



Leicester
City Council

MINUTES OF THE MEETING OF THE
JOINT MEETING OF THE PUBLIC HEALTH & HEALTH INTEGRATION SCRUTINY
COMMISSION AND THE ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 30 NOVEMBER 2023 at 5:30pm

P R E S E N T :

Councillor March (Chair)
Councillor Whittle (Vice Chair)

Councillor Bonham
Councillor Dave
Councillor Kaur-Saini
Councillor Orton

Councillor Sahu
Councillor Singh-Sangha
Councillor Surti

In Attendance

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

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7. INTRODUCTIONS AND APOLOGIES FOR ABSENCE

Apologies for absence were received from Cllr Modhwadia, Cllr Joannou and Cllr Zaman.

8. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests in the proceedings. Cllr Sahu declared that she co-owned a business which delivered training to the NHS.

9. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of Adult Social Care Scrutiny Commission meeting held on 5 October 2023 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

The Chair highlighted that the recommendation by the Commission to change the minimum CQC inspection of 'Requires Improvement' with 'Good' in the 'well

led' section, to overall inspection being 'Good' had been accepted and reflected in the contractual arrangements.

It was further noted by the Chair that questions previously asked by Cllr Dave and Cllr Joannou in relation to the workforce be covered in the first main item on the agenda.

AGREED:

- Members of the Adult Social Care Scrutiny Commission confirmed that the minutes for the meetings on 5 October 2023 were a correct record.

10. PETITIONS ,QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

11. EXTERNAL ADULT SOCIAL CARE AND NHS WORKFORCE 2022/23

The Director of Adult Social Care & Commissioning introduced the item noting that two reports had been submitted and that synergies could be seen across both. The adult social care report was based on data from Skills for Care where Leicester has around a 50% return rate.

It was also highlighted that a professional carer of the year award event was being hosted by Inspired to Care in the city at the same time as the meeting to celebrate the workforce.

The item was presented by the Director of Adult Social Care & Commissioning and Chief People Officer for the Integrated Care Board, and it was noted that:

- The social care workforce nationally is significant, and the Skills for Care data indicates there are around 15k posts in the city, of which around 14k are filled leaving around 1k vacancies. 6% of the workforce are recruited by the local authority, 81% in the independent sector, 8% in receipt of direct payment and around 6% other.
- There are 268 CQC regulated providers in the city, including 98 residential settings and 170 non-residential, primarily providing home care.
- Turnover in the workforce compares favourably in the city with the region and national average. Whilst people may leave specific roles, they are likely to be retained in the adult social care sector.
- Vacancy rates in the city is lower than the region and national rate at 7.5%. National vacancies have decreased due to an international recruitment campaign and benefits are being seen locally.
- The local workforce is relatively stable with workers on average having eight years' experience and 68% working in the sector for at least three years.

- There are various initiatives in place locally to support providers to recruit and retain workers in the sector and deliver training, including working with Inspired to Care and the Integrated Care System.
- Providers do employ staff on zero-hour contracts, but the authority is working to improve this and request contracted providers provide evidence of where this may be a personal preference of the workforce.
- Achievable pay rates for providers are incorporated into contracts using the funding formula.
- There is an ambition to have one workforce across health and social care in Leicester, Leicestershire and Rutland. A People Board has been in operation since 2018 to ensure collaborative working for recruiting, retaining, and upskilling the local workforce prior to the publication of the national NHS long term plan and next steps to put people at the heart of care.
- Around 70k individuals are employed by the health sector across LLR and the workforce has continuously been growing since 2019 – 7.7% increase. There are around 2855 health vacancies with the largest group in nursing which is a national trend.
- Primary care has seen the largest growth in the workforce with an increase of 26%. National funding enabled the ‘additional roles and responsibilities’ scheme to ensure multi-disciplinary teams to enable residents to be seen by a skilled professional at the right time.
- Sickness rates have reduced overall to 6% across the health sector in LLR, although there are variants amongst teams and services. Availability of staff across the workforce enables services to be delivered whilst managing sickness.
- Work is underway to retain staff and whilst individuals may leave a role within one health organisation and join another within the local system, staff leaving the LLR health sector workforce entirely has reduced to 7.2%.
- The report includes the initiatives and programmes underway across health and social care to shape the workforce for the future.

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

- The workforce is larger than just those providers who the local authority have formal contractual arrangements in place with to specify obligations. There is also a responsibility under the Care Act to support the whole market and the Adult Social Care division contact all providers in the city through campaigns and sharing information via the council and inspire to care website, as well as offering training and advice to all providers.
- Over the next ten years it is expected the age profile will change and require an additional 2.5k posts to support the sector. It was agreed further information would be circulated in relation to timeframes.
- Zero-hour contracts is not as good as the service would like and where contractual arrangements are in place, providers are expected to audit where it is the employee’s choice. It was agreed officers would look at how this will be audited.

- 40% of the workforce hold a relevant adult social care qualification but many of those that do not have years of experience or other qualifications.
- Pay rates are lower than other areas but are based on the local situation and comparable.
- The workforce cannot be required to be a member of a trade union, but it was agreed that information will be requested and circulated on any available data.
- Social worker caseloads are carefully managed to prevent turnover which is lower than the authority average, but pressures do exist, including pace and complexity of cases.
- Adult Social Care have been successful in recruiting and training officers, particularly through the grow your own scheme and utilising apprenticeships. The difficulty surrounds recruitment to experienced posts, especially when officers move into team leader roles.
- Data is not readily available for safeguarding alerts, but the service monitor alerts made by setting and type of abuse. Other monitoring includes quality improvement work if a provider is in escalation which is normally undertaken by the contracts and assurance team but will also work with individual providers too.
- Use of direct payments will vary the training required. If the direct payment is being used to pay for agency registered with the CQC then it would be expected that the workforce receive training as part of CQC registration requirements, but the local authority wouldn't monitor if the provider is not contracted. If an individual uses a direct payment for a personal assistant, then it is their responsibility to check and ask about training. Guidance is provided to individuals in receipt of direct payments on things to ask and look for when recruiting but the local authority has no control who individuals employ or mandating training.
- Feedback regarding the Inspire to Care website, particularly around lack of reference to apprenticeships will be reviewed.
- Apprenticeship growth is recognised in the long-term plan and £3.7bn funding to increase professional groups over the next 15 years. The ambition is to change the way nursing and the medical workforce is trained - next year will be the first time of medical apprenticeship to remove barriers.
- Ideally the whole workforce would be in receipt of the living wage but as an independent sector, budgets do not allow without other consequences.
- The health service has a statutory requirement to publish data annually in relation to the workforce in terms of race, ethnicity and disability. It was recognised senior management level is not representative, but a working group is in place to look at all action plans to improve. It was agreed that data would be circulated to the commission.
- Monitoring and reporting of the workforce is undertaken at different levels across organisations but this is the first time a combined report has been compiled and shared with the commission.
- Reverse mentoring involves a senior officer being mentored by a junior officer of a global majority background to provide learning and make

change.

The Chair thanked officers for the report, noting it has been an area of interest for some time given the importance across health and social care. It was requested that a future report incorporate more of the workforce and use the same metrics to enable the commission to analyse data.

AGREED:

- The Commission noted the report.
- Additional information requested be circulated.
- Item to remain on the work programme for further updates, including a report on apprenticeships.

12. LEICESTER ADULTS SAFEGUARDING ANNUAL REPORT

The Independent Chair of the Leicester Adults Safeguarding Board presented the item, and it was noted that:

- The Care Act specifies three statutory duties for the safeguarding board, including publishing the LSAB Plan 2022-25 on the website, publishing an annual report and commissioning safeguarding adult reviews to understand if lessons can be learnt.
- The safeguarding board is made up of partners and subgroups who undertake work.
- Almost half of individuals in the city identify as an ethnic minority group which is important for safeguarding tracking to ensure all communities are aware of safeguarding. The local population is not currently reflective in investigatory work, but a high-level dashboard is being explored to monitor progress.
- Data is collated from the local authority, police, and health for investigations. Local authority concerns referred as safeguarding gather further information to establish safe or action needed. 48% of referrals resulted in inquiries, in line with the national average.

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

- Healthwatch represent the VCSE sector on the Board and support the co-ordination and engagement subgroup, although the suggestion of further VCSE representation will be considered.
- Safeguarding Adult Reviews are important and helpful for learning. Timescales to complete reviews can be long for a variety of reasons, including engagement with families or involvement of the coroner but work is underway to ensure learning is underway as quickly as possible.
- The internal workforce is small, but a check will be made regarding whether any Ukrainian social workers have been recruited.
- Local Authorities collect and report data nationally. The Director of Adult Social Care & Safeguarding chairs the performance subgroup which monitors dashboard indicators to track referrals. The subgroup is looking

at issues associated to variations in data and ensuring it is better reflective of the population and care settings.

- The engagement subgroup undertake work with community groups and leaders across the city to ensure safeguarding and its importance is promoted and understood. The Ukrainian case study within the report is one example of work undertaken following the welcoming of refugees to the city.

The Chair thanked the Independent Chair of the Leicester Adults Safeguarding Board and the assurance the report provides in learning from serious situations to keep people safe.

Thanks to the late Fran Pearson were also expressed and the Chair noted she will be much missed.

AGREED:

- The Commission noted the report.
- Additional information requested be circulated.

13. ADULT MENTAL HEALTH

The Director of Strategy & Business at Leicestershire Partnership Trust presented the item, and it was noted that:

- The local authority and health partners continue to work together to support residents with mental health and all strategies that have been developed feed through into the city's mental health partnership board which is a sub-group of the Health & Wellbeing Board.
- Services provided under *Leicestershire 'Step-Up to Great' Mental Health* have now been replaced by *Better Mental Health for All*.
- Community mental health services are provided to people whilst they are living at home and are delivered by the local authority, VCSE organisations and health providers. Promoting good mental health and wellbeing in the community helps residents to maintain employment, housing and contribute to society and be part of their community.
- There have been increasing referrals for adult psychiatry services – now between 300-350 referrals a month across LLR. This has been a challenge for the way of working but initiatives have been underway to increase the workforce by identifying new ways of recruiting, being flexible with a multi-disciplinary team to ensure residents are seen by a professional with the appropriate skills at the right time and undertaking casework reviews.
- Perinatal services to support new mothers is on track to meet the target of seeing 1259 mothers, using birth rate indicators, by 31 March 2024 and sustaining the service following an increase in investment.
- ADHD services remain a big challenge with increasing referrals and the 18week target to see patients is not being met. This is a challenge for all areas across England and work is underway to partner with others to identify solutions. LPT remains the central hub for prescribing

medication for residents with ADHD, but spokes have been created by working with community pharmacies to ensure patients are able to access medication until supply is restored.

- Memory clinics are not meeting targets for expectation diagnosis per population rate. The service is increasing the referrals received - around 316 a month – and currently achieving 65.4% diagnosis with a target of 66.7%.
- Targets of 95% compliance of seeing patients for dynamic psychotherapy services, psychological therapies and therapeutic services for personality disorders are not currently being met but work is underway for improving.
- Urgent care has been expanded and includes central access point. Around 167 calls a day are received with average call times reducing from 15minutes to 12minutes. National performance indicators currently will be introduced from April 2024 which will enable benchmarking against other authorities.
- An urgent care hub is available to try and prevent residents having to go to A&E. The unit has around 270 referrals a month.
- The crisis service has a caseload between 180-210 patients at any given time. The 4hour response for very urgent cases is at around 80% of the 95% target.
- There has been investment in the mental health liaison service to provide support to all hospitals in the city. A challenge exists around the timeframes of a patient being identified as needing mental health support and referral being made but LPT and UHL colleagues continue to work together.
- Leicestershire Partnership Trust is the only trust in the East Midlands not to have placed a patient in an inappropriate out of area. There may be occasions where it is appropriate to be out of area.
- Health partners work closely with social care to ensure patients who are clinically ready for discharge can return to the community as quickly as possible but there may be a change in circumstances and complex needs that may create delays.
- The NHS supports individuals with more severe mental health but other preventative work and championing good mental health and wellbeing can be undertaken and promoted by everyone.

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

- The NHS provides a large proportion of medication for ADHD to adults, but experiences can vary as the private sector and GPs can also prescribe which may be different.
- The service has maintained zero inappropriate out of area placements in 2023, ensuring patients receive support in Leicestershire.
- Partnership working between the health service and local authority ensures patients are discharged from hospital quickly when they are clinically ready. Housing or placement requirement can be an issue with increasing individuals with complex needs but numbers waiting for discharge are low.

- Information would be shared with the Commission regarding patients with a learning disability or autism in inpatient settings.
- The adult memory service is available to patients post diagnosis. Individuals are signposted to VCSE organisations providing different support, support workers with lived experience are being recruited to support families when an individual is diagnosed, alongside other work as part of the dementia strategy.
- Strategies around preventing death by suicide are in place and it was agreed a specific report will be shared with the commission on the issue.
- Every missed phone call is a missed opportunity to engage with an individual seeking help and ensuring sufficient and flexible capacity to answer calls requires improvement. Some individuals may call repeatedly and prevent other's ability to speak to an advisor, but strategies are being explored to support such individuals in different ways and identify a more streamlined approach to be more responsive to calls.

The Commission noted the success of LPT regarding out of area placements and agreed to promote better mental health.

AGREED:

- The Commission noted the report.
- Additional information requested to be circulated.
- Death by suicide to be added as an item to the work programme.

14. DRUG AND ALCOHOL SERVICES UPDATE

The Public Health Consultant presented the report, and it was noted that:

- There are high numbers of individuals who are not in treatment for both drug and alcohol use. Those who are in treatment often have complex needs that require additional support.
- A large proportion of the local population do not drink but there is a disproportionate impact on people who do. There is a high rate of hospital admissions and deaths.
- Success of recovery is more likely when supported by individuals with lived experience – peer mentors and support groups are therefore utilised in recovery journeys.
- Turning Point provide the largest contracted support for treatment and recovery in the city. Other support is provided at No5 which is the only wet centre in the country and often recognised as such. Unity house also provides supported accommodation for abstinent individuals moving back into the community and an inpatient detoxification unit is provided in Nottingham to provide support to individuals usually over ten days to safely reduce or stop their substance use. There are additional services provided by health partners for individuals who also have a mental health condition.
- Funding for treatment has been significantly reduced nationally over

then last ten years but Leicester continues to be an area with greatest need. Government funding (in addition to core public health funding) is secured to support initiatives until 2025 - with no further commitment currently beyond 2025.

- National policy has altered with a shift to punishing individuals for recreational drug use which can create barriers to accessing treatment.
- A combined drug and alcohol strategy has been developed which includes governance structures and task and finish groups. Current plans include identifying priorities for utilising funding and providing evidence to plan for possible future scenarios if funding is reduced.

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

- Treatment is available but individuals may access sporadically, may not want support or may be unaware they need support. The service work with individuals, families and communities to break down barriers to accessing treatment. An article was reported in the national drugs bulletin on reaching out to different communities and agreed to be circulated.
- Evaluation of the No5 Wet Centre outcomes and achievements will be explored by officers.
- Indicators around drugs can be difficult to measure against as success is defined as being abstinent which is not accurate for all individuals as some may aim to reach a maintenance level. Leicester performs worse than others on this indicator as individuals are likely to have high complexity of need and Turning Point have high caseloads. The indicator is being changed nationally to monitor progress during treatment rather than just abstinence.
- The inpatient detoxification unit located in Nottingham is commissioned and funded by the NHS for people across the Midlands area to access. The current government grant funding for drug and alcohol services is only confirmed until 2025 and usually provided on an annual basis limiting forward planning and commitment for additional units in different locations.
- Families known to social care where a parent is identified to have a drug or alcohol addiction will have a referral made and expected to access treatment with relevant safeguarding plans for the child(ren).
- Deaths associated to alcohol is higher than the national average as a deprived city individuals who drink less are likely to suffer more harm and have higher complexity of needs.

AGREED:

- The Commission noted the report.
- Additional information be circulated.
- Item to remain on the work programme.

15. DEMENTIA STRATEGY

The Director for Adult Social Care & Commissioning noted the *Living Well with Dementia Strategy* was nearing its end and therefore the service have worked collaboratively across LLR and with partners and carers to develop a refreshed Strategy. A consultation exercise had been carried out and the feedback helped in shaping the new Strategy, due to launch in January 2024.

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

- The strategy will be delivered with action plans produced at a local level to ensure residents can access the appropriate support at the right time.
- The diagnosis rate in the city is 73.8% of the population – the second highest across the east and west midlands.
- Various support services, such as advice, emotional support, carer learning, groups and carer free time, are available for individuals both pre and post diagnosis, including the commissioned dementia support service and from other VCSE organisations. The service are working with health partners to provide consistency of admiral nurses.
- GP referrals have been increasing although it varies. Work continues to target and support primary care settings to refer and/or signpost patients to appropriate services.
- The refreshed strategy builds on previous work to ensure continuity.

AGREED:

- The Commission noted the report.
- The Commission to support and share the aims of the strategy.

16. WORK PROGRAMME

The Chair thanked Members for their contributions to joint discussions and noted that she will continue to work with the Chair of the Public Health & Health Integration Scrutiny Commission to ensure items of mutual interest are considered together where appropriate.

The Chair noted that she had requested briefing notes to be provided to the Adult Social Care Scrutiny Commission in relation to the £400k savings in the enablement service and calls being dropped by the customer service centre.

It was further noted that the next meeting would take place on 25 January and Members were reminded to share items for consideration.

17. CLOSE OF MEETING

There being no further business, the meeting closed at 20.21.