they are. We know this from feedback from staff at workshop events (E108). Plans are noted below.

Presently, ASC does not have direct representation from carers or people with lived experience on any formal decision-making boards.

We have a broad learning and development offer which is communicated regularly to staff through a monthly learning and development (L&D) newsletter (E109).

However, we recognise that the systematic gathering of information to inform our L&D offer is not fully developed.

There are multiple mechanisms to gather information – staff huddles, feedback questions in reviews, our groups which involve people who draw on support and carers, practitioner and manager forums and individual quality conversations (supervision). This is used to identify training needs where the Principal Social Worker (PSW) is aware of issues, but we are not wholly assured that the plan is fully reflective of all the development need we should address. We could have a more robust link between quality conversations / annual appraisals and make more use of feedback.

We have recognised that there is a skill / training gap for staff in relation to digital skills. This has been a priority discussion at Wicked Topics Forum (E110) and actions remitted to the Care Systems and Skills Governance Group.

Our use of resources is a concern that we are addressing. This was highlighted in the LGA work we requested in 2022, in our sector led improvement feedback and will be seen in our Use of Resources report (E97). The key issue is the volume of support provided to people, coupled with the rate of growth in need. Our strengths-based approach is intended to mitigate this. Spend in year has reduced but there are factors we need to address to shift this trend further. Plans are described below. We have worked with several councils who appear to manage their long-term care costs differently, to learn from what they are finding is helping.

What are our plans to maintain/improve our performance in this area?

To ensure that staff fully understand our governance and management processes, we plan to:

- Develop a governance plan on a page
- Create service / team level monthly highlight reports which help staff to understand their performance

To ensure that the voice of people is directly heard in our decision-making processes we plan to:

- Conclude work on our co-production framework and a supporting remuneration policy
- Support the chairs of the networks (of people who draw on support / carers) to co-produce an approach to inclusive decision making in ASC

To strengthen our approach to systematically using information that should inform our L&D plan we plan to:

- Formalise processes for capturing feedback in quality conversations, annual appraisals and huddles.
- Conclude the Workforce Strategy that is in development

To address our use of resources linked to long-term support and growth in need we plan to:

- Use the learning from others in relation to early / preventative opportunities
- Embed the outcomes and support sequence making staff more directly aware of the financial impact of their decisions
- Develop a therapy and reablement-led approach to reviews in specific areas (home care increases, double handed care)
- Participate in the agreed system work to review our use of CHC and FNC for people with complex needs

Section C: Our self-assessment process and sign off

Our draft self-assessment was developed in collaboration with staff across ASC.

A full day workshop in January 2023 brought together 80 staff, representative of the range of roles across the department. Thematic table discussions were used to draw out their perspectives about how ASC was performing against the lines of enquiry in the checklist, and sources of evidence were captured.

16 Theme leads worked together to complete the templates and develop the stage 2 information. Final versions were brought together to produce the overall self-assessment in draft.

The draft self-assessment was shared with the stakeholders* listed below, who were asked to review it, comment and advise us if it was reflective of the ASC organisation that they knew from their own experience.

The self-assessment has been endorsed for submission by Sir Peter Soulsby (City Mayor), Councillor Sarah Russell (Deputy Mayor, Social Care and Anti-Poverty) and Alison Greenhill, Chief Operating Officer.

Name	Relationship to LCC / organisation if applicable	Reflective comment [it is our hope that you can endorse this as a story you recognise]
Rachna Vyas, Chief Operating Officer, NHS LLR Integrated Care Board	NHS LLR Integrated Care Board	Leicester City Council and NHS partners across Leicester have a strong history of working in collaboration in order to best serve our communities. The examples provided in this document evidences the strength and depth of partnership working underway to deliver efficient and effective services for the people of the City, particularly across the areas of safety, equity, leadership and providing support.
*		Due to time constraints, further engagement will continue as part of the QA process

Adult Social Care Scrutiny Committee

Work Programme 2023 – 2024

Meeting Date	Item	Recommendations / Actions	Progress
18 July 2023	**Introduction to ASC** **Hastings Road Day Centre**	Items to be added to work programme: - future of domiciliary care - self assessment ahead of CQC inspection - quality of care provision - transition from children to adult social care - growing needs for autism - workforce (possibly at OSC) Call-In withdrawn.	Items added to work programme. Future of domiciliary care, self assessment and quality of care items listed for 24 August meeting. Transition from children to ASC and growing needs for autism suggested to be taken at same meeting – added on work programme but to be allocated. Workforce to be explored by OSC as covers all areas.
24 August 2023	**Future of Domiciliary Care** **Quality of Care Provision** **Self-assessment of social care ahead of CQC inspection**		
5 October 2023			

Meeting Date	Item	Recommendations / Actions	Progress
30 November 2023			
25 January 2024	**Budget**		
7 March 2024			

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Response to the Adult Social Care Scrutiny Commission Task Group – Understanding the increasing cost of care packages within Adult Social Care budgetary pressures		5 October 2023
ASC Improvement Journey – A preferable future		
Carers		
Cost of living re provision of care impacts update		

Mental Health Services		
Assured Plans and Market Sustainability, including fair cost of care		
Assistive Aids and Technology		
ASC Budget Monitoring		
Transition from Childrens to Adults Social Care and the Growing Needs of Autism		
Workforce	*Work to be undertaken by OSC*	
Dementia strategy		
Winter Planning		
Healthwatch Annual Report		
Hastings Road Day Centre Update		
Safeguarding Annual Report		