

Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: TUESDAY, 29 JUNE 2021

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street,
Leicester, LE1 1FZ**

Members of the Committee

Councillor Joshi (Chair)

Councillor March (Vice-Chair)

Councillors Broadwell, Govind, Kaur Saini, Kitterick and Dr Moore

One unallocated Labour group place

One unallocated non-group place

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

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

For Monitoring Officer

Officer contacts:

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- ✓ 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.

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PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. CHAIR'S ANNOUNCEMENTS

4. MINUTES OF THE PREVIOUS MEETING

**Appendix A
(Pages 1 - 14)**

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 22 April 2021 have been circulated and the Commission is asked to confirm them as a correct record.

5. MEMBERSHIP OF THE COMMISSION

Members of the Commission are recommended to note the Membership of the Commission for the next municipal Year:

Councillor Joshi (Chair)
Councillor March (Vice Chair)
Councillor Broadwell
Councillor Govind
Councillor Kaur Saini
Councillor Kitterick
Councillor Dr Moore

6. DATES OF THE COMMISSION

Members of the Commission are recommended to note the dates of the Commission for the next municipal year:

Tuesday 29 June 2021
Thursday 26 August 2021
Thursday 7 October 2021
Thursday 2 December 2021
Thursday 13 January 2022

Thursday 10 March 2022

7. PETITIONS

The Monitoring Officer to report on any petitions received.

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

9. COVID-19 UPDATE

The Strategic Director of Social Care and Education will provide a verbal update.

10. ADULT SOCIAL CARE OPERATIONAL STRATEGY 2021-24 **Appendix B**
(Pages 15 - 30)

The Strategic Director for Social Care and Education submits a report introducing the new Adult Social Care (ASC) Strategy.

Members of the Adult Social Care Scrutiny Commission are recommended to note the strategic priorities for the Department and pass any comments to the Strategic Director for Social Care and Education.

11. STRENGTHS BASED PRACTICE IN ADULT SOCIAL CARE **Appendix C**
(Pages 31 - 52)

The Strategic Director of Social Care and Education submits a report which provides an overview of practice developments in support of the Adult Social Care strategic priority, to embed a strength-based model of support.

Members of the Adult Social Care Scrutiny Commission are recommended to note the report and pass any comments to the Strategic Director of Social Care and Education.

12. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - VERBAL UPDATE

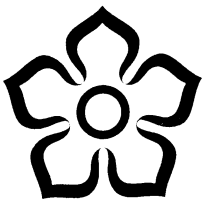
The Strategic Director Social Care and Education will provide a verbal update to the Adult Social Care Scrutiny Commission on Leicestershire County Care Limited (LCCL).

13. WORK PROGRAMME **Appendix D**
(Pages 53 - 54)

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

Members to consider a proposal for a task group review topic (Chair to present).

14. ANY OTHER URGENT BUSINESS



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 22 APRIL 2021 at 5:30 pm as a virtual meeting using Zoom.

P R E S E N T :

Councillor Joshi (Chair)
Councillor March (Vice Chair)

Councillor Batool
Councillor Kaur Saini

Councillor Kitterick
Councillor Thalukdar

In Attendance

Deputy City Mayor Russell, Social Care and Anti-Poverty.

* * * * *

110. APOLOGIES FOR ABSENCE

The Chair led introductions and advised this was a virtual meeting as permitted under section 78 of the Coronavirus Act 2020 to enable meetings to take place whilst observing social distancing measures. The procedure for the meeting was also outlined to those present.

There were no apologies for absence.

The Chair held a moments silence in memory of His Royal Highness The Prince Philip, Duke of Edinburgh who passed on 9th April 2021.

111. DECLARATIONS OF INTEREST

Members of the commission were asked to declare any interests they may have in the business on the agenda.

Councillor Joshi declared an Other Disclosable Interest in that his wife worked for the Reablement Team at Leicester City Council.

Councillor March declared an Other Disclosable Interest in that she had caring responsibilities for an older family member.

In accordance with the Council's Code of Conduct neither interest was considered so significant that it was likely to prejudice the Councillors' judgement of the public interest and therefore neither Councillor was required to withdraw from the meeting during consideration of any items on the agenda.

There were no other declarations of interest made.

112. MINUTES OF THE PREVIOUS MEETING

Item 93 Draft General Fund Budget and Draft Capital Budget 2021/22

A point was raised that the minutes of the last meeting did not give a full reflection of the discussion around the procurement and commissioning plans for 2021 to 2022 in that there was a specific request to bring forward regular updates with regard to domiciliary care and care packages as a specific issue since that included a particularly large increase in contractual costs.

Item 106 Supported Living and Extra Care Housing

In relation to progress with the new development at Tilling Road it was noted that there were still ongoing negotiations with the builders which would hopefully conclude in the next week and officers would provide a more detailed update to the next meeting.

Noted that additional information in relation to the community opportunities item had been provided by officers and circulated to Members by email.

AGREED:

That the minutes of the meeting held on 9th March 2021 be confirmed as an accurate record subject to the clarification on the position of bringing forth regular updates around domiciliary care to future meetings as above.

113. PETITIONS

The Monitoring Officer reported that no petitions had been received.

114. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that no questions, representations or statement of case had been received.

115. DEMENTIA STRATEGY UPDATE

The Strategic Director for Social Care and Education presented an update on the Dementia Strategy.

The Head of Commissioning for Social Care and Education introduced the report reminding Members of the background to the Joint Dementia strategy which was owned by the LLR Dementia Programme Board that sat under the

All Age Mental Health & Dementia Design Group.

The purpose now was to update the strategy which had been in place since 2019 and Members attention was drawn to several key statistics in the presentation.

Members noted that:

- Historically it was difficult to capture those diagnosed with dementia and locally huge improvements had been made on that with greater accuracy, it was known that locally about 76% of people presenting with symptoms have a diagnosis of dementia.
- The Covid pandemic had hugely impacted on diagnosis rates for dementia and those coming forward onto the pathway had dropped as direct result.
- The strategic vision was for Leicester, Leicestershire and Rutland (LLR) to be places where people can live well with several guiding principles to help achieve that, namely – Preventing Well; Diagnosing Well; Supporting Well; Living Well and Dying Well. The aim was to create a care system that worked together to provide access to compassionate care and support through diagnosis to end of life for every person with dementia, their carers, and families.

There were several actions being taken towards Implementation and Achievement, i.e. Pathway - one action was to review and promote a memory assessment pathway and referral processes as previously this was very fragmented, people could still enter the pathway at various points but work had been done to improve awareness of dementia so when anyone presents with concern about memory with medical services, when diagnosis given or dementia ruled out then that person is put on pathway which provides advice, guidance, support and residential care information.

Another action involved working with care homes to pilot and roll out the Dementia Friendly general practice template which was a diagnosis toolkit which would help a lot of those in residential care with dementia but no formal diagnosis.

Members noted that engaging people living with dementia and their carers was important as it helped inform the work, prepare services, and ensure the right support was in place for people with dementia and in terms of training, staff and facilities available to them. Attention was then drawn to a future piece of work to review current care and support standards used across LLR regarding nursing care and colleagues working within groups in LLR will move this forward to include in the new strategy.

Members discussed the presentation which included the following comments:

Dementia Cafes had operated in Leicester for several years but due to Covid they had been closed, these were a very useful tool for people giving them access to a lot of information as well as a sense of belonging and support.

Members were pleased to note plans to reopen and start face to face services later this month, especially now that shielding had ended. Members were advised that during Covid providers had been doing a lot of virtual activities such as on Zoom, which were popular with some but not others so there had been alternative services offered.

In view of the numbers of people with dementia on the register and previous drive to recruit dementia specialist nurses it was queried what the position now was around that. The difference between nurses with dementia specialism and "Admiral" nurses was explained, an Admiral nurse was a dementia specific nurse, there were approx. 6-8 across Leicestershire and Rutland, these were nurse qualified but their roles differ, some were hands on practical such as in a hospital setting, one was known to work for LOROS, whereas others had more of an educational role. The Adult Social Care services linked with Admiral Nurses in terms of the support given to families. In Leicester the service had commissioned dementia support services, so Admiral nurses were not employed as part of that service. The number of Admiral nurses and their roles continued to be monitored.

Members enquired whether changes had been included in the strategy to combat some of the issues seen throughout the pandemic. It was advised that the LLR Dementia Programme Board were still meeting virtually and had discussed pressures faced by dementia people and carers and looked at alternative ways they could be supported. Steps were taken to try and mitigate the closure of dementia cafes by providing a virtual offer as well as telephone calls and where possible doorstep calls, however care home visiting has been difficult throughout the pandemic. Members noted that there was an awareness that people had not been attending GP practices and patients were saying that GP's were not contactable, that was a barrier and challenge to diagnosis and more work was being done with local CCG's to understand the numbers waiting to be seen. There was variation between practices, but we are now seeing surgeries opening. Additional resource had been put in place to tackle this and it was expected that clearing the backlog would impact on social care and other services but measures had been put in place to mitigate against this. In terms of the written strategy, at this point that hadn't change although the response to issues has changed. Going forward society would be faced with Covid for a long term and similar situation may occur so learning how to handle such crisis would inform the strategy.

Members noted that the Leicestershire County Council had carried out a pilot on an improved dementia care model in several care homes, however this was just prior to Covid so work on that pilot was affected and the pilot had not yet been evaluated. It was expected that would resume once there was a return to more normality and details of the evaluation would be brought to a future meeting when available.

Members enquired whether there was data available that provided an ethnic breakdown on numbers of those with dementia as well as data specific to each ward. Officers indicated it may be possible to extract that information and provide some highlights around that to a future meeting.

In terms of engaging with local communities to raise awareness there was a heavy reliance on records kept by services but engagement was difficult in some areas if they haven't given consent to be approached. As part of the strategy refresh an engagement plan would be developed to improve what we do.

Regarding those in the city who are providers for dementia Members were informed that Age UK were jointly commissioned, to provide the Dementia Support Service and the new service had just started from 1st April.

Training was discussed and Members informed that there were periodical reviews of a range of training on offer to people delivering a service, this could be training directly given e.g. care home staff or to housing staff for awareness, so people could recognise if someone had an issue to be able to offer advice and encourage them to go to see GP.

Members expressed concern that services commissioned were often through national charities or larger organisations and suggested that more should be done to consider contracting with local smaller charities and groups who could deliver services at grass roots. Officers advised that the tender process stipulated what was required and anyone applying had to go through the procurement process and organisations were vetted, generally during tender the service added in an expectation to understand our local communities and how any prospective bidder would engage with our communities. The local authority had also launched a social value charter with key aim to support the voluntary sector.

The Chair thanked officers for the presentation.

AGREED:

1. That the contents of the presentation report be noted,
2. That Officers provide results/evaluation from the review of current care and support standards used across LLR regarding nursing care to a future commission.
3. That Officers provide details of the numbers of dementia specialist nurses across LLR to be circulated to Members outside the meeting.
4. That Officers provide details of the evaluation of the Leicestershire County Council pilot on an improved dementia care model to a future meeting when available.
5. That Officers provide (if possible) extracted data showing ethnic, gender and age breakdown on numbers of those with dementia as well as data specific to each ward to a future meeting.
6. That Officers share details of service provision from Age UK via a flyer to be circulated to Members outside the meeting.

116. MENTAL HEALTH STRATEGY

The Strategic Director Social Care and Education submitted a report providing Members of the Commission an opportunity to comment on the draft Leicester

City Joint Integrated Commissioning Strategy for Adult Mental Health – 2021 to 2025.

The Head of Commissioning, Adult Social Care and the Lead Commissioner, Adult Social Care introduced the report.

Members noted that:

- Mental health was now recognised as the largest single cause of disability in UK.
- The report set out a draft strategy attempting to bring mental health into parity with physical health.
- The draft strategy was informed by the Five Year Forward View for Mental Health published by the government in 2016 and builds on the first strategy in place from 2015-2019.
- The draft strategy focused on three key themes, Prevention, Accommodation, and Employment Education and Volunteering.
- Work had been carried out with public health colleagues around the impact of Covid upon people's mental health and the predicted impact of that on services which would be included in the next draft version. There was expected to be an increase in people with mental health issues of 10-20% as result of Covid, so the strategy needed to be finalised around that, to inform and monitor services.
- The strategy included an action plan with the same three key themes, this focused on making improvements across health and social care and with services we support that deliver in the community. There would also be a pathfinder led by health in conjunction with partners.

Members welcomed the opportunity to consider and discuss the draft strategy.

In terms of the cross over between addiction and mental health issues and how the strategy addressed that, it was recognised that a lot of the people being supported were also known as dual diagnosis with their mental health being affected by some form of addiction, there were services funded to help those with substance misuse and their mental health issues too. Public health officers were also part of the Mental Health Partnership Board and, another element in the strategy was around housing and people coming through the homelessness route or through health services/hospital route.

There was discussion around suicide prevention which included timeliness to intervention and whether there were resources to be responsive at that most vulnerable time such as a rapid response team. It was advised that the public health team were leading on work relating to suicide prevention noting there were services supporting people on that pathway with good work being done.

A member of the commission commented that the police had a crisis negotiating team as they sadly had to deal with people on many occasions threatening suicide in a public way and it was suggested that officers should talk to that crisis team to learn or debrief. It was confirmed that at an operational level officers did connect with crisis response teams and through the suicide prevention group broader themes were considered. Officers

welcomed the suggestions and agreed to consider how the more granular detail in terms of a suicide response service could be built into the strategy.

Regarding the integrated care service and County involvement, officers informed that was still evolving and therefore difficult to comment in relation to services currently provided in the community but there was work going on across a range of partners, and officers were keeping a watching brief on that.

In terms of there being “no wrong door” and in relation to substance abuse services, there it was noted there were different approaches between the City and County councils but certainly regarding mental health the County council were on board in terms of the approach being taken by the City. It was advised that currently health colleagues were redesigning health services and the county were engaged in that so in terms of health it did spread wider than just the City boundary.

Discussion moved on to the effects of the pandemic noting there was some prediction of what Covid would produce but that could be a long speculative conversation, there was concern that there could be very large numbers of people presenting with mental health issues and anxiety and whether there were measures to prioritise or scale services to address and meet needs. Officers responded that they had begun to monitor services in place such as mental health recovery services, which saw a dip in demand last year but expected demand to increase and those services had received additional funding through health. Other services such as advocacy services helping those with mental health were also monitored and consideration would be given to how services were being impacted, including looking at any trends or increased demand upon certain services.

Members suggested that within the concept of building resilience it would be helpful to share values e.g. differing beliefs around mental health across different communities and understanding those. Officers agreed to take that suggestion to the partnership board to consider what implications there might be.

It was also suggested that the Mental health, resilience and inequalities report published by WHO Europe might contain useful suggestions or points that could be incorporated into the draft strategy.

Members queried the percentages given in the report relating to annual health checks this was clarified that by taking the current situation of people who received an annual health check this was less than 60% so the CCG were setting themselves a higher target to achieve of 60%, not that only 60% needed it but that current performance was lower.

The Chair thanked officers for their work on the strategy and Members for their contributions to the discussion and suggestions for officers to take into account. It was noted that comments and updates were awaited from colleagues in Health before finalising and taking the strategy to the Mental Health Partnership Board for formal sign off.

AGREED:

1. That the contents of the draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-2025 be noted,
2. That the comments of the commission on the draft Leicester City Joint Integrated Commissioning Strategy for Adult Mental Health 2021-2025 as set out above be noted and considered,
3. That the Commission receive an update at a future meeting on the finalised strategy and its implementation.

117. ADULT SOCIAL CARE WORKFORCE PLANNING FOR THE FUTURE

Members of the Commission received a verbal update on progress relating to recommendations arising from the scrutiny review into Social Care External Workforce.

Members were reminded that they had received an Executive response to the review at a previous scrutiny meeting on 19 January 2021.

The Vice Chair commented that this update was sought because there was concern that the response to the scrutiny review placed a large amount of responsibility upon Leicester/shire Social Care Development Group (LSCDG) and she was keen for this to be here to understand how the responsibilities identified in the review were going to be actioned and brought forward.

The Strategic Director for Social Care and Education briefly explained that in certain sectors of Adult Social Care separate organisations were commissioned to do work in workforce development. However, the LSCDG wasn't a separate body, it was a legal partnership between this local authority, the County and Rutland working with other partners across the system to provide training for external care workforce.

A representative from the Leicester/shire Social Care Development Group (LSCDG) was present and gave an update around Adult Social Care workforce planning for the future.

Members noted that:

- LSDG was a legal partnership between Leicester City Council, Leicestershire County Council and Rutland County Council to work together as one collaborative partnership.
- The main function was to support the workforce and raise quality, e.g. there was a training plan that includes safeguarding, leadership skills, moving and handling etc, but with the pandemic there had been a move to digital to replace class based activities.
- LSCDG worked closely with contract and commissioning staff across the 3 local authorities and Skills for Care, its sub regional workforce group provided the main direction.

The update in relation to specific points in the “Response to the Adult Social Care Scrutiny Commission Task Group Meeting – Social Care Workforce” report included the following comments:

- Point 4 Quality of care and improving retention rates – LSDG had received a report on career pathways today this would be worked through to identify how best that can be implemented and a further update provided at a later date.
- Point 5 Finding Community and cooperative solutions – the LSDG sub regional workforce group was due to meet in June to motion this recommendation from the report and if agreed that piece of work could then be taken forward.
- Point 8 Attracting younger people to adult social care careers – this was part of the careers pathway work already being done and through the Inspire to Care Programme workshops and engagement activity were taking place,
- Point 10 Workforce plans - some local workforce plans and packs had been created with aspiration for local authorities to create an action plan and report back, meetings had been arranged to look at how that work could be done together rather than separately.
- Points 11, 12 and 13 were inter related around investing in training and development and upskilling of staff so were being taken together; LSDG had run a Leadership Programme and had also applied to become a provider to deliver the Leadership Programme over the next 2 years. As a provider they would be able to claim the workforce development fund so people were being encouraged to take up those sessions.
- Point 15 Challenging perceptions, this point interlinked with the work being done across the career’s pathway.

The Director of Adult Social Care and Commissioning reiterated that there was close working with the LSDG and additional funding to support work was being sought through other organisations. It was noted that a number of other actions within the report were still being worked through and it was suggested that a more detailed update be brought to a future meeting including details of the report around the career pathway which had only just been published.

Responding to comments from the members of the commission it was noted that in relation to improving quality and aspiring to move beyond that information had been gathered from quality assurance checks and commissioned services to inform several training courses e.g. Skills for Care Leadership programme. Also, if issues were identified for example around safeguarding that was something partners were encouraged to raise awareness of to improve services.

Members suggested that a form of accreditation be considered for workforce

training as that might benefit people with their career progression.

The Chair commented that it was important to clearly understand that the City and County were working closely around this and looked forward to receiving a more detailed update report to a future meeting.

The Chair thanked officers for their input and the Vice Chair for leading this review.

AGREED:

That a detailed update report be brought to a future meeting.

118. LCCL UPDATE

The Strategic Director for Social Care and Education gave a verbal update on the latest position relating to Leicestershire County Care Ltd (LCCL).

Members of the Commission were reminded that the LCCL position had been discussed a number of times over the past year, and a representative had spoken at the scrutiny meeting on 19 January 2021 giving assurances that the outstanding £200,000 due to the council would be paid by the end of the financial year 2020-21.

It was noted that:

- The monies owed were originally due to be fully repaid at end Autumn 2020 at which point LCCL sought deferment and with some reluctance on the part of the council the view was taken to allow them to defer that payment taking account of the significant pressure LCCL were under due to Covid etc
- The council were given a firm guarantee the remainder due would be received by 31 March but that was not received, and the council had sought through several routes to make contact with LCCL but without any response.
- The council were now in position of starting process legally to recover the £200,000.
- The council held a charge on one of the LCCL properties and could seek possession, however the council was considered what the most effective process would be to secure payment of the debt without causing issue for any residents or staff.
- It was guaranteed that the council would receive full payment either taking back payments the council gave monthly or as a last resort repossession of one of the buildings.

Members of the commission noted the comments and it was publicly noted that the council were very disappointed given the firm assurances given by the company to this commission and very concerned and disappointed that payment had not been made and that there has been no response to numerous attempts to contact them. Members were satisfied that there were measures that could be taken by the council to secure the debt.

Members expressed their disappointment and concerns at the lack of payment and especially at the lack of response and were troubled by what this implied in terms of the leadership of a company such as LCCL that was responsible for care of people.

Members raised concern about the ongoing financial stability of the company and whether there was assurance in the standard of care in immediate term being given. Members also sought clarification on whether this whole issue highlighted failings in a market intervention because ultimately the council would step in. Responding, officers advised that there had been a strong national push in recent years for residential care and nursing care to be provided by commercial organisations and there were strengths that can come from such commercial arrangements. However, the local authority was ultimately the responsible body and if the company that runs a care home went out of business the implications for those residents and their families were very significant so there were issues where a “for profit organisation for care” operates. Members were also assured that were LCCL unable to operate financially the council was well placed to step in and move people with minimal disruption.

Members were informed that in terms of the quality of care, regular checks and audits of all care homes were done and the last checks of LCCL homes indicated they were satisfied with quality of care, so at this point there were no concerns about how they provided that support and care, but given what had been said today there would be further checks. Members were assured that steps would be taken to ensure people in these care homes were safe.

In terms of commercial arrangements it was noted that officers did work closely and carried out periodic checks of accounts of organisations to make sure they were financially stable, the last check on LCCL was for end year accounts 2019, and their new accounts weren't due until Jan/Feb but this would be checked.

The Deputy City Mayor Social Care and Anti-Poverty commented that there was a need to look at this within the broader system, as the concern was that this company (LCCL) was fairly robust 12 months ago so this widened concerns about other care homes that have had significant additional costs and additional funding too, although overall occupancy was down in care homes. It was important that the council ensured care homes were well run as there was responsibility for these residents and to ensure they are appropriately resourced.

The Chair summarised that the commission held very serious concerns about LCCL, its leadership, financial standing, failures to make payment and respond to attempts to contact them and members agreed that the council must take all necessary steps legally to recover the monies due to the council.

The Chair requested that the matter be brought to a future meeting of the commission if matters were not resolved.

AGREED:

1. That the verbal update and concerns of the Commission be noted,
2. That the Council be recommended and supported to take all necessary steps legally to recover the monies due to the council,
3. That the matter be brought to a future meeting of the commission if matters are not resolved.

119. COVID 19 UPDATE

The Strategic Director for Social Care and Education gave a verbal update on the latest position regarding Covid-19 and its impact upon services.

Councillor Kitterick and Councillor Thalukdar left the meeting during this item – the meeting remained quorate.

It was noted that:

- There had been positive take up of vaccination in care homes with health colleagues working hard to ensure residents and staff were vaccinated, latest figures showed that currently of homes that provide care for older people 93% had received their 1st doses and 76% staff received 1st dose, however in care homes for people of working age the numbers were lower.
- 2nd doses had been offered at all care homes for older people although data was not yet complete it suggested 69% of those in “older” care homes and 64% in work age homes have had second dose.
- There was a comprehensive system in place for testing across the adult care system generally with staff receiving a PCR test weekly and access to LFT Tests twice a week; LTF testing was also in place for visitors.
- Week of 18 April testing in care homes produced 13 positive results (11 staff, 2 residents), that figure has been relatively stable over past month and was same level as reported in Aug/Sept 2020 compared to end January 2021 where it stood at over 270 positive tests per week. Of the 13 only 2 are residents the rest are staff.
- Work continued with providers to reinforce the importance of regular testing as numbers come down.

The Chair thanked the Strategic Director for the comprehensive update and on behalf of commission thanked all staff and front line staff working hard throughout the pandemic and noted progress being made.

The Chair concluded that his thoughts and prayers go to families who have lost people through this pandemic and expressed thanks to all council members who have worked tirelessly throughout.

120. WORK PROGRAMME

Members of the Commission were invited to consider content of the work programme and were invited to make suggestions for additions as appropriate to be brought to meetings in the new municipal year.

121. ANY OTHER URGENT BUSINESS

Noted this was the last commission meeting of the municipal year and further meeting dates would be circulated in due course.

The Chair commented that it had been a pleasure for him to Chair this Commission over the past two years and he thanked all members of the commission for their attendance and commitment to the work of the commission and for their excellent debate throughout meetings.

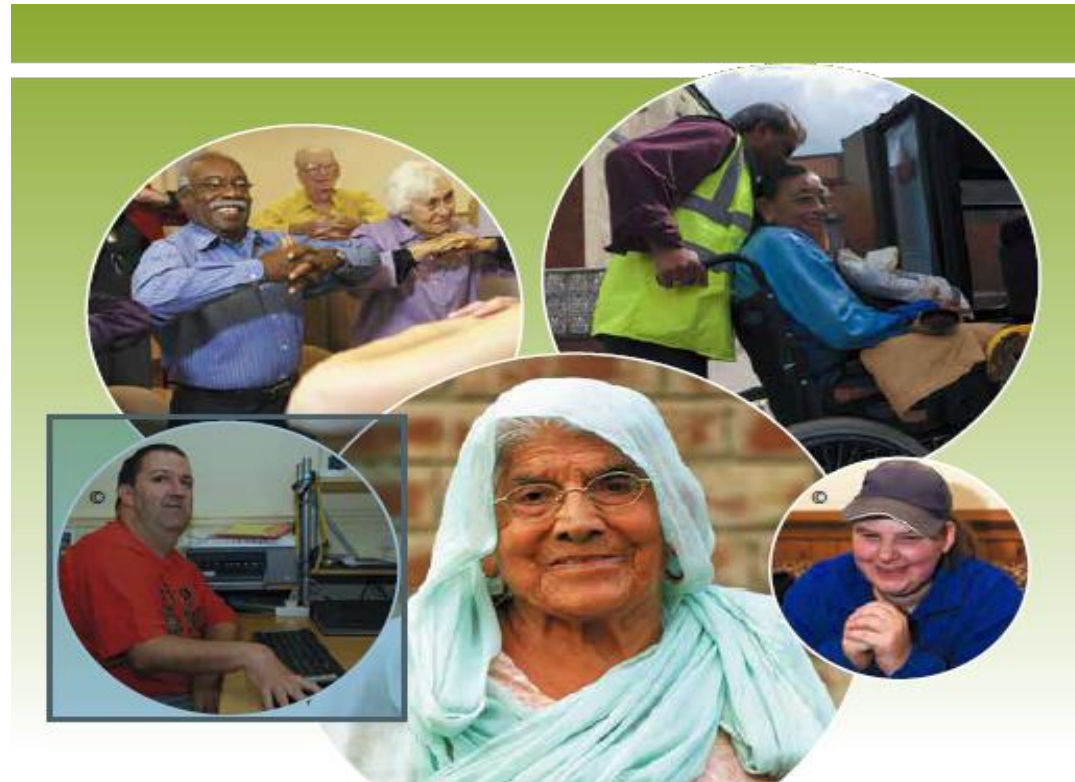
The Chair also thanked the Executive Member, Adult Social Care officers as well as Democratic Support officers and Scrutiny Support officers.

There being no further business the meeting closed at: 20.23

ASC Operational Strategy

3 Year Forward View

2021 – 2024



Introduction

The delivery of high-quality Adult Social Care (ASC) improves the lives of people who, for many reasons, require additional support to achieve the things that are important to them.

The core ASC offer is enshrined in the Care Act 2014 and other important legislation including the Mental Health Act and Mental Capacity Act. This strategy aims to ensure we meet both the letter and the spirit of these key legal frameworks.

ASC uses a wealth of performance and quality information, to assess how well we are meeting the needs of local people and to understand the impact that we have on people's lives. This strategy focuses on making improvements in those areas that we identify as being less positive than comparator Council's, whilst recognising that there will be a substantial range of activity that continues as business as usual.

The voice of people who use services and their carers / families is critical. This strategy seeks to address issues that people have told us are difficult for them in their relationship with formal ASC support and looks to strengthen the way in which we co-produce our approach to ASC.

Our communities and individual people's needs are diverse, and this strategy seeks to support the delivery of a vibrant care and support market, that enables people to link to high quality community services as well as formal care services that are relevant and appropriate to them as individuals. We also seek to develop our approach to enabling people to have independent lives, by commissioning and providing services that focus on building strengths, skills, and resilience.

We have a core statutory duty in relation to keeping people safe from harm and abuse and unlawful restriction. This strategy aims to ensure that people are protected from harm and where harm occurs, it is identified and responded to quickly. We need to ensure people are at the centre of our safeguarding approaches and our work to protect their human rights.

We cannot deliver ASC to people effectively unless we work in partnership with other agencies and this strategy identifies where integrated working should be developed to enable people to have coordinated experiences of care and support.

The delivery of ASC is also dependent on our staff and this strategy identifies how we will support and develop our staff to be the best they can be, across the many different roles that make up the ASC workforce.

Whilst this strategy focuses on meeting outcomes for people through provision of strength-based quality social care it is important to note that there are national requirements in relation to [ICT] system integration and interoperability that must be met. These integrations, between health and social care systems, are fundamental in providing and improving access to high quality data and information to support decision making across the health and social care spectrum.

Our Vision, Principles and Values

Social Care and Education vision and values

Our strategy works to deliver the vision set out in the overarching Social Care and Education (SCE) shared goals and commitments framework:

We are committed to supporting children, young people, adults, and families to be safe, be independent, be ambitious for themselves and live the best life they can.

We also aim to ensure delivery of the Council's core values - **Be confident | Be clear | Be respectful | Be fair | Be accountable**

Adult Social Care Principles

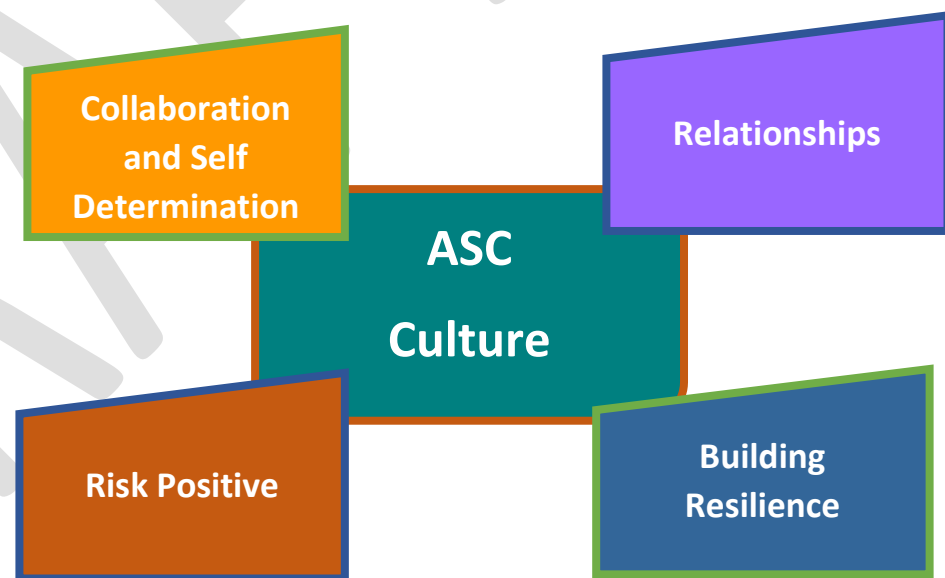
Our overall aim is to work together with people requiring social care support to live the life they want. Behind this sits a celebration of people as individuals with expectations of personalised approaches and actions that are positive and meaningful. The principles that drive this strategic approach are set out in our Practice Principles created in January 2020.

We use these principles to inform our day to day practice.

We strive to ensure that people are at the centre of our work.

We focus on building strength.

We approach risk proportionally, recognising that everyone takes risks to live a life that is fulfilling.



We need to recognise and address the challenges faced within the ASC sector. This includes the workforce capacity and skills, as well as persistent financial constraint, requiring us to be creative, build on existing resources and ensure support is available for those who need it to achieve what matters to them, in line with our statutory duties.

Practice Principles



ASC Culture – we operate within our ethical frameworks, with a focus on **professional accountability**, proportionality; we actively seek to remove barriers for people in accessing our support



Collaboration and Self Determination – people are respected **as experts in their lives** and we aim to use our skills to help people achieve what is important to them



Relationships – positive, trusting relationships are the **foundation of our approach**, where people can express their hopes for their life. Our direct and commissioned services are focussed on using relationships to improve lives and hold themselves to account for this.



Risk positive – we support people to focus on **capabilities rather than problems**; risks are professionally assessed, and differences of opinion are evidenced, where decisions are taken in relation to risk.



Building Resilience – we focus on **strengths**, learn from **feedback**, and continually seek to use this to improve our services

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Our Approach

ASC has 6 key objectives, which serve to deliver the overarching SCE goals, common purpose, principles, and priorities. The areas of strategic focus within these objectives are informed by feedback from people who use services and our staff, performance data and quality analysis, set against the opportunities and challenges presented to ASC.

Priority one: We will support adults with a social care need to be safe from harm and abuse



As the framework for protecting people from unlawful deprivations of the liberty changes, we will ensure the successful introduction of the new **Liberty Protection Safeguards (LPS)**. By doing this, we will ensure people who lack capacity are not subject to care that restricts their freedoms, where this is not proportionate and in their best interests.

We will work with people who require safeguarding support to manage risks and enable people to achieve the outcomes that they want. We will achieve this by working creatively with the person and strengthening our approach to **Making Safeguarding Personal**.

Priority two: We will embed a strengths-based model of support to promote wellbeing, self-care, and independence



We will embed our approach to **strengths based practice** and commit to **Making it Real**. We will monitor and evaluate the impact that this has on helping people to achieve the outcomes that matter to them. In particular we will focus on helping people to feel connected to others. Within this, we will improve the experiences of unpaid / family carers, so that they feel supported, resilient and have a life of their own.

We will deliver the **Technology Enabled Care** strategy, so that people's independence is promoted, and their strengths maximised.

We will ensure a high quality **Therapy** offer

We will act on the outcome of our review of **Direct Payments** and ensure that Direct Payment Support Services are commissioned in a way that promote a sense of control and independence.

Priority three: We will improve the opportunities for those of working age to live independently in a home of their own, and continue to reduce our reliance on the use of residential care



We will implement the **Supported and Independent Living Strategy**, so that the supply of independent accommodation meets demands for people wishing to live independently.

We shall ensure robust delivery of the **Transforming Care Programme**, so that more adults with Learning Disabilities and Autism continue to move out of secure health units into a home of their own in the community.

We will contribute to consultation on **Reforming the Mental Health Act** and prepare to deliver any new requirements, to support people with mental health needs.

Priority four: We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care



We will deliver new **Extra Care Developments** to give people the opportunity to live independently.

We will work with partners to ensure an integrated and coordinated **Home First** offer – providing people with effective crisis support and short-term services that promote recovery at home. People leaving hospital will be supported wherever possible to return to their usual home.

We will work with health and community services to create **Integrated Neighbourhood Teams**, which ensure people with long term conditions are proactively supported, to reduce crisis and unplanned admissions to care / hospital.

We will ensure the **Dementia Support Service** helps people from the point of diagnosis and prevents their needs escalating to the point they need residential care.

Priority five: We will continue to work with children's social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood



We will deliver the **Transitions Strategy**, to ensure young people have a planned and coordinated experience which focuses on independence, aspiration and being part of a community.

Priority six: We will improve people's experience by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services



We will develop improved approaches to **co-production**, that work at a macro and micro-level across commissioning, contracting and social work practice.

Where people rely on long term support, particularly in a care setting, we will ensure this is **high quality, personalised and promotes dignity**.

We will **reduce bureaucracy and improve our processes**, to enhance the experience both of people who use access our support and our workforce.

We will **support our workforce** to achieve the ambitions above, through opportunity for learning and development, reflection practice and by enabling career pathways to support workforce resilience.

Our Priorities

Priority one: We will protect adults with a social care need from harm and abuse

| Year one (2021/2022) | Year Two (2022/2023) | Year Three (2023/2024) |
|--|---|-------------------------------|
| <p>Increasing the focus on Making Safeguarding Personal.</p> <p>Improving our oversight of quality provision across all markets.</p> | <p>Implementation of the Liberty Protection Safeguards.</p> | |

Priority two: We will embed a strengths-based model of support to promote wellbeing, self-care, and independence

| Year one (2021/2022) | Year Two (2022/2023) | Year Three (2023/2024) |
|---|--|--|
| <p>Improve the sense of control and experience that people using Direct Payments have in their relationship with us.</p> <p>Improving the support offered to unpaid / family carers by ensuring social work practice is helping to deliver the Carers Strategy.</p> <p>Improve data sharing for easily accessed information to provide quality care across Health and Social Care through development of shared care records (data extracts).</p> <p>Utilise the portal to digitise the way we send and receive documents to enable people [and/or their carers] to communicate with us online, reducing the amount of paper that is printed.</p> | <p>Embedding strengths-based practice and committing to Making it Real, this being everyone's responsibility – helping people to have the lives that they want to live</p> <p>Support the Tech Enabled Care strategy implementation through case management and care provider approaches as agreed.</p> <p>Embed a "digital first" approach to sending all documents to people and carers via the portal via the portal where it is possible and appropriate to do so.</p> | <p>Increasing the number of people and carers who feel they are connected to others.</p> <p>Work towards a single care record between health and social care will be scoped in partnership with regional health and social care partners.</p> |

| | | |
|--|-------------------------------------|--|
| Piloting and learning from asset-based commissioning | Embedding asset-based commissioning | |
|--|-------------------------------------|--|

Priority three: We will improve the opportunities for those of working age to live independently in a home of their own and continue to reduce our reliance on the use of residential care.

| Year one (2021/2022) | Year Two (2022/2023) | Year Three (2023/2024) |
|---|--|---|
| <p>Ensure people within the Transforming Care Programme are supported via good care management, to leave hospital when well enough into independent accommodation with support that helps people to achieve the outcomes that are important to them.</p> <p>Feed into the consultation on Reforming the Mental Health Act. Ensure that we are ready to deliver the service changes required.</p> <p>Deliver the Joint Health and Social Care LD strategy 2020-2023 so that people living with LD can maintain independence, stay safe and live a good life.</p> <p>Finalise All Age Autism Strategy.</p> <p>Launch Mental Health Strategy to improve services and peoples experience of them.</p> | <p>Maximise the opportunities for people to benefit from the increased availability of Supported Living & Extra Care.</p> <p>Review success of the LD strategy and delivery plan and begin refresh.</p> <p>Launch the All Age Autism Strategy.</p> | <p>Launch LD Strategy.</p> <p>Review success of Mental Health Strategy and delivery plan and being refresh.</p> |

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| | | |
|---|--|---|
| Launch Supported Living and Extra Care Housing Strategy to lay out our plans to improve accommodation and support to enable people to lead a good life. | Review the progress of the Supported Living and Extra Care Housing Strategy Delivery Plan. | Refresh the demand analysis for the Supported Living and Extra Care Housing Strategy. |
|---|--|---|

Priority four: We will improve our offer to older people, supporting more of them to remain at home and to continue to reduce our reliance on the use of residential care.

| Year one (2021/2022) | Year Two (2022/2023) | Year Three (2023/2024) |
|---|---|--|
| <p>Increase the proportion of people leaving hospital who return to their usual home.</p> <p>Deliver the Dementia Strategy.</p> <p>Launch Supported Living and Extra Care Housing Strategy.</p> <p>Deliver the Carers Strategy.</p> <p>Build a proportionate approach to the provision of equipment and small adaptations, using trusted assessment and direct payments where appropriate</p> | <p>Deliver high quality Home First services that are integrated and meet the Ageing Well standards.</p> <p>Commence refresh of Dementia Strategy and launch.</p> <p>Review the progress of the Supported Living and Extra Care Housing Strategy Delivery Plan.</p> <p>Commence refresh of Carers Strategy and launch.</p> | <p>Create fully operational Integrated Neighbourhood Teams, focussing on Multi-Disciplinary Teams anticipatory approaches for people with complex health and care conditions.</p> <p>Refresh the demand analysis for the Supported Living and Extra Care Housing Strategy.</p> |

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| Priority five: We will continue to work with children’s social care, education (SEN) and health partners to improve our support for young people and their families in transition into adulthood. | | |
|---|--|------------------------|
| Year one (2021/2022) | Year Two (2022/2023) | Year Three (2023/2024) |
| | Ensure social work within Transitions is delivering the expectations and outcomes within the Transitions strategy. | |

| Priority six: We will improve the experience of people accessing our support by increasing our understanding of the impact and benefit of what we do. We will use this knowledge to innovate and improve the way we work and commission services. | | |
|---|---|---|
| Year one (2021/2022) | Year Two (2022/2023) | Year Three (2023/2024) |
| <p>25 We will seek to reduce bureaucracy and improve processes, to free up time for staff to work directly with people, improving confidence, trust, and outcomes</p> <p>Ensure that ASC is actively considering and addressing discrimination, including racism</p> <p>Review the pathway for people in contact with us and ensure it promotes a consistent, relationship based approach</p> | <p>Ensure both case review and quality assurance processes are effective, so that people who need long term support are receiving high quality services</p> <p>Develop a Workforce strategy that supports capacity planning, as well as increased skills and confidence for internal staff and the external workforce</p> <p>Create systematic approaches to using a Co-production model in the development of operational practice, procedure, and forms</p> | <p>Reduce the number of admissions into residential placements (short and long term) from hospital.</p> |

How will we measure success?

We are using the Think Local, Act Personal toolkit to help us to describe what we aim to achieve ('we' statements) and what people will say about us when we are successful ('I' statements).

There are a number of critical statements that inform our approach to measuring success, using feedback from people who require additional care or support.

What people will say when we are successful

What we can say with confidence when we are successful

Priority one

I feel safe and am supported to understand and manage any risks.

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

Priority two

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and personal goals.

We talk with people to find out what matters most to them, their strengths and what they want to achieve and build these into their personalised care and support plans.

I can choose who supports me, and how, when and where my care and support is provided.

We work flexibly to meet people's fluctuating requirements for care and support, enabling the flexible use of personal budgets over time and with minimal restrictions.

Priority three

I have a place I can call home, not just a 'bed' or somewhere that provides me with care.

We have conversations with people to discover what they want from life and the care, support and housing that will enable this, without restricting solutions to formal services and conventional treatments.

I live in a home which is accessible and designed so that I can be as independent as possible.

We make sure people feel safe and comfortable in their own home, which is accessible, with appropriate aids, adaptations, technology, and medical equipment.

I know what my rights are and can get information and advice on all the options for my health, care, and housing.

We make sure that our organisational policies and procedures reflect the duties and spirit of the law and do not inadvertently restrict people's choice and control.

Priority four

I have care and support that is coordinated, and everyone works well together and with me.

We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.

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 before change happens.

We make sure that staff working in short-term settings or situations understand people's care, treatment and support requirements and work in a person-centred way.

Priority five

I am supported to plan for important changes in life that I can anticipate.

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future.

Priority six

I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.

We see people as individuals with unique strengths, abilities, aspirations and requirements and value people's unique backgrounds and cultures.

I have considerate support delivered by competent people.

We have a 'can do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.

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Gathering Evidence

We will use a number of different ways to gather information that provides evidence about how successful we are in achieving the I and We statements.

This includes looking at data, information from case audits and reviews, talking to staff and people who draw on ASC support, undertaking surveys, looking at complaints and commendations, taking feedback from external sources such as the Care Quality Commission or our wider partners. This list is an illustration of the different methods of gathering information and is not exhaustive.

There is an ASC Quality Assurance Framework which describes this approach in more detail.

Governance and Accountability

This strategy is owned by the Director, ASC and Safeguarding and the Director, ASC and Commissioning who are accountable for ensuring progress.

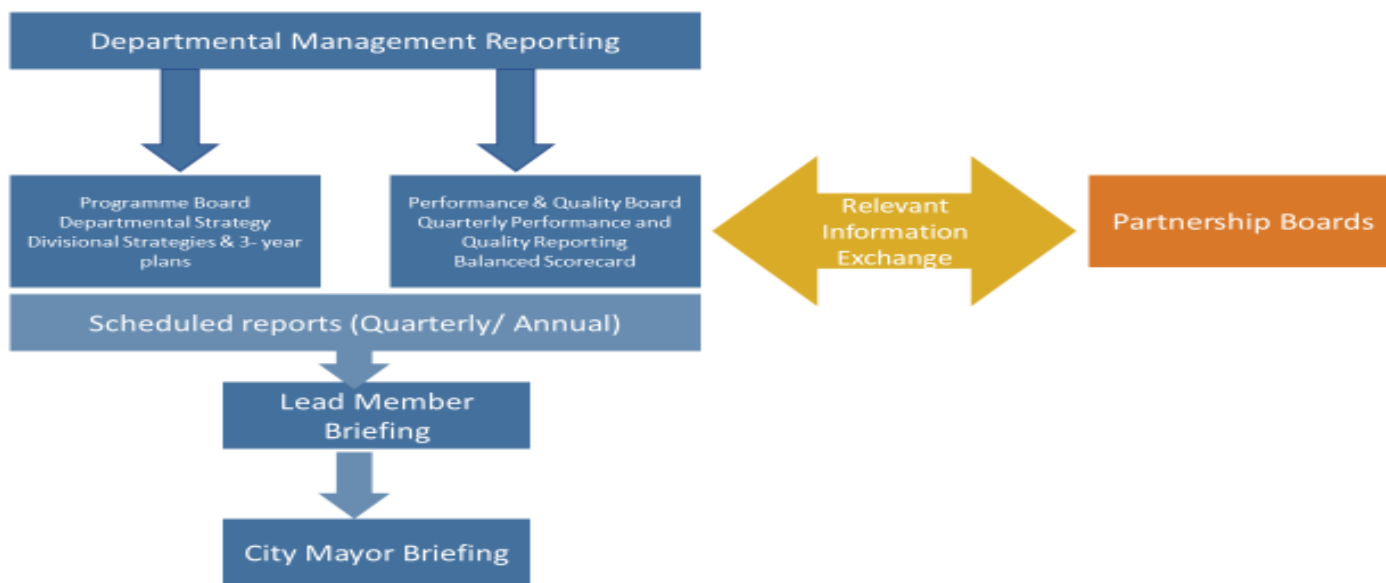
A separate implementation plan identifies specific officers responsible for the actions that will support delivery of the strategy.

The Directors will report progress through the SCE governance structures including Programme Board, Performance and Quality Board and Leadership Team.

Some actions rely on the engagement of partners and therefore the strategy is also of importance to the Integrated Systems of Care Group and Joint Integrated Commissioning Board. There are a range of working groups and forums that will support the delivery of actions and where barriers and issues can be taken for partnership support.

The Leicester Safeguarding Adults Board has a specific role in maintaining oversight of and seeking assurance about our role as a statutory partner, in keeping people safe from harm and abuse.

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DRAFT

Adult Social Care Scrutiny Commission Report

Embedding Strengths Based Practice in Adult
Social Care

Lead Member: Cllr Sarah Russell

Lead Strategic Director: Martin Samuels

Date: 29th June 2021

1. Purpose

- 1.1 This report provides an overview of practice developments in support of the Adult Social Care (ASC) strategic priority, to embed a strength based model of support.

2. Summary

- 2.1 ASC has had a strategic priority since 2018, in relation to our approach to working with people who draw on ASC support:

We will embed a strengths-based model of support to promote wellbeing, self-care, and independence

- 2.2 This has been developed over the past three years, to ensure that people that we work with experience support that considers what matters to them as individuals. Whilst this is a simple objective, in reality there are many barriers to this being people's actual experience, due to process, long standing practice cultures and fears about our ability to meet expectations, if asking people what they would like to achieve.

- 2.3 The Director, ASC and Safeguarding, has been working with colleagues to lead a 'frontline-up' programme of cultural and practice change. This report describes the approach, what has been done to date and the impact this is having, and also sets out the next steps.

- 2.4 The report also draws to Scrutiny Commission member's attention our commitment to 'Making it Real', a national programme for strengths based working, and to the new ASC Leadership Qualities that underpin the management approach.

3. Recommendations

- 3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and make any comments
- b) Endorse the commitment to strengths based approaches in ASC

4. Report

4.1 This report is in three main sections – Strengths Based Practice: An update; Making it Real; ASC Leadership Qualities. It describes each element,

4.2 Strengths Based Practice: An Update

4.2.1 *“Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person’s strengths and assets...”*

Care Act 2014: Strengths-based approaches. Social Care Institute for Excellence, 2015

4.2.2 Strengths based practice is a fundamental shift away from the controlling, resource allocating approach to ASC that was established through the NHS and Community Care Act 1990. Whilst the provision of resources in the form of statutory social care remain a key function of ASC, the Care Act 2014 created an expectation of person centred approaches, a focus on wellbeing and prevention and the need to consider the outcomes that a person wishes to achieve.

4.2.3 The change in practice has taken time, particularly given the context of constrained financial resources and a pressure on Councils to reduce spending on ASC, both on staffing and commissioned services. In the last few years, there has been increasing attention given to the experience of people who draw on ASC, the extent to which people are enabled to have meaningful lives and the opportunities to use a strengths based approach to harness individual, family and community resources.

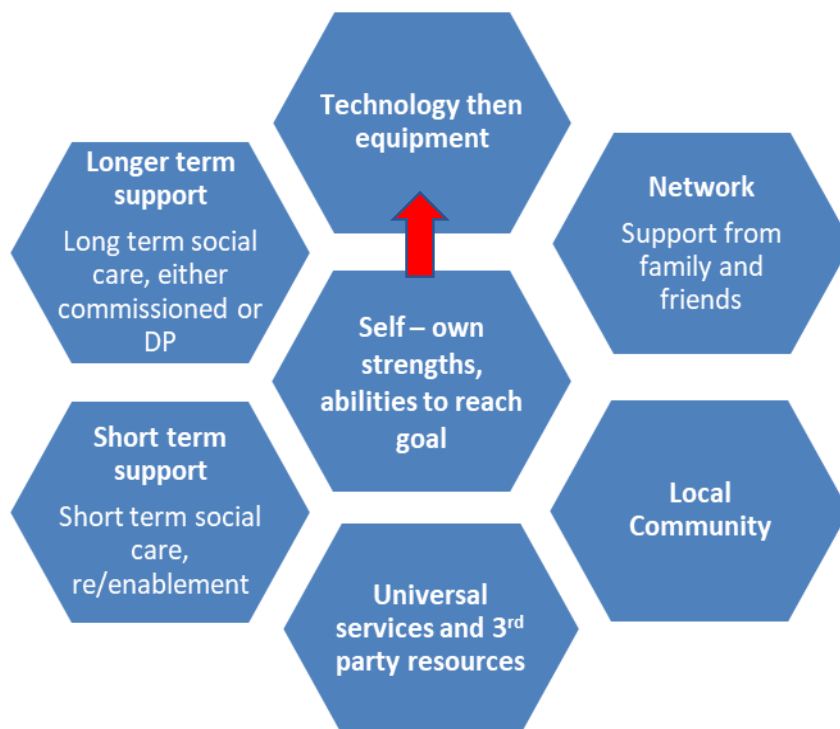
4.2.4 ASC in Leicester established a commitment to embed a strength based approach, as one of its six strategic priorities. A small pilot at the community front door, to test the outcomes that might be achieved from working with people in a collaborative way, was followed by the creation of a new role (Practice Implementation Lead), to support all staff and teams to adopt different ways of working.

4.2.5 Whilst there is much national material about what strengths based practice looks like, there is not an ‘off the shelf’ product to embed it within an ASC organisation, unlike Children’s Services for example (Signs of Safety). Therefore, ASC in Leicester has created its own procedures and guidance, training materials and assurance framework to deliver on the strategic priority.

4.2.6 In practical terms, strengths based practice:

- Starts with conversations not assessments
- Looks for potential and helps people to realise this by setting outcomes and goals
- Utilises what is available – facilitates creative and tailored options around the person which are not limited by a menu – avoids fixing problems and supports enabling solutions
- Recognises achievements by reducing formal support where appropriate - preventing a reliance on paid-for services

4.2.7 The diagram below illustrates the solutions considered with a person, starting with their own strengths and drawing in (clockwise from top) other resources that may help to achieve the outcome that is important to them.



4.2.8 To support this in our everyday work, a number of changes or developments have been made, with the support of a Strengths Based Oversight Group bringing together representatives of all service areas to support implementation and drive strengths based action plans. Key to this approach is freeing up staff time to spend on direct contact with people to find solutions, rather than unnecessary paperwork and process that has no direct benefit to people who draw on ASC.

4.2.9 Some of the main changes are listed below.

- Revised practice guidance, uncovering barriers and gaps. This is focusing practice away from forms and process, building staff confidence in a conversational approach. This includes a strength based toolkit.
- Language changes, e.g. from 'service user' to 'people' - this has had corporate impact as its been adopted by equalities team. Language has a critical impact of how staff view their role, the people they work with and how people experience our contact with them.
- Redesign and implementation of the new assessment form, streamlining 3 separate forms / processes into one. This has moved from 120 questions to just a single form with 9 - 20 questions, depending on the complexity of the person's situation (i.e. it is proportionate). A review / reassessment form has also been delivered, in co-production with people who use our services and receive reviews.
- Revision of the ASC standard letters available through Liquid Logic, and those from Operational Finance, into generic, person friendly versions.
- Increased referrals into our advocacy support services by introducing a link in the assessment - significantly improving our legal adherence and impact contractually, while also ensuring people's voices are heard.
- Redesign of 15 standalone Liquid Logic forms, including 5 external forms. This has removed multiple word forms, stopped the duplication of information and enabled standardised referral criteria for all areas.
- Collating and celebrating case studies of success, including in the monthly newsletter - managing messages and promoting positive practice
- Strengths Based leadership programme for all Operational Leads / HOS
- Streamlined internal referral forms for our provider services and external services such as domiciliary care. The brokerage manager advises that this has saved her team 50% processing time for each form they receive.
- Attachment of all relevant practice guidance to Liquid Logic forms - so practitioners can access it immediately and it is kept up to date.

- Training has been designed, coordinated and delivered including assessment and review training, motivational interviewing training, and in support of the roll out of Making Every Contact Count.
- Cross-service / department IT access to ensure access to critical information, for example between housing and ASC, reducing the need for people to tell us their story repeatedly and to support risk management.

4.2.10 The relationship between people and their informal carers, and the impact of strength based practice on carers is important to note. Informal carers are a critical part of a person's network and the 'resources' available to help them achieve their outcomes. This should be recognised and enabled. However, carers have individual rights within the Care Act and therefore strength based practice is equally applicable to working with them as people, as well as a carer for another person. There is often a balance to be found in supporting a person to draw on informal help and supporting a carer to achieve the outcomes important to them. Clear, transparent conversations and work to help with resilience, contingency planning and mutually achievable outcomes provide the best route to creating a good experience for people who give care, as well as people who receive the care of others.

4.2.11 Impact

The impact of these changes, as examples of what is different, has been positive for those involved. A new Strength Based performance framework has been developed to capture the newly available data on outcomes and their achievement. Equally important are stories and feedback from people.

People who draw on ASC have commented:

" The willingness of staff to enthusiastically engage, listen and act on concerns has been refreshing and has resulted in a great coproduction, rather than us and them"

"The review process is now about me and what makes me happy, not about what service is available that might fit".

"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".

Staff have said:

"It was all tick boxes; move on. The time I used to spend filling the form out I now spend with the person, helping them to do the things that make a difference to their life. That time has meant not one person has become eligible - they would have been before"

Managers have said:

“It’s a pleasure to read assessments again, and to have a form and resources that help us build our confidence in supporting practice to change”

4.2.11 Next steps include the revision of the support plan and supporting domiciliary care providers into an outcomes approach to care planning. Delegated reviews will be piloted, saving social work time and improving people’s experiences of support planning as a collaboration rather than council-led process. We will also be implementing further changes to legal forms, using DocuSign. These documents are currently very confusing and duplicative for people.

4.3 Making it Real

4.3.1 Making it Real is a framework for delivering person centred care and support, which has been produced by Think Local Act Personal (TLAP) and the Coalition for Collaborative Care

4.3.2 It has been adopted by many organisations and other local authorities, including the Association of Directors of Adult Social Service (ADASS) and the Social Care Institute for Excellence (SCIE)

4.3.3 It provides an easy to use, jargon free tool to support change by setting out what good care and support looks like. It helps to shift the balance of power, moving towards working alongside people as experts in their own life and supporting them to live the lives they want

4.3.4 The framework includes a series of ‘I’ and ‘we’ statements that describe what good looks like from a personal and organisational perspective. There are six themes.



4.3.5 ASC has formally adopted the framework and committed to Making it Real in practice. We have a co-production sponsor, Anna Severwright, a local resident who draws on ASC support via a direct payment. Anna is also the co-convenor of a national organisation called Social Care Future.

4.3.6 Our initial commitments centre around improvements to direct payments and our review process. A co-production group is being established to support ASC with everyday co-production, whether that be with regard to policy, procedure, commissioning or care management practice.

4.3.7 A formal launch of Making it Real is taking place on 8th July 2021, during national co-production week.

4.3.8 Links to the Making it Real guide and our public statement are available here for further information.

<https://www.thinklocalactpersonal.org.uk/makingitreal/>

<https://www.thinklocalactpersonal.org.uk/makingitreal/directory/78/>

Also available is a link to a contribution to a recent co-production event by Mo, one of our co-producers, where she describes the differences she has seen in ASC over the period she has been working with us on our review of direct payments.

<https://www.youtube.com/watch?v=zFFImi1HzUw>

4.4 ASC Leadership Qualities

4.4.1 Leadership, to support the embedding of strengths based practice, is critical. A number of national research and professional practice bodies have identified that strengths based practice requires a different leadership skill set to that needed to manage within bureaucratic policies, procedures and guidance. A focus on relationships, with people that draw on ASC and between the teams and services that provide that support, is essential in moving away from a traditional, 'community care act' style of social care.

4.4.2 In early 2020, the extended ASC management team met together to look at what qualities we would need to see in our leadership approaches if they were to be enabling of this cultural change. Due to Covid-19, this large grouping was not possible to continue and the Heads of Service / Operational Leads in both ASC divisions continued this work, with support from the corporate Organisational Development team.

4.4.3 This culminated in May 2021, with a set of clearly articulated leadership qualities and an Embed and Sustain plan to support their delivery in our everyday work. These are now formally launched within the ASC

divisions and the focus is on embedding them fully with managers and leaders at all levels.

4.4.4 The Leadership Qualities are attached at Appendix 1 along with a Plan on a Page summary at Appendix 2.

4.4.5 The Leadership Qualities are complimentary to the Corporate leadership qualities, drawing out practical examples of how these should be seen in ASC roles. They also reflect the key elements of leadership noted within national research, which are referenced in the document.

Summary

4.6 In summary, this is a programme of cultural change, which is consistent with national best practice and the expectations of people who may use, or have future need to use, ASC services. Whilst it should have positive impacts in maximising the resources that people can utilise outside of ASC statutory services, it is not a financially driven agenda. It is being delivered within existing resources, as a shift in practice for everyone working within ASC and is having local resonance with our partner agencies, who have, for example, adopted the I and we statements in their outcome frameworks.

4.7 There is a substantial amount of work to do to ensure this experience is a reality for everyone, on every occasion and is therefore very much 'work in progress' rather than 'job done'.

5.1 Finance

5.1.1 The increasing cost of care of existing service users added nearly 6% or £6.5m to our start of year gross package costs in 2019/20. 38% of people had a package increase of 24% on average between the start and end of the year. The impact of the strength-based work may be seen on the rate of increase in existing care package costs which would be very welcome.
Martin Judson, Head of Finance

Martin Judson, Head of Finance

5.2 Legal

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

Pretty Patel- Head of Law, Social Care & Safeguarding Tel: 0116 454 1457

5.3 Equalities Implications

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

5.3.2 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.

5.3.3 If the report recommendation to endorse the commitment to embed a strength based model of support in ASC is agreed this would lead to positive outcomes for people from across a range of protected characteristics as it will help to promote wellbeing, self-care and independence for people by putting them at the centre of their care.

5.3.4 Need to ensure equality considerations are embedded throughout the Making it Real Framework and underpin the ASC Leadership Qualities. It is recommended that Equality Impact Assessments (EIAs) are carried out as appropriate, to ensure any impacts are identified and addressed and mitigating actions put in place, e.g. changes in practice/policy. Further advice and guidance can be sought from the Corporate Equalities Team.

Sukhi Biring
Equalities Officer
Tel 37 4175

5.4 Climate Change Implications

5.4.1 There are limited change implications directly associated with this report. However, in line with its' declaration of a climate emergency, the council should consider opportunities to embed carbon emission reductions within plan and policies and delivery of its services and those of its partners. For example, this includes through reducing the need for travel, encouraging use of low carbon transport and efficient use of equipment, buildings and facilities.

Aidan Davis, Sustainability Officer, Ext 2284

6. Appendices
 - Appendix 1: ASC Leadership Qualities
 - Appendix 2: ASC Leadership Qualities – Plan on a Page
7. Background Papers
 - None
8. Is this a Key Decision
 - No

ADULT SOCIAL CARE LEADERSHIP QUALITIES – Plan on a Page

People say...

We say...

We Reflect...

We are People Centred

I have care and support that is coordinated and everyone works well together and with me

We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.

Ask Yourself: Is what I am doing guided by the need to deliver the best possible outcomes for people who access ASC support?

We Achieve and Inspire

I am supported by people who see me as a unique person with strengths, abilities and aspirations

We have a 'can do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.

Ask Yourself: Am I behaving in a way that supports me and others to achieve our shared goals?

We Reflect

I have considerate support delivered by competent people

We make sure that our organisational policies and procedures reflect the duties and spirit and do not inadvertently restrict people's choice and control

Ask Yourself: Do I make time for me and my team to reflect on and learn from the impact we make – with colleagues and with people who use ASC?

We are Connected

I have people who support me, such as family, friends and people in my community

We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making

Ask Yourself: Do I build relationships with colleagues that enable me and them to do our best jobs?

**Adult Social Care
Leadership Qualities
May 2021**

Introduction

ASC has a strategic priority to embed a strengths-based approach in all areas of the service. This needs to be underpinned by a strengths-based approach to leadership.

Following from an initial all-manager meeting in 2019, the Operational Leads team have been working with Organisational Development to create a shared understanding of what strengths-based leadership looks like in our day to day work.

This works in harmony with the corporate Leadership Qualities and draws upon a variety of publications that describe how leaders should behave if seeking to truly embed an approach to social care that supports people with what matters to them. This is complementary to the Strengths Based Practice Principles but with a focus specifically on the leadership qualities of people who manage others.

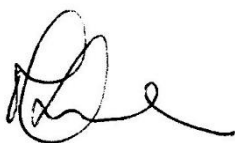
This summary is intended to provide a quick reference tool, for managers at all levels and across all parts of ASC so that we work consistently, collaboratively and with a genuine focus on the people that access ASC support. We have included “I” and “We” statements that explain what this looks like from the perspective of people we work with and from the perspective of ourselves and our staff.

The tool will be helpful in guiding our own behaviours and in creating a shared expectation of the behaviours of the people we work with. The tool is itself strengths based, focussed on what ‘good’ looks like rather than describing what we do not wish to see in practice. However, if we see leadership approaches or behaviours that are inconsistent with this description of ‘good’, we can use the tool to identify where the standards set out are not being upheld and take steps to address that.

We all want to do our best jobs in an environment that helps us thrive and we hope this supports us, as a team, in achieving that.

Ruth Lake
Director, ASC & Safeguarding

Tracie Rees
Director, ASC & Commissioning



LEADERSHIP QUALITIES IN EVERYDAY WORK

We are People Centred

I have care and support that is coordinated, and everyone works well together and with me

We work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services.

Ask Yourself: Is what I am doing guided by the need to deliver the best possible outcomes for people who access ASC support?

As Leaders:

- We put the people that access ASC at the centre of our everyday work
- We encourage a positive attitude to risk and empower our teams to work confidently with risk rather than be risk averse
- We are active in thinking about how our decisions, guidance to staff and problem solving approaches support a good outcome for people, maximising creativity and flexibility
- We expect our teams to work together across organisational boundaries in order to create positive experiences and outcomes
- We ensure everyday co-production with people who access our support is embedded – at an individual level, a team level and at a system level
- We are fair, kind, courteous and take the time to understand other people's views without judgement
- We show respect for others and we value diversity in all its forms

We Achieve and Inspire

I am supported by people who see me as a unique person with strengths, abilities and aspirations

We have a 'can do' approach which focuses on what matters to people and we think and act creatively to make things happen for them.

Ask Yourself: Am I behaving in a way that supports me and others to achieve our shared goals?

As Leaders:

- We set an example and therefore must ensure our own behaviour reflects the behaviours we wish to see in others
- We instil pride and respect in our workforce and in the people that we work with
- Our goal is to support ourselves and our teams to achieve the strategic goals we have set for our Department, so we communicate positively, focussing optimistically on the future
- We work as a whole team across individual team boundaries (“a team of teams”) with a shared purpose that is centred around outcomes rather than process
- We are accountable for what we deliver, individually and through the teams of people we manage
- We create a culture of continuous learning and growth. We facilitate and support confident practice in our teams, enabling autonomy and freedom
- We seek a culture of distributed leadership, sharing power with and devolving responsibilities to leaders at different levels of the organisation to drive change forward

We Reflect

I have considerate support delivered by competent people

We make sure that our organisational policies and procedures reflect the duties and spirit and do not inadvertently restrict people's choice and control

Ask Yourself: Do I make time for me and my team to reflect on and learn from the impact we make – with colleagues and with people who use ASC?

As Leaders:

- We make time to reflect, to analyse and to develop our team in collaboration with others
- We encourage feedback, which we listen carefully to and take action where needed to improve our offer or approach – we are curious
- We are focussed on achieving results that make a difference, rather than ticking boxes and counting process
- We consider the ASC ethical framework carefully when making decisions
- We celebrate and share success stories to inspire staff and build their confidence
- We behave as coaches and mentors giving staff a platform for development

We are Connected

I have people who support me, such as family, friends and people in my community

We work with people as equal partners and combine our respective knowledge and experience to support joint decision-making

Ask Yourself: Do I build relationships with colleagues that enable me and them to do our best jobs?

As Leaders:

- We recognise that relationships – for people who may use ASC services and for people who work in ASC – are the foundation of achieving good outcomes
- We find ways to support people who access ASC to make connections and build networks
- We value the connections between different parts of our organisation and system and understand the strength that comes from our difference
- We ensure we are accessible and respectful of people's time - by having diaries visible, by making calls where a discussion is needed rather than sending emails and by responding to our colleagues in a timely way
- We are respectful in our relationship with each other and the people who use ASC support
- We have honest and constructive conversations that build trust
- We work at peer level to resolve challenges through direct conversation, escalating issues only when unable to resolve them in this way
- We ensure regular quality conversations with the people we manage, to enable them to do their best work
- We give constructive feedback with consideration for the impact it may have

References / Further Reading

LCC Corporate Leadership Qualities

[Leadership Qualities \(sharepoint.com\)](#)

ASC Strengths Based Practice Principles

[Practice Principles adult social care Jan 2020.docx \(sharepoint.com\)](#)

Making it Real

[TLAP-Making-it-Real-report.pdf \(thinklocalactpersonal.org.uk\)](#)

Leadership in Strength Based Social Care

[Leadership in strengths-based social care | SCIE](#)

Adult Social Care Scrutiny Commission

Draft Work Programme 2021-2022

| Meeting Date | Topic | Lead Officer | Actions Arising | Progress |
|-----------------------|---|--------------|-----------------|----------|
| | To keep a watching brief on: <ul style="list-style-type: none"> • Councils Forward Plans • Councils Budgeting reports • Consultations • ASC Performance Monitoring reports | | | |
| 29 June 2021 | <i>(Overview of ASC services for benefit of new membership – separate session to be held)</i> Covid-19 Recovery Plans – update ASC Operational Strategy 2021-24 Strengths Based Practice in Adult Social Care Leicestershire County Care Ltd (LCCL) -update Work Programme 2021/22 | | | |
| 26 August 2021 | | | | |
| 7 October 2021 | | | | |

| Meeting Date | Topic | Lead Officer | Actions Arising | Progress |
|---|-------|--------------|-----------------|----------|
| 2 Dec 2021 | | | | |
| 13 January 2022 | | | | |
| 10 March 2022 | | | | |
| Forward planning – possible items: <ul style="list-style-type: none"> • <i>Autism Strategy</i> • <i>Dementia Strategy update</i> • <i>ASC Workforce Planning for the future</i> • <i>Carers Strategy</i> • <i>Tackling isolation</i> • <i>Unisons Ethnical Care Charter</i> • <i>Better Care Fund (BCF) Annual Report</i> • <i>Contracts and Assurance Annual Quality Report</i> • <i>Age UK Leicester, Leicestershire & Rutland</i> • <i>Learning Disabilities Strategy</i> • <i>Transitions</i> • <i>Leicestershire Care Company Ltd updates</i> | | | | |