

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: MONDAY, 8 JULY 2024

TIME: 5:30 pm

**PLACE: Meeting Room G.02, Ground Floor, City Hall, 115 Charles Street,
Leicester, LE1 1FZ**

Members of the Committee

Councillor March (Chair)

Councillor Cole (Vice-Chair)

Councillors Joannou, Kaur Saini, O'Neill, Orton, Sahu and Singh Sangha

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

For Monitoring Officer

Officer contact:

**Georgia Humby, Senior Governance Officer, email: georgia.humby@leicester.gov.uk / Kirsty Wootton,
Governance Services Officer, email: kirsty.wootton@leicester.gov.uk**

e-mail: committees@leicester.gov.uk

Leicester City Council, Granby Wing, 3 Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact:

Georgia Humby, georgia.humby@leicester.gov.uk and Kirsty Wootton, kirsty.wootton@leicester.gov.uk of Governance Services.

Alternatively, email committees@leicester.gov.uk, or call in at City Hall.

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**.

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Governance Services staff. Further instructions will then be given.

1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any 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 - 10)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 7 March 2024 have been circulated and Members will be asked to confirm them as a correct record.

4. MEMBERSHIP OF THE COMMISSION 2024/25

Members are asked to note the membership of the Commission for 2024/25 as follows:

- Councillor Melissa March (Chair)
- Councillor George Cole (Vice Chair)
- Councillor Molly O'Neill
- Councillor Manjit Kaur-Saini
- Councillor Mohinder Singh-Sangha
- Councillor Jenny Joannou
- Councillor Hazel Orton
- Councillor Liz Sahu

5. DATES OF THE COMMISSION 2024/25

Members of the Commission are asked to note the dates of the Public Health and Health Integration Scrutiny Commission 2024/25 as follows:

- Monday 8 July 2024
- Thursday 29 August 2024
- Thursday 14 November 2024

- Thursday 9 January 2025
- Thursday 13 March 2025
- Thursday 24 April 2025

6. SCRUTINY TERMS OF REFERENCE

**Appendix B
(Pages 11 - 12)**

Members of the Commission will be asked to note the scrutiny terms of reference.

7. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

9. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

10. ADULT SOCIAL CARE OVERVIEW

**Appendix C
(Pages 13 - 22)**

The Strategic Director for Social Care and Education submits a presentation to provide an overview of the service and key challenges.

11. ADULT SOCIAL CARE REVIEWS

**Appendix D
(Pages 23 - 36)**

The Strategic Director of Social Care and Education submits a report to provide an overview of social care reviews including the legal framework, Leicester's approach and the current financial and performance context.

12. CQC ASSESSMENT OF ADULT SOCIAL CARE - EARLY LEARNING AND REFLECTIONS

**Appendix E
(Pages 37 - 46)**

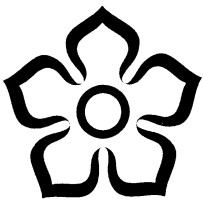
The Strategic Director of Social Care and Education regarding early learning and reflections of the Care Quality Commission (CQC) assessment of Adult Social Care.

13. WORK PROGRAMME

**Appendix F
(Pages 47 - 48)**

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

14. ANY OTHER URGENT BUSINESS



Leicester
City Council

Item 3

MINUTES OF THE MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 7 MARCH 2024 at 5.30pm

P R E S E N T :

Councillor March (Chair)
Councillor Surti (Vice Chair)

Councillor Dave
Councillor Kaur-Saini
Councillor Orton

Councillor Singh-Sangha
Councillor Westley (for Cllr Joannou)

In Attendance

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

Kash Bhayani – Healthwatch

* * * * *

45. APOLOGIES FOR ABSENCE

Apologies for absence were received by Cllr Cole and Cllr Joannou.

46. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests. Cllr Dave declared that he opened the Hastings Road Day Centre.

47. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 25 January 2024 were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 25 January 2024 were a correct record.

48. PETITIONS

It was noted that none had been received.

49. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Chair noted that a statement of case had been received but would take it as part of the Charging Policy item.

50. CHARGING POLICY

The Chair noted the importance of hearing the voices of people who draw on support and welcomed participation in scrutiny. She invited the member of the public to make the statement.

Mo Peberdy stated:

I would like to make the following submission on behalf of the people who draw on support in the Making it Real group and the wider community we represent.

We note from previous minutes that the Adult Social Care Scrutiny Commission are in the process of discussing the proposal to include peoples enhanced part of PIP in the calculations when assessing charges.

We would like to ensure that you are aware we have concerns in the way the consultation took place and the way it was conveyed to the cohort of people it will affect.

We know it would have a profound effect on people who draw on support and place a huge additional financial burden on some of the most vulnerable people in our society.

We also have huge concerns about the viability of any quality impact assessment. It was noted in your own papers that you have no idea how many people it will affect so how can you assess the impact?

We have many concerns about this proposal and we urge you not to support any proposal to increase charges by including the enhanced part of PIP in any calculations.

The Deputy City Mayor for Social Care, Health and Community Safety thanked Mo for raising concerns on behalf of members who draw on support in the Making it Real Group and noted the important role of co-production in adult social care services noting that the Director for Adult Social Care and Safeguarding spoke with the group and others as part of the consultation process. In response to the statement, it was noted that:

- The Government introduced guidance to allow the higher or enhanced

rate of disability benefits to be treated as income in full and some local authorities do treat it in this way. The charging policy was not taken forward when considered previously but the current financial pressures on the Local Authority's budget has required the policy to be reviewed.

- Consultation is a legal requirement and the service engaged as many people as possible to ensure a fair and open consultation with individuals who may or may not be affected. The Director for Adult Social Care and Safeguarding was thanked for her direct communication with residents as part of the consultation process.
- The number of people in receipt of higher or enhanced rate of disability benefits is not known as the charging policy does not currently treat it as income in full and therefore the Local Authority cannot ask for information that is not required.
- The proposal is to treat higher or enhanced rate of all disability benefits as income in full although not everyone may be charged. A financial assessment will be undertaken for every individual in receipt of care to assess their current needs and determine how they are using their resources to meet their needs.
- The consultation also proposed to apply an administrative charge for the appointeeship service.

The Director for Adult Social Care and Safeguarding further noted if a decision is taken to treat the higher or enhanced rate of disability benefits as income in full then it would not be a blanket policy. Financial assessments would need to be undertaken on an individual basis to determine how resources are used to meet needs and the government's minimum income guarantee would also be considered before applying charges.

The Chair permitted the member of the public to respond in which it was noted that nobody who draws on support in the Making it Real Group uses the appointee service nor have the Group been contacted by anyone and therefore have not commented. Officers were also thanked for involving the Making it Real Group in the consultation and clarifying the minimum income guarantee. In response to additional queries, it was noted that:

- The consultation included direct conversations with individuals and groups which was viewed as important. It is likely that not all people who responded to the consultation will be impacted as individual financial assessments will need to be undertaken.
- A consultation and decision was taken previously to alter the rates of disability related expenditure from the flat rate of £20 for a couple and £15 for an individual to £10 per person. As part of financial assessments where an individual can demonstrate their disability related expenditure is higher than the flat rate then this will be taken into account. If the decision is taken the service would work with the Making It Real Group to try and make disability related expenditure, clear and transparent.
- The Minimum Income Guarantee is a government calculation that varies depending on individual circumstances. If an individual was required to pay a charge and their retained income was less than the minimum income guarantee, then it would be adjusted to ensure the individual's

retained income is equal to or above the minimum income guarantee.

The Commission thanked Mo for presenting the concerns of those who draw on support.

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

- The potential income is estimated up to approximately £1.86m but should be considered with caution as data is not held on individuals in receipt of the enhanced or higher rate of disability benefits and discretion would need to be applied by undertaking individual financial assessments in accordance with the Care Act 2014.
- The budget is complex and consideration must be given to costs such as annual uplifts, trajectory of the number of people in receipt of care, size of care packages and costs to deliver and offsetting costs with income generation such as the charging policy.
- Around 4,000 individuals are in receipt of non-residential care that require an annual financial assessment to be undertaken. If the proposal was to proceed, then individuals would be required to declare enhanced or higher rate disability benefits as part of their income when their financial assessment is due to enable a managed and phased process.

Members of the Commission queried if the proposed income generation had been taken into account in the budget approved by full Council and expressed concerns in relation to the timing. It was requested clarity on where the underspend from previous year's budget was absorbed.

The Chair noted there was a helpful briefing prior to discussing the draft budget at the January meeting and recommended that the Commission should receive a separate briefing to further discuss the budget in the new financial year.

The Chair invited the Healthwatch representative to comment in which it was noted in response that officers will continue to work with the Making it Real Group to provide clarity on disability related expenditure to be taken into account during individual financial assessments.

The Commission noted the recommended proposal in relation to the administrative charge for the appointee service, but concerns were raised regarding the proposal for the recommended proposal for treating the higher or enhanced rate of disability benefits as income in full. The Chair recommended the proposal be noted which was seconded by Cllr Kaur-Saini and following a vote was carried. It was further recommended that the service should co-produce letters with individuals who use the appointeeship service about changes; foster closer working relationships with the Making it Real Group and other people who draw on support around future communications; supports the importance of ensuring people can afford any proposed charges and be proactive to include a list for individuals to consider what may be considered to declare as disability related expenditure.

The Chair welcomed the new Strategic Director for Social Care and Education, thanking him for his contributions and noted the Commission look forward to

working with him.

AGREED:

- The Commission noted the report and proposed recommendations.
- A briefing session to be arranged for the Commission to discuss the budget in the new financial year.
- Information to be shared with the Commission in relation to the underspend.
- The service to co-produce letters with individuals who use the appointeeship service about changes and foster closer working relationships with the Making it Real Group and other people who draw on support around future communication of consultations.
- The service to ensure people can afford any proposed charges and be proactive to include a list for individuals to consider what may be considered to declare as disability related expenditure.

51. REABLEMENT SERVICE OVERVIEW

The Director for Adult Social Care & Safeguarding introduced the report noting the service is critical to enabling people to leave hospital and receive support at home or where an incident has occurred at home and support is required to prevent hospital admission. It was highlighted that the service has changed over time in terms of growth and is free at the point of delivery for residents.

The Commission thanked officers for their excellent work. In response to questions and comments from Members, it was noted that:

- There has been an increase in readmissions to hospital and work to manage and identify possible causes is being reviewed across the wider system. Hospitals are under acute pressure and patients are being discharged when clinically ready as opposed to previously when they may have stayed in hospital a little bit longer.
- The Rehabilitation, Reablement and Recovery Service is available to anyone with an identified care need, with the exception of where an alternative pathway is more suitable or where an individual requires double-handed support. Individuals requiring double-handed care are likely to be supported by domiciliary care when leaving hospital but will be assessed on a case-by-case basis.
- The Reablement Service is an intermediate arrangement and free for up to six weeks. If domiciliary care is required, this is chargeable, and a financial assessment would therefore be required to determine the charge to the individual.
- The local model and integration of health and social care services is significantly different to services offered in other areas. Funding for the service is provided by the Local Authority but the ICB has supported additional growth with £433k from the Integrated Care Board.
- The service is supported by an experienced team who have developed as the workforce is valued and job evaluation to ensure roles are fit for

purpose. There are few vacancies although there is an aging workforce to be monitored.

AGREED:

- The Commission noted the report.

52. GROWING NEEDS OF AUTISM

The Director for Adult Social Care & Commissioning introduced the item highlighting the report had been produced following a request from the Commission recognising the growing needs and the impact this may have on services. It was noted that the report sets out what is known on the prevalence and the ambition to understand more in which Public Health have been commissioned to update the Joint Strategic Needs Assessment.

The Deputy City Mayor for Social Care, Health and Community Safety noted more people are being diagnosed with autism and particularly neurodiverse conditions but that does not necessitate support from social care. Further work is required, and data collection is needed to better understand autism and neurodiversity to take a strength-based approach and raise awareness and encourage employers to be supportive and utilise individuals' skills.

The Head of Commissioning highlighted that various workstreams are underway to identify how to best support individuals with autism or neurodiverse conditions who may not meet the social care threshold but benefit from preventative support to live well. It was noted that whilst challenges exist there is also plenty of opportunities including joint working with public health and health partners, ensuring there is a collective understanding by speaking directly with those who draw on support and their families, supporting carers and raising awareness with employers. The Commission were informed that a placed based plan is being developed and would be shared at a future meeting.

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

- Adult social care support is provided to individuals diagnosed with autism and a learning disability primarily by the learning disability team and individuals with autism only by the mental health team.
- The National strategy for autistic children, young people and adults is the first time all age groups were incorporated. Work continues to be undertaken by different services, but the Local Authority and health services continue to identify collaborative working to ensure all individuals and families are supported at the right time by the right service including through the transition from Childrens to adults.

The Deputy City Mayor for Social Care, Health and Community Safety highlighted challenges for health partners, noting Leicestershire Partnership Trust are not allowed to use additional mental health funding to address the backlog of diagnosing individuals for autism and ADHD. Assurance was provided that partnership work will continue to promote employment support

and identify collaborative ways of working noting an event taking place in Cardiff as a neurodiverse friendly city.

The Vice Chair highlighted that Oliver McGowan online training was mandatory for workers in health and social care and that she had undertaken Tier 2 which included presentations from individuals with lived experience.

The Commission noted the complexities surrounding the issue and thanked officers for the report and ongoing work. It was recommended that the item be added to the work programme to the relevant Committee or Board to enable collaborative partnership discussions and working.

AGREED:

- The Commission noted the report.
- Autism Placed Based Delivery Plan to be added to the work programme.
- Item to be added to the work programme for the appropriate Board/Committee.

53. DRAFT EXTERNAL WORKFORCE STRATEGY

The Director for Adult Social Care & Commissioning noted that workforce issues had been discussed at the joint meeting of the adult social care and public health and health integration scrutiny commission and highlighted the draft external workforce strategy demonstrated the commitment to improving this area of work.

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

- The level of zero-hour contracts is above the ideal rate in the city. The service has undertaken engagement with the market and Inspired to Care which found that some individuals prefer the flexibility, and they can increase capacity for home care but there continues to be a commitment to reduce the number of zero-hour contracts.
- The average hourly pay meets the legal requirement of the minimum wage and includes travel costs, but budget pressures do not allow for the real living wage to be met. The Local Authority promotes training and networking for staff and providers where available.
- Vacancies in adult social care are promoted through the Department for Work and Pensions where individuals may be unemployed and seeking work. Careers are also promoted through local colleges and Skills for Care to illustrate the range of services and roles in the sector.
- The Home Care contract incorporates a 5% profit margin for external providers.
- The intention is to consult on the draft workforce strategy that will gather views from the workforce.

The Deputy City Mayor for Social Care, Health and Community Safety highlighted that the important work across the adult social care sector should be better recognised but are constrained by financial pressures. It was noted the

government permitted social care precept for council tax rises equated to around a quarter of the wage increase following the increase in the national living wage which had a significant impact on the budget.

AGREED:

- The Commission noted the report.
- Item to remain on the work programme.

54. CARER SUPPORT SERVICE UPDATE

The Director for Adult Social Care & Commissioning noted that updates are regularly provided to the Commission given its keen interest in the important role of carers in supporting the service with managing the amount of care it provides and associated costs. It was highlighted that the report set out the work for the current tender for new services and arrangements for how the carer support service operates as well as projects delivered for carers.

The Commission thanked officers for the informative report.

The Chair expressed thanks to the Lead Commissioner for her work and dedication particularly regarding carers and the dementia strategy and congratulated her on retirement.

AGREED:

- The Commission noted the report.

55. HASTING ROAD DAY CENTRE UPDATE

The Head of Commissioning provided an update to the Commission noting that due care and attention had been provided to ensure individuals and their families were supported throughout the transition to alternative services and will continue to be supported to ensure the new arrangements are working.

The Chair noted the Commission's recognition to the sensitive approach in managing the closure of the Day Centre and expressed thanks to the continued dedication of officers for their work during the process. It was requested that the Commission be provided a final update when all transitions were complete.

The Deputy City Member for Social Care, Health and Community Safety also thanked officers for their sensitivity and understanding to show emotional intelligence and honesty during difficult circumstances and changes for individuals and their families.

AGREED:

- The Commission noted the report.
- Confirmation to be provided to the Commission that all transitions are complete.

56. WORK PROGRAMME

The Chair noted it had been a busy year discussing important topics on the work programme and reflected on some highlights of the Commission's work including:

- Successfully recommending a change in domiciliary care contract for the tender be amended from providers requiring a minimum CQC inspection of 'Requires Improvement' with 'Good' in the 'well led' section, to overall inspection being 'Good'.
- Improvements to the Inspired to Care website, particularly the apprenticeships pages.
- A detailed look at direct payments for first time at scrutiny.
- Monitoring the progress and sensitive approach in the closure of the Hastings Road Day Centre.
- Two joint meetings with health colleagues looking at winter planning, workforce, mental health and drug and alcohol services.

The Chair thanked Members for their input in ensuring the role of scrutiny as a critical friend has been effective and officers for their continued good work.

57. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19.19.

Item 6

SCRUTINY COMMITTEES: TERMS OF REFERENCE

INTRODUCTION

Scrutiny Committees hold the Executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:

- i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
- ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
- iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to their initiatives or projects.
- iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
- v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
- vi. question and gather evidence from any person (with their consent). •

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Education Scrutiny Commission (which also sits as the statutory Education Committee)

- Culture and Neighbourhoods Scrutiny Commission
- Economic Development, Transport and Climate Emergency Scrutiny Commission
- Housing Scrutiny Commission
- Public Health and Health Integration Scrutiny Commission

The key work areas covered by each Scrutiny Commission are to be found here <https://www.leicester.gov.uk/your-council/decisions-meetings-and-minutes/overviewand-scrutiny>

SCRUTINY COMMITTEE: OVERVIEW SELECT COMMITTEE

The Overview Select Committee **will**:

- Scrutinise the work of the City Mayor and Deputy City Mayors and areas of the Council's work overseen by them.
- Consider cross cutting issues such as monitoring of petitions
- Consider cross-cutting issues which span across Executive portfolios.
- Manage the work of Scrutiny Commissions where the proposed work is considered to have impact on more than one portfolio.
- Consider work which would normally be considered by a Scrutiny Commission but cannot be considered in time due to scheduling issues.
- Report annually to Council.
- Be responsible for overseeing the work of scrutiny and the commissions and to refer certain matters to particular commissions as appropriate.

SCRUTINY COMMISSIONS

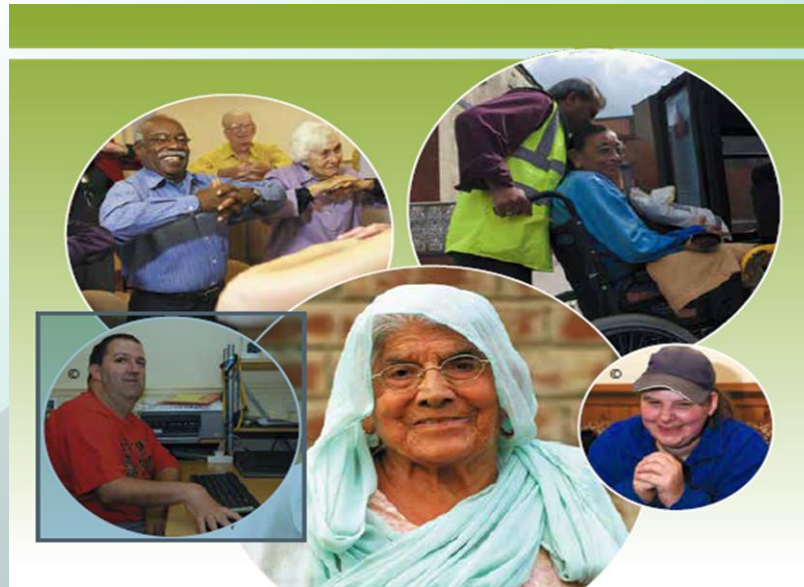
Scrutiny Commissions **will**:

- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member(s), who will be a standing invitee.
- Have their own work programme and may make recommendations to the Executive on work areas where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.

Adult Social Care An Overview

27 June 2024

13



Item 10

Our vision

“We want every person in Leicester to live in the place they call home with people and things that they love, in communities where they look out for one another, doing the things that matter to them.”

Adapted from Social Care Future



The basics

A statutory function

Law, policy and guidance



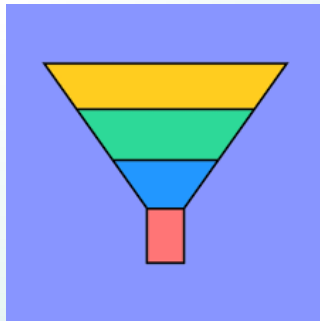
A 'graduated' offer

Universal wellbeing / advice

One / off or short term support

Long term support

15



Means tested

Financial contributions from individuals



A year in ASC (2023/4)

19,447 contacts → 12,967 new requests for support



↓
67% resolved at
point of contact

↓
24.5% supported
through short term
services

16

3092 statutory assessments → 1718 new people had eligible needs

5079 people using long term support on 31 March 2024

↓
24 % residential /
nursing home

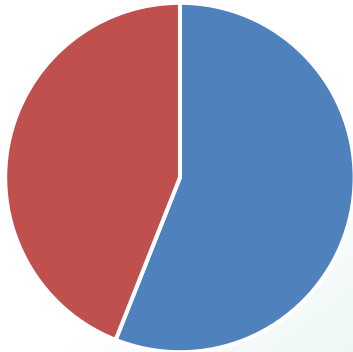
↓
76% community

2873 reviews completed

People we work with

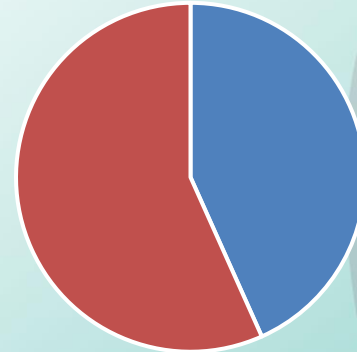
17

Age



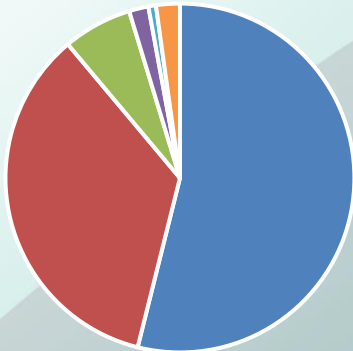
■ Over 65 ■ 18 - 64 ■ ■

Sex



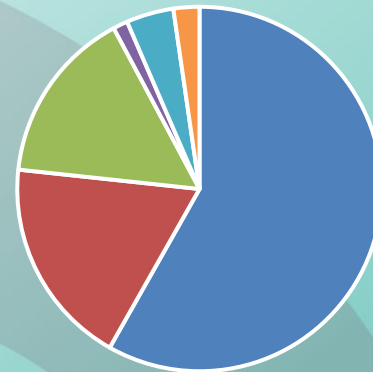
■ Male ■ Female ■ ■

Ethnicity



■ White ■ Asian ■ Black ■ Mixed ■ Other ■ NK

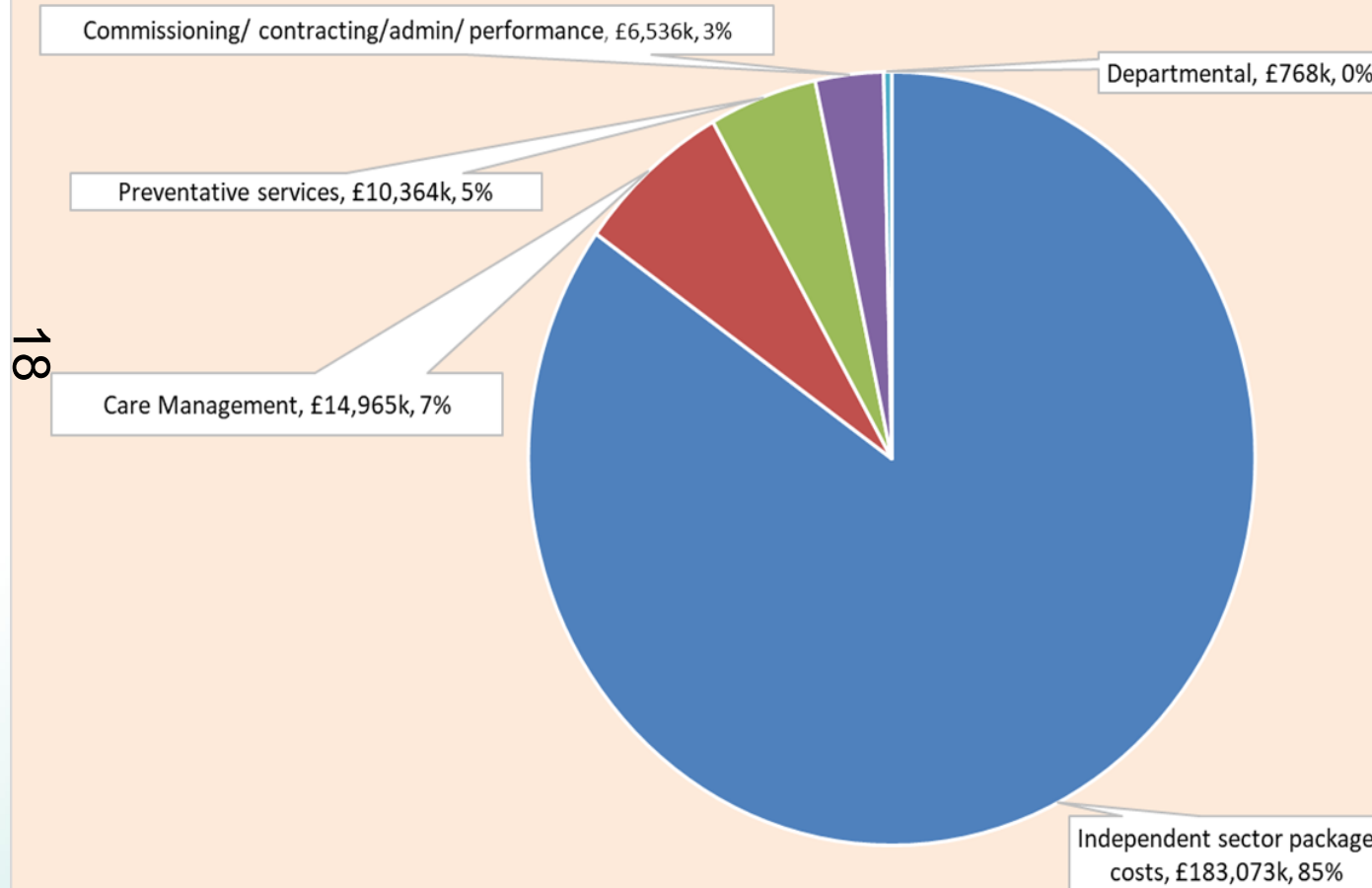
Support need



■ Physical ■ MH ■ LD ■ Sensory ■ Memory ■ Other 5

Our Resources

ADULT SOCIAL CARE GROSS BUDGET 2023/24 £215,705k (NET £150,470k)



A short guide

Promote
wellbeing

Prevention

Assessing
need

Eligibility

Support
Planning &
Review

Safeguarding

For people who need support and for carers

Strengths based approaches

Our context

- A partnership approach – health, housing, police, VCS
- Co-production at the heart
- Innovation, research and evidence



20

AND

- Financial constraint
- Capacity and demand
- ASC Assessment



Useful Information

[Adult social care \(leicester.gov.uk\)](https://leicester.gov.uk)

Online directory, information and self-service

0116 454 1004

ASC contact number for all enquiries or referrals

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[Adult social care: how we work \(leicester.gov.uk\)](https://leicester.gov.uk)

An accessible structure chart that explains who we are and what we do

[Making it Real \(leicester.gov.uk\)](https://leicester.gov.uk)

Information for people who would like to get involved

cllrenq-sce@leicester.gov.uk

Our generic email address should you need to contact ASC about an enquiry

Adult Social Care Scrutiny Commission Report

Adult Social Care Reviews

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Laurence Jones

Director: Ruth Lake

Date: 8 July 2024

1. Purpose

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of social care reviews. This will include the legal framework, Leicester's approach to completing reviews and the current financial and performance context.

2. Summary

- 2.1 The Care Act 2014 and its statutory guidance create a duty on Local Authorities to review the support that they provide to people, who have been assessed as having eligible needs requiring the provision of statutory services.
- 2.2 The purpose of reviews is to ensure that the care and support plan is working, is promoting a person's wellbeing and is helping to achieve their stated outcomes.
- 2.3 The guidance states (s13.32):
- “It is the expectation that authorities should conduct a review of the plan no later than every 12 months, although a light-touch review should be considered 6– 8 weeks after agreement and sign-off of the plan and personal budget, to ensure that the arrangements are accurate and there are no initial issues to be aware of. This light-touch review should also be considered after revision of an existing plan to ensure that the new plan is working as intended.”
- 2.4 The guidance supports a proportionate and strengths-based approach to conducting reviews. There is no prescribed methodology. It is expected that the person being supported is involved, together with any other professionals and any family / carers supporting them. Reviews may lead to no change or to a change in support – which could be an increase, a decrease, a different form of support or a change of care setting.
- 2.5 Reviews may be planned, in line with the Care Act duty to ‘keep plans generally under review’. Reviews may be unplanned, due to a change in circumstances and can be requested by the individual, family member or another professional. Reasonable requests for reviews should be met. Significant changes to support plans, and in particular decreases, should be supported by a review.

2.6 The Leicester City ASC approach to reviews has been developed in line with our Linked Assessment framework. The review conversation follows on from assessment conversation and the documentation is 'pulled through' so that staff and people who draw on support build on existing information and outcomes, rather than start again at each review. ASC have also co-produced a review process and an information leaflet with people who draw on support, after work relating to direct payments identified that people were anxious about their reviews taking place.

2.7 Reviews are important to the individual but also contribute to ASC priorities in relation to managing resources. Completing reviews is the mechanism by which care and support plans can be 'right sized', reducing expenditure in appropriate situations. They are also an opportunity to consider whether health funding should be explored.

2.8 Review activity is actively monitored through performance reports. As previously set out in reports to ASC Scrutiny Commission, review performance is an area for improvement, due to the volume of reviews that are more than 12 months overdue. Whilst this is an area that many councils are challenged with, as set out in the ADASS Spring Survey 2023 ([adass-spring-survey-2023-final-web-version.pdf](#)).

2.9 The approach to reviews and waiting times for reviews will be considered as part of the new Care Quality Commission Assessment of Adult Social Care functions. Early reviews have identified waiting lists and overdue reviews are a feature in assessed councils, and the assessment process has sought to understand the plans a council has in place to address this.

2.10 A 'Review and Waiting List Performance Group' is established in ASC, to drive improvements, maximise available capacity and to explore innovative approaches to completing reviews in line with the Care Act guidance's flexibility.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide any comments

4. Report

4.1 Having set out a summary, this report focuses on:

- The review process and supporting communication
- The outcomes of reviews, in the context of people's experience and changes made to care and support plans
- The performance position
- The improvement plans being delivered and further developed

The Review Process

- 4.2 Reviews are completed where people are in receipt of statutory services to meet their assessed, eligible needs. Reviews are conducted on a planned basis and on an unplanned basis, where circumstances require it. Reviews start by understanding the views of the person, any family carers and what is important to them. Outcomes are discussed, checking to see if these are still relevant and whether they are being achieved. An Outcomes and Support sequence tool is used (appendix 1), to ensure people's need are addressed using all available support before considering statutory services.
- 4.3 Reviews are recorded in different ways, to ensure proportionality. Initial reviews that are completed shortly after the point that a care and support plan has been put in place, or reviews to address a small, specific issue, may be captured in a person's running record. These are captured as 'Support Change Case Notes'.
- 4.4 In the case of hospital discharge, many people are supported by ASC's Rehabilitation, Reablement and Recovery (RRR) service (as described in the report to ASC Scrutiny on Reablement dated 7 March 2024). The assessment process is 'paused' whilst care services work with the individual to support their independence. The assessment is 'un-paused' and concluded as the end of the short-term service; where people have commissioned services to meet ongoing needs, the assessing worker ensure these are working well before transferring the individual to the appropriate long-term social work team for ongoing review. Essentially the review is an embedded part of the assessment process.
- 4.5 In the case of hospital discharge, where services have been arranged from an independent provider rather than our own RRR service, and where the relationship between the discharge social care work and the individual has been short, a formal 'light touch' review is completed to check that arrangements are working after discharge. This may be via a home visit or a telephone review and is recorded on a review form. As with other discharges, the individual is transferred to a long-term team for ongoing review.
- 4.6 Planned annual reviews are recorded on a specific review form, that builds on the content of an assessment, captures a person's stated outcomes and considers how these are being met and any changes required. Unplanned reviews involving a substantial change are recorded in the same way. Small changes made in response to unplanned review requests may be captured on a 'Support Change Case Note' for proportionality. An example of this may be where a call duration is slightly extended to allow for all of the care needed, to be delivered.

4.7 Planned reviews are preceded by the allocated worker sending out a Review Leaflet (appendix 2). This was co-produced with people who draw on support, in response to concerns about what to expect at review and the process feeling negative. A substantial piece of work had been completed to ensure that review practice was strengths-based and outcomes focussed and the leaflet helps people prepare for this.

4.8 Different approaches to reviews are used. As noted, these may be a mix of face to face or telephone reviews. Practice guidance is in place to support staff to consider the individual they are working with and the context, to determine the best way to complete a review; communication needs, risk and complexity will be factors to consider. ASC has also been piloting self-reviews and provider-led reviews, which are covered in more detail at 4.19.

Review Outcomes

4.9 From the perspective of the social care worker, a person's outcomes are recorded as 'fully met / 'partially met' or 'not met'. This is agreed with the person being reviewed. Where outcomes are not met, the social care worker and individual receiving support will agree what needs to change.

4.10 From the perspective of the individual, review outcomes are captured via feedback. At the conclusion of each review, people are asked:

- Does the support provided help you to live your life?
- Is there anything that you want to tell us about your support?

The first question is included in our performance reporting (see 4.14). Narratives from the second question are responded to by the relevant staff member but also gathered by our Complaints Manager (whose role is more broadly about customer feedback, positive and negative). Themes are shared with the Practice Oversight Board to inform learning and development, including with external providers.

4.11 The impact of reviews on the Council's financial position is also monitored. Reviews have been noted as one mechanism by which savings might be achieved, by ensuring care and support is necessary and effective, as well as avoiding crisis situations that might lead to increased costs. Whilst it is difficult to pinpoint changes in the ASC budget to one specific action, ASC has seen a reduction in the growth of need for people in receipt of support during 2023/24. This will, in part, be achieved via reviews to formalise those support changes but it is underpinned by the whole range of strengths-based approaches in place, along with management controls, such as Quality Assurance Panels.

4.12 The table below shows the financial impact of reviews completed, of people in receipt of care at the start of the financial year and who saw a change during the year. The highlighted line shows that 37% of supported users (su) had an increased package and the average increase was 15%. In

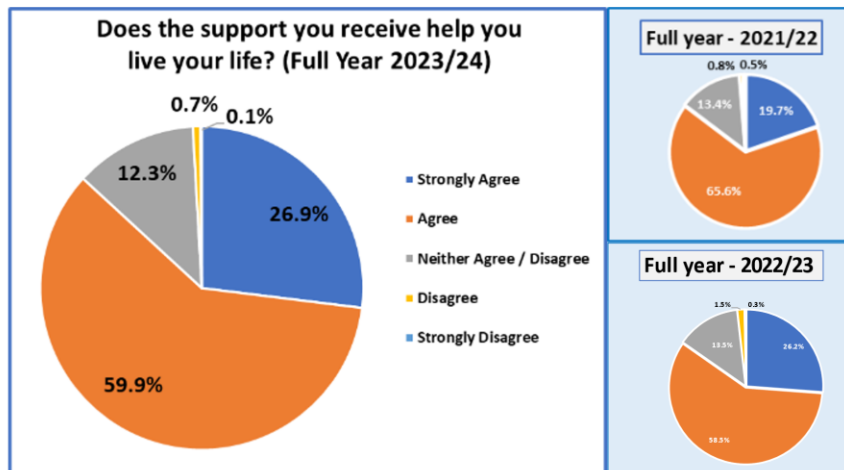
combination, these two figures led to an in-year increase in need of 3.23%. The budget assumptions were set on the basis of achieving a 'national' average of 3%; whilst not achieved in full, the 2023/4 growth pressure was much reduced from the actual in 2022/3 of 4.9%, largely supported by smaller rates of increase rather than the number of people who saw an increase.

Increase in need	% SUs	% change	FYE	Split		In year £m
				In year	Following yr	
2018/19 Actuals	41%	28%	9.93%	5.13%	4.80%	£5.6m
2019/20 Actuals	38%	24%	8.86%	5.90%	2.96%	£6.5m
2020/21 Actuals	34%	26%	7.84%	5.00%	2.84%	£6.2m
2021/22 Actuals	38%	21%	7.23%	4.60%	2.63%	£6.2m
2022/23 Actuals	40%	22%	8.35%	4.90%	3.45%	£7.4m
2023/24 Budget	30%	17%	4.84%	3.00%	1.84%	£5.6m
2023/24 Actual	37%	15%	5.27%	3.23%	2.04%	£5.9m
2024/25 Budget	27%	13%	3.23%	2.00%	1.23%	£4.2m
2025/26 Budget	27%	13%	3.23%	2.00%	1.23%	£4.6m

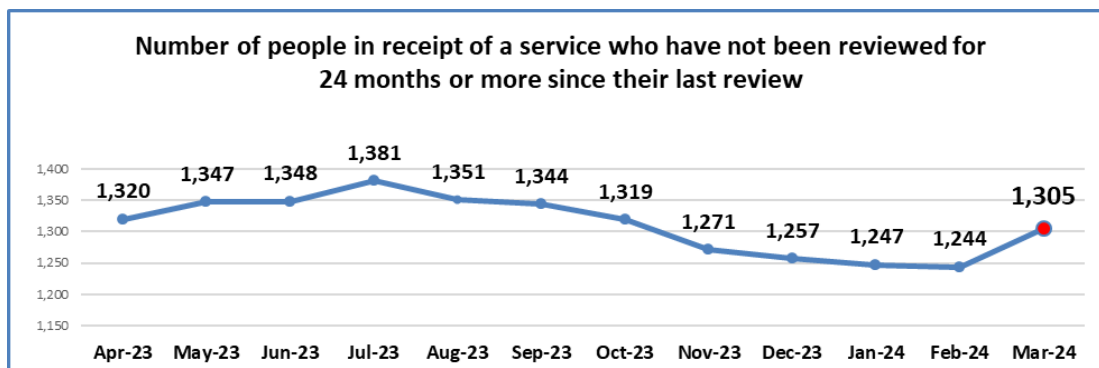
Review Performance

4.13 Performance is measured from the perspective of the individual receiving support and in terms of compliance with Care Act guidance.

4.14 The charts below capture the responses people make when asked if the support received helps them to live their life.



4.15 Overdue reviews are known to be a challenge. The position is monitored closely and a slowly improving picture can be seen. March data should be discounted due to the cyber incident, which impacted on data entry and on productivity.



Improvement Plans

- 4.16 Work continues, to address the overdue reviews position and to ensure a continued focus on review outcomes. A Reviews and Waiting List Performance Group supports this. A review tracker tool is now available, so that every service areas / team can drill into their pending reviews. These are risk rated based on criteria including time since last review, whether the person lives alone, any safeguarding issues known, where no contact has been received since the last review. This supports prioritisation of reviews.
- 4.17 We have secured additional capacity to complete reviews, using grant funding. This will be targeted and protected for review activity.
- 4.18 We are exploring how reviews are recorded – our proportionate approach means that we may not be capturing all review activity; for example, ‘Support Change Case Notes’ may have captured sufficient information to meet the definition of a review but are not included in our statutory reports. 1290 Support Change Case Notes were made in 2023/4 and we are exploring how many were for people who did not have any other review in the year (and therefore counting these would have a positive impact on the overdue review position). There is the potential for over-reporting on overdue reviews.
- 4.19 We will build on self-review and provider-led review pilots. Self-reviews have been tested and work well for some people, who are active and engaged in their care and support. This requires the creation of a personal account on a client portal. Extending this has been impacted by IT challenges. Provider-led reviews appear to be effective in residential and nursing care settings. We will be working with providers to expand our pilot.
- 4.20 We will explore other statutory activity that achieves the objectives of a review, but are not recorded as such because they are completed for other reasons; for example, best interest decisions.

4.21 We will consider where new technologies could support the review process – for example, the use of AI to gather supporting information that a social care worker can use to complete a review with an individual.

4.22 In preparation for CQC Assessment, our approach to reviews has been captured in a storyboard, so that we can set out our self-awareness and our plans for improvement, as this is an area of challenge.

5.1 Finance

5.1.1 The report highlights the financial impact that reviews have on increasing care package costs, alongside increasing numbers of people and fee inflation.

5.1.2 The department broadly met the target for in year growth in care package costs in 2023/24 at £5.9m, or 3.2% base cost increase. The target for 2024/25 is more stringent at 2% of the 24/25 base cost. The greater focus on this area should yield further benefits but only time will tell if the 2% target is achievable.

Martin Judson, Head of Finance

5.2 Legal

This report identifies the statutory duties placed upon the Council by the Care Act 2014 (which are informed by the Care and Support Statutory Guidance) and evidences the Council's compliance against the same.

Mark Kamlow, Principal Lawyer, Social Care & Safeguarding Tel: 0116 454 0123

5.3 Equalities Implications

The council needs to ensure 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 provides the Adult Social Care Scrutiny Commission with an overview of social care reviews.

Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future. 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. Reasonable adjustments should be considered to ensure that disabled people, people with substantial communication difficulties (including people with sensory impairment or where English is not their first language) and people with difficulties engaging have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or arranging for communication support or advocacy.

Surinder Singh, Equalities Officer, Tel 37 4148

5.4 Climate emergency implications

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

Aidan Davis, Sustainability Officer, Ext 37 2284

6. Appendices

Appendix 1: Outcomes and Support Sequence Tool

Appendix 2: ASC Review Leaflet

7. Background Papers

None

8. Is this a Key Decision - No

Introduction to the Support Sequence

The Support Sequence helps you to explore how to deliver the outcome creatively, using all available resources before considering support from Adult Social Care



1. The persons strengths

Did I explore with the person how they can identify and build on their strengths, assets and qualities? Did I explore what else the person could do.

2. Technology

Describe what apps or technology could help/ Think every day first (Alexa, WhatsApp etc) before considering assistive technology.

3. Equipment and adaptations

Describe what products/ equipment/ changes could help, including to the home. Think every day first i.e. taking rugs up, preserving energy, adapted cutlery etc) before considering Occupational Therapy.

4. Family, friends, and neighbours

Describe what family, friends, or neighbours could do or help with?

5. Community

What is available in the local or online community (people, places, groups, events) that could help? Consider matching the person's interests.

6. Universal services, settings or support

Describe any universal services or support that could help. Think GP, nurses, libraries, sports centres etc.

7. Formal support from Adult Social Care

Before completing, reconsider if there is anything in options 1-6 that could meet people's outcomes, eligible or otherwise outside of support from Adult Social care. Also consider if support could be arranged differently (including by providers) to reduce call length or provision of additional support.

Item 11



Your social care review is changing – in a good way

Hello

It's time for a social care review for yourself or for someone you care for. The way we review has changed and may feel a bit different, so we want to let you know what to expect.

Why has it changed?

We heard from some people that they found their review stressful. They often had to repeat information that hadn't changed and the questions were too focused on practical tasks, such as washing and dressing. These are important, but social care is about more than this. It's about being able to do things that matter to you, maintain connections with others and improve your wellbeing.

To help, we at Leicester City Council are now doing things a little differently. We are making things more personal for you.

What has changed?

Look at the letter we sent you with this leaflet. The person who sent that letter will arrange to talk with you. This conversation may feel different to previous conversations you've had with our staff.

They will ask you about what matters to you in your life, about things that are working well and things you want to change. It is up to you what you wish to discuss – there are no right or wrong answers.

It might help you to start thinking about what you want to say about your social care during your review. If you want to discuss anything about your review, please contact the person who wrote to you. Their email address and phone number are on the letter.

“ This change in our approach matters because we want to know that you are doing the things that are important to you and how we can better support you in achieving that. ”

Lyn
(Adult Social Care Manager)

“ My review felt really different in a good way – I was able to talk about things that I care about doing, not just tasks like washing and dressing ”

Anna
(who uses direct payments)

From

Lyn Knights (Adult social care manager)

Anna Severwright (Leicester resident who uses social care)

making it real



Leicester
City Council

Adult Social Care Scrutiny Commission

Care Quality Commission Assessment of Adult Social Care Early Learning and Reflections

Lead Member: Councillor Sarah Russell

Strategic Director: Laurence Jones

Date: 8 July 2024



City Mayor

Useful information

- Ward(s) affected: all
- Report author: Ruth Lake
- Author contact details: 0116 454 5551
- Report version number: 4

1. Summary

- 1.1 Assessment of the Adult Social Care (ASC) functions of Local Authorities commenced in 2023, as part of the programme of social care reform. 5 Local Authorities participated in a pilot phase, receiving their assessment reports in late 2023. As at 10 June 2024, 3 further Local Authorities have had their assessments published and 32 councils have been notified of an assessment by the Care Quality Commission (CQC). Of the 32, this includes Derby and Derbyshire, who have had their assessments completed but not yet published.
- 1.2 7 of the 8 published Local Authorities received a 'Good' rating: 1 received a 'Requires improvement' rating: within this, there were areas for improvement for all as well as areas of strength. A table showing the ratings by framework theme is included at appendix 2.
- 1.3 As the reports for the pilot sites were published, several leaning events, webinars and reflection sessions have been held – nationally and regionally. This includes an East Midlands ADASS summit, which took place on 8 March 2024, attended by James Bullion, CQC as the keynote speaker.
- 1.4 Early learning points have been identified, enabling Local Authorities to reflect on their preparedness for CQC assessment and take steps to be as ready as possible to demonstrate how outcomes are being achieved in their local area, in line with the assessment framework.
- 1.5 This briefing note identifies those early lessons and considers where Leicester City ASC could pay particular attention in order to prepare for CQC assessment. Key strengths and risks are noted, together with actions that are in place or proposed to address these.

2. Recommendation

- 2.1 The Adult Social Care Scrutiny Commission is recommended to note the report and make any comments on the issues presented.

3. Report

CQC Framework and approach

- 3.1 The CQC assessment framework is set out as 4 themes covering 9 sub themes, with Quality Statements supported by 'I' and 'We' statements. These are set out in Appendix 1 for reference.
- 3.2 The assessment process commences with a letter to the Local Authority advising of their selection for assessment. An Information Return (IR) is sought, which requests multiple documents be submitted within 3 weeks, covering plans, strategies, policies and data but also summaries or descriptions of the ASC approach, for example, to assessment and support planning. CQC do not expect that Local Authorities create new documents for this return: however, as early learning shows, being able to provide accessible information that tells the story that ASC want to convey to CQC is critical in helping assessors to understand the information needed to make a fair judgement on quality and outcomes.
- 3.3 The CQC assessment team will meet with the Local Authority on a given date to receive an introductory presentation and senior overview of the ASC self-assessment. This is followed by an onsite period, typically 3 days. They will meet with key senior leaders and also with frontline staff, partners and people who draw on support. CQC do not expect there to be management presence in their meetings with staff.
- 3.4 CQC require that 50 practice examples ('cases') are identified and shared with them, so that they are able to select 6 to review. They will contact the people that are drawing on support to hear their view of the ASC experience and outcomes being achieved. The Council will provide 'pen pictures' to CQC of the work completed along with copies of key documentation. CQC do not directly access people's records.
- 3.5 To date, CQC have generally finished their site work without sharing any direct feedback on their early findings, and a draft letter has then been sent to the Local Authority for factual accuracy checks. This aspect has proved challenging and time consuming for Local Authorities. The outcomes of the published assessments, in terms of scores across the quality statements, are shown at appendix 2 (where 1 is inadequate, 2 is requires improvement, 3 is good and 4 is outstanding).

Key Learning (from Councils and CQC)

- 3.6 Feedback from Principal Social Workers (PSW) and DASS' from Local Authorities who have been assessed is summarised below. This has recently been published here [Learning from the Care Quality Commission pilots for principal social workers | Local Government Association](#). The comments below are summaries of the honest reflections given by senior officers in other councils, who had been through the assessment process.

3.6.1 Staff engagement and preparation

- Frame assessment positively– focus on celebrating their great practice.
- Staff were able to talk about what they loved about social care and what they loved about their roles. It was “showing off at their best”.
- Keep messages targeted, in bite size chunks, with a webpage for reference
- Use staff engagement sessions to get people thinking about what they are proud of and what could be better.
- Make sure you have a debrief meeting with all staff after they speak to CQC – for support and to pick up themes.”

3.6.2 Case Tracking (Practice examples)*

- Be prepared early - CQC wanted 50 peoples records for case audits – one council noted that with 10000 people drawing on support it was still challenging to find 50 records they could put forward.
- Make sure audits are in place to check on quality now – but don't rely only on these.

* Leicester ASC avoids the use of the term 'case' preferring to talk about practice or people. 'Case tracking' is CQC terminology and may be used by other councils.

3.6.3 Preparation and Managing the Process

- Some councils noted they underestimated the level of resource needed – the timescales were very tight.
- Keep your self-assessment up to date.
- Have a well-resourced team supported by the leadership team.
- Have a robust welcome pack for CQC which you could develop in advance – car parking, places to eat, get coffee.
- Senior leaders / managers need to be close to the detail.
- Check your data and story match. Expect surprises. “You will find things under rocks!”

3.6.4 What if felt like

- Varied across councils – from “Wouldn't worry as much” to “Inspection was like being in a pressure cooker with constant pressure.”
- Most felt it went well – they came together as a LA and with partners and it was a collaborative process.
- CQC are still learning and councils should make sure they convey to CQC what they would want inspectors to know.

3.6.5 Points of advice

- Be clear on what you do well – evidence it.
- Ensure what you provide in the Information Return is thorough, but accessible and tells the story you want CQC to understand.
- If you know you have areas for improvement, tell CQC this and be clear on what your improvement plan is.
- Focus on the experience of people drawing on support. It doesn't matter how well you say things should happen, if people say, “that was not what I experienced.”

3.7 Feedback from James Bullion, Chief Inspector of ASC & Integrated Care at CQC has been shared in various webinars, and is summarised below:

- There is focus on a rights-based approach as part of council responsibilities under the Care Act.
- They will ask people who draw on support and community groups, “How are your rights being enabled by the council?”
- There is interest in how the Principal OT and PSW are working together.
- Workforce – a focus on quality of training, sufficiency of practitioners, level & sufficiency of training
- Evidence gathering will primarily be taken from speaking to our practitioners’ with typical questions such as “What three bits of work are you proud off as practitioners?” and “What would you change?”
- The main gap from all Local Authorities assessed so far was around lack of evidence of what Anti-discriminatory Practice & equalities work the council is doing.
- CQC will start to make comparisons, for like for like Local Authorities.

3.8 Key risks and opportunities

3.8.1 Reflecting on what we know from the early inspections, there are areas where we should be confident, and areas where action or attention is required to address likely gaps or weaknesses.

3.8.2 Areas where we can take some confidence are:

- Our work on co-production is at a more advanced stage than many other councils and we can show some evidence of impact.
- As a result, feedback from people who draw on support is reasonably comprehensive and we can show how we use this to inform our work.
- Strengths based practice is widely understood and can be seen in our records / documents and in feedback from people who draw on support.
- We have low numbers of people waiting for care following an assessment.
- Our admission avoidance and discharge offer is strong.
- Work with our providers is positive and our commissioned care market quality is better than the overall quality of the market.
- Safeguarding processes are effective and board arrangements clear and robust.
- Our leadership and governance processes are generally robust.
- Our learning and development offer is well received by staff and, given our very limited capacity, offers a broad range of opportunities.
- We know that staff who speak to external ‘reviewers’ talk positively and confidently about the work that they do and the difference it makes.
- The work we are doing with East Midlands colleagues on practice files, audit and waiting lists will strengthen our position in these areas.

3.8.3 Areas for action include:

- Ensuring there is sufficient capacity for hosting an inspection team and managing the demands of the process.
- Ensuring that our known areas of concerns (such as waiting lists, overdue reviews, limited volume of audits, low carer satisfaction, people who report they feel connected / safe) are clearly understood, with action plans in place that staff can talk to.
- Enhancing our narrative on equalities, diverse communities and how we understand and address inequities in access or outcomes.
- Develop anticipatory communications to respond quickly to notification of CQC assessment.

3.9 Leadership and Governance Arrangements

3.9.1 A CQC Assurance workstream was established as part of the ASC Reform and oversaw the initial response, including the development of our self-assessment and supporting evidence bank.

3.9.2 This is now replaced by an ongoing CQC Assurance Steering Group meeting monthly, chaired by the Head of Business Intelligence Support. This is overseeing our preparation and ensuring activity to address areas for improvement is coordinated and captured.

3.9.3 All actions are completed or on track.

Appendix 1

Theme	Sub themes	Quality Statements
Working with people	Assessing needs	<p>We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.</p> <p>I have care and support that is co-ordinated, and everyone works well together and with me.</p> <p>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.</p>
	Supporting people to live healthier lives	<p>We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support.</p> <p>I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.</p> <p>I am supported to plan ahead for important changes in my life that I can anticipate.</p>

	Equity in experiences and outcomes	<p>We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.</p> <p>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals</p>
Providing support	Care provision, integration and continuity	<p>We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.</p> <p>I have care and support that is co-ordinated, and everyone works well together and with me.</p>
	Partnerships and communities	<p>We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.</p>
How the local authority ensures safety within the system	Safe systems, pathways and transitions	<p>We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.</p> <p>When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.</p>

	Safeguarding	<p>We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.</p> <p>I feel safe and am supported to understand and manage any risks.</p>
Leadership	Governance, management and sustainability	<p>We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.</p>
	Learning, improvement and innovation	<p>We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.</p>

Appendix 2

	Working with people			Providing support		Safety Within the System		Leadership		Overall
	Assessing	Supporting	Equity	Integration	Partnership	Safe Systems	Safeguarding	Governance	Learning	
Lincolnshire	3	3	3	3	3	3	3	3	3	Good
Birmingham	2	3	3	3	3	2	2	3	3	Good
Nottingham	2	2	2	3	2	2	3	2	3	Requires Improvement
Suffolk	2	3	2	3	3	2	3	3	3	Good
North Lincolnshire	3	3	2	3	3	2	3	3	3	Good
Herts	3	3	3	3	4	3	3	3	3	Good
Hounslow	2	2	3	3	3	3	3	3	3	Good
West Berkshire	3	2	2	2	2	3	3	3	3	Good

Adult Social Care Scrutiny Committee

Work Programme 2024 – 2025

Meeting Date	Item	Recommendations / Actions	Progress
8 July 2024	Adult Social Care Overview Adult Social Care Reviews CQC Assessment of Adult Social Care - Readiness and Learning		
29 August 2024			
14 November 2024			
9 January 2025			
13 March 2025			
24 April 2025			

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Supported Living		
Community Prevention		
Procurement Plan		
Death by Suicide		
Workforce		
Autism Placed Based Delivery Plan		
Cost of living re provision of care impacts update		
Assured Plans and Market Sustainability, including fair cost of care		
Assistive Aids and Technology		
ASC Budget Monitoring		
Winter Planning	Joint Adult Social Care & Public Health and Health Integration Scrutiny Commission.	
Adult Social Care CQC Assessment	Update on learning from assessments at other authorities and readiness 8 July 2024.	