



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 24 AUGUST 2023 at 5:30 pm

P R E S E N T :

Councillor March (Chair)

Councillor Joannou
Councillor Kaur Saini

Councillor Surti

Councillor Orton
Councillor Singh Sangha

In Attendance

Sir Peter Soulsby – City Mayor
Councillor Whittle
Councillor Bonham
Councillor Gopal
Councillor Kitterick
Councillor Zaman

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13. APOLOGIES FOR ABSENCE

There were no apologies for absence.

14. DECLARATIONS OF INTEREST

Members were asked to declare any interest they had in the business on the agenda.

There were no declarations of interest.

15. MINUTES OF THE PREVIOUS MEETING

RESOLVED:

That the minutes of the meeting of the Adult Social Care Scrutiny Commission held 18 July 2023 be confirmed as a correct record.

16. PETITIONS

The Monitoring Officer reported that none had been received.

17. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that none had been received.

18. FUTURE OF DOMICILIARY CARE

The Strategic Director of Social Care and Education submitted a report to set out a proposed model for the commissioning of home care which is based on evidence gathered through a commissioning review.

It was noted that members of the Public Health and Health Integration Scrutiny Commission were present to be able to ask questions on this report.

The City Mayor introduced the report, noting that over 2.2k residents currently received home care and that a significant budget was required for the service. Current home care contracts had been in place since 2017 and were due to expire in October 2023 and therefore a procurement was planned for autumn 2023. It was noted that failure in this area could lead to financial impact and a workforce impact.

The Director for Adult Social Care and Commissioning presented the item, it was noted that:

- The delivery of home care helped the ambition to support people to stay in their own homes.
- Contracts were currently in place with 32 providers, 29 of those providers were rated Good by the CQC.
- No one was presently awaiting a care package for this service, showing success in the goal of speed in placements.
- A through review had taken place for the next procurement to build on successes. It was proposed that the framework of providers currently in-place would continue.
- Enhancements set out included the suggestion for time banking so that more flexibility would be possible, and looking at the possibility of provider-lead reviews. Increasing culturally sensitive provision and improving workforce conditions were also goals.
- To ensure higher levels of improved communications there would be enhanced training requirements.
- The aim was to get out the invitation to tender to the market by September or October.

In response to questions from Members it was noted that:

- Providers were enthusiastic about piloting time banking; therefore it would be trailed in a number of providers. Concerns had been raised around recording of hours under time banking. The Council had been in-touch with another Authority who used time banking.
- Children's Services commissioned home care for children, this was done

in a spot purchase basis. A holistic approach to Children's Services commissioning in-line with many other Authorities was being considered.

- Some providers did provide transport to enable their staff to go to clients' homes, such as pool cars. The City Council's bike scheme had been promoted to providers.
- Work was ongoing to strengthen the approach in contracts towards zero-hours and sick pay. The first five days of occupational sick pay was already built-in to contracts and therefore covered by the Council's fees to providers.
- There was already provision in contracts for night-time support, packages of care could be commissioned and therefore respite provision was possible.
- The minimum standard for contracts with regard to CQC ratings would increase since the last tender exercise. The key metric when allowing a provider onto the framework would be a Good rating on the 'Well Led' domain as this was seen as the main marker of positive direction. Any provider that required improvement would have an action plan which the Council could support them in delivering.

Members expressed concerns that those who required improvement under the CQC were allowed onto the new framework. Members stated they would not be comfortable with their own family being cared for by a provider which had been inspected and requiring improvement.

The Chair requested that an item be put on the Work Programme on the reablement service which looked to be taking on more work in future. An update on time banking and zero hours was also requested.

More details on the Council's own quality assurance processes were requested.

A breakdown into the calculations of reablement costs was requested.

AGREED:

1. That the Commission notes the report.
2. That the Commission believes that only providers with at least a Good CQC rating should be allowed onto the new framework.
3. That the Commission requests that a breakdown of the reablement hourly cost as outlined in the report.
4. That suggested items be put onto the Commission's Work Programme.

19. QUALITY OF CARE PROVISION

The Strategic Director of Social Care Education submitted a report to provide an update on work that was being progressed to address the challenge of quality in the Care Quality Commissions (CQC) settings for Adult Social Care.

The Strategic Director of Social Care and Education introduced the report, noting that while the CQC was responsible for registration and inspection of

providers, the Council had an obligation to ensure a high-quality market. The large majority of home care providers were not contracted and therefore the Council had no contractual powers over them. Providers could be varied in size from national organisations to small groups of people.

The Deputy Head of Contracts and Assurance for Adult Social Care and Commissioning presented the item, it was noted that:

- This report was an analysis of the 39 CQC inspections of local providers.
- The Council worked closely with providers and would visit if there were any concerns.
- In the home care market there were 190 registered providers, just 32 of those were in-contract with the Council, of which there were now just 2 providers who required improvement.
- The CQC was now moving to a new framework, to enable this transition routine inspections would not be taking place over the next 6-9 months.
- A programme of activity was ongoing which included a review of the core contract agreement. Work was ongoing with bordering Authorities to come up with an LLR wide to come up with a joint specification for specialist services.
- Analysis of reports from 29 providers of concern resulted in 215 individual issues being identified and broken down into 19 overarching areas.
- The report showed that 5 providers had been found to be inadequate, however this had recently come down to 4 and it was hoped that it would be down to 3 soon.
- The Council was working closely with the remaining 3 inadequate providers. This would include addressing all CQC areas of concern. Local training and support available was being identified and made available to those providers.
- It was hoped that stronger providers could become part of a peer support network.
- An approach of not announcing visits in the older persons service was being trailed.

In response to Members questions it was noted that:

- The Council did not charge providers for the admin support provided by the Council in order to build a positive relationship. Costs were incurred to providers to invest in training and other system changes.
- The Council was able to offer intensive support including daily visits if found to be necessary.
- A ladder of intervention document determined the timescales for when a provider could be found to be in breach of contract.
- The County had considered a quality mark for high-quality providers; therefore, the City Council would also consider this.
- The Valuing People team had helped to rewrite elements of the Quality Assurance Framework. This involved having conversations with those

using the service to get direct lived experience.

The Chair expressed her concerns in the decline in the rate of CQC inspections and stated that they should not just be reactive to issues as they appear. The Chair also expressed her frustrations with the state of the market, where the Council paid for a service but still was required to provide interventions for those providers.

AGREED:

1. That the Commission notes the report.
2. That the Commission notes their concerns regarding the decline in the rates of CQC inspections.

20. SELF-ASSESSMENT OF SOCIAL CARE AHEAD OF CQC INSPECTION

The Strategic Director of Social Care and Education submitted a report to provide an update on preparation for Care Quality Commission (CQC) Assurance and to share the self-assessment completed in preparation of external assurance and seek any comments.

The City Mayor introduced the item, noting that while the Council was proud of its Social Care work, it was not complacent, and a large amount of time was given to knowing where improvement was needed.

The Director of Adult Social Care and Safeguarding presented the report, it was noted that:

- In preparation for inspections of the core ASC function for the first time in over 10 years, a self-assessment had been carried out.
- The large part of the work had been carried out in March and refreshed in July.
- Peer review had determined that identified areas of strength were well evidenced.
- An area of concern was waiting times for assessments and overdue reviews, there were numerous actions in progress to address this. Work was ongoing regionally to coproduce an approach to waiting list.
- Substantial effort was focused on an early intervention and prevention approach.
- Further revisions to the self-assessment document would include more narrative on how staff led service improvement was encouraged and to properly articulate the approach to ensuring quality in social work practice.
- The CQCs assurance timeline had been delayed so it was unknown when a visit would be expected, but it was believed the self-assessment would hopefully reflect the reality.

In response to questions from Members it was noted that:

- Various departments across the Council including Public Health and

Housing had been included in the prevention agenda. The My Choice steering group was looking at other ways to help this agenda.

- Provider led reviews to address overdue reviews had received positive feedback. Self-reviews would be added to the ASC online offer to give first-hand feedback.
- Reviews of those who received 2 carers were ongoing to see if that number could be reduced in any cases.
- The Carers Pathway would be redesigned to enable carers to quickly access what it was they needed.
- Each area of the service was developing its own service plan which would be brought together into a single service plan.
- Considerable progress had been made on strength-based practice and it was now well embedded in the service.
- The self-assessment had been presented to several Health bodies, in order to show CQC a positive relationship with Health services. The CQC had also been tasked with assurance for Integrated Care Systems, which would be inspected across all of LLR at once and it was anticipated that close work with Council ASC services would also be important for that assurance.

The Chair stated that more support was needed for those in the VCS sector doing this work.

The Chair requested that the Commission should take a closer look at reviews for carers, Officers stated they were happy for this to happen at a future meeting.

AGREED:

1. That the Commission notes the report.
2. That the Commission requests an update on CQC assurance when appropriate.
3. That the Commission requests that a report on reviews for carers come to a future meeting.

21. WORK PROGRAMME

It was noted that the following topics had been requested to be included on the Work Programme at the meeting included:

- Reviews
- Carers
- The reablement service
- Direct payments
- Those on the Autism Disorder Spectrum

The Chair noted that Members of the Public Health Scrutiny Commission would be invited to the meeting on 30 November to take part in discussions on workforce issues.

22. ANY OTHER URGENT BUSINESS

The Strategic Director of Social Care and Education and the Director of Adult Social Care and Commissioning gave a verbal update on ASC reform funding. It was noted that proposed Government reforms of ASC had largely not progressed as initially proposed and the only piece of work which was actioned was CQC assurance. However, funding for these reforms had been given to DHSC from the Treasury and therefore this funding had been made available to Councils to cover inflationary costs. This had been done annually since 2021. It was noted that of this fund Leicester had received a £2.3m allocation which was to be spent on fee rates, social care work capacity, and reducing waiting times. This was classified as non-recurrent funding however it would now be difficult for this funding to stop and therefore Councils should consider it to be recurrent.

There being no other business, the meeting closed at 7.01pm.