



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 5 OCTOBER 2023

TIME: 5:30 pm

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

Members of the Committee

Councillor March (Chair)

Councillor Surti (Vice Chair)

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

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

For Monitoring Officer

Officer contacts:

Georgia Humby (Scrutiny Policy Officer)

Jessica Skidmore (Democratic Support Officer),

Tel: 0116 454 6350, e-mail: committees@leicester.gov.uk

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

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PUBLIC SESSION

AGENDA

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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. MINUTES OF THE PREVIOUS MEETING

Appendix A

The minutes of the meeting of the Adult Social Care Scrutiny Commission held on 24th August 2023 have been circulated and the Commission is asked to confirm them as a correct record.

4. PETITIONS

The Monitoring Officer to report on any petitions received.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. ADULT SOCIAL CARE IMPROVEMENT JOURNEY

Appendix B

The Strategic Director for Social Care and Education submits a report on Adult Social Care improvement journey.

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

7. ADULT SOCIAL CARE PERFORMANCE REPORT

Appendix C

The Strategic Director for Social Care and Education submits a report on Adult Social Care Performance Monitoring 2023/24 (for Q1).

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

8. HASTINGS ROAD DAY CENTRE UPDATE **Appendix D**

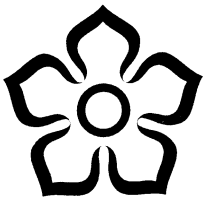
The Strategic Director for Social Care and Education submits a report to provide an update on the actions and progress for people with profound and multiple learning disabilities that attend Hastings Road Day Centre that is due to be closed.

Members of the Commission are recommended to note the report and the changes within the local care market during and since the pandemic.

9. WORK PROGRAMME **Appendix E**

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.

10. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

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.



Adult Social Care Improvement Journey

For consideration by: ASC Scrutiny Commission

Date: 6th October 2023

Lead directors: Kate Galoppi and Ruth Lake

Useful information

- Ward(s) affected: All
- Report author: Kate Galoppi
- Author contact details: kate.galoppi@leicester.gov.uk

1. Purpose of report

- 1.1 Following our Annual Conversation process in Adult Social Care, this report updates the commission with the findings from the conversation, setting out our response to this which draws on the work that the Department is currently embarking on through a programme of work supporting the Adult Social Care improvement journey.
- 1.2 The commission are asked to note and comment on the findings and our response, and the planned activity for future improvements.

2. Summary

- 2.1 As part of our approach to sector led improvement, Adult Social Care (ASC) undertakes an annual conversation led by an experienced and highly regarded ex-Director (DASS). The approach entails a review of our documentation, together with stakeholder interviews, to inform feedback to the Department on areas of strength and areas of challenge, with recommendations for potential improvements.
- 2.2 As part of the Social Care Reforms programme, ASC is now subject to the Care Quality Commission's (CQC) assurance regime. A pilot phase concluded in August and assurance visits were anticipated from September 2023 onwards. Whilst the planned implementation for this has now been pushed back, with no clear definitive date being shared, significant preparation work has been undertaken, including the drafting of an evidence based self-assessment.
- 2.3 This year it was agreed to use the annual conversation as a test approach for the anticipated CQC inspection regime.
- 2.4 The report sets out the approach taken, with issues noted regarding some of the challenge in trying to replicate the assurance process. The feedback from the conversation is captured and some next steps are outlined.
- 2.5 In addition, ASC has commissioned Ernst Young to provide support in further understanding our key challenges, both financial and qualitative, and developing a programme of work to support improvement. This work builds on numerous initiatives in place and is reflected in the response to the annual conversation.

3. Recommendations

- 3.1 ASC Scrutiny commission are asked to:
 - a) Note the positive work highlighted across the Department through this process.

- b) Receive the findings, and comment on the actions in place to address areas of concern as set out in table 1.

4. Report/Supporting information including options considered:

The Annual Conversation – the process

- 4.1 Across the East Midlands, the ADASS network committed to using the annual conversation to test ourselves against our self-assessment, in preparation for a CQC inspection once that is implemented.
- 4.2 The person leading the review, Carol Tozer, is a highly regarded ex-DASS and she has previously conducted the annual conversation in the East Midlands region. Carol was on site for 2 days in August and was provided with a copy of our self-assessment, together with key published performance / quality information ahead of the visit.
- 4.3 A timetable was agreed in advance and Carol met with a broad range of stakeholders over 1 day. This included members of the Adult Social Care leadership team, including directors, the principal social worker, the principal occupational therapy lead and the strengths-based practice lead; front line social work practitioners; commissioners and contracts staff; people with lived experience who draw on support; unpaid / family carers; providers of support from the external market; representatives from the Voluntary Community or Social Enterprise (VCSE); corporate colleagues; health partners; and the Chair of the Leicester Safeguarding Adults Board.
- 4.4 On her second day on site, Carol wrote up her findings and presented these back in the form of a power point presentation. All stakeholders who had been interviewed were invited to join the feedback session, which was delivered as a hybrid arrangement, with ASC Directors, the Lead Member and Corporate colleagues being present in the room and other stakeholders joining online.

The Findings

- 4.5 In presenting her findings Carol did firmly caveat that whilst she had been able to meet a broad range of stakeholders, these were the only voices that she heard in her limited time on site. She was only able to review key documents, rather than the full evidence pack supporting our self-assessment. As a result, gaps in evidence reviewed by Carol were addressed after the annual conversation, where it was clear this existed.
- 4.6 Carol presented her positive findings as 'positive underpinnings' for the Department, providing a level of assurance that there are good foundations in place for ASC. These were:
- **The unequivocal commitment to co-production** at senior levels in ASC is embraced by people at all levels and across ASC, underpinned by burgeoning

systems and processes that support effective co production and resulted in positive affirmation from some people with lived experience.

Firm foundations are in place and the Making it Real panel is clear about how it will go from strength to strength in ensuring that ASC is as much led by the people it serves as its senior officers and politicians.

- **People working in ASC are highly committed to the people and place of Leicester** – they are working under significant levels of pressure, albeit there is a high degree of appreciation of the council’s financial strain. I encountered a keen sense of social justice in colleague’s explanation and examples of how they work alongside people to support them to “start with what’s stay strong” and “stay at home”. Equally, there was a pride in practice with several examples provided to evidence quality.
- **Partnership working: ASC works effectively on a LLR platform where it makes sense to do so (e.g., joint commissioning and Partnership Boards) and plays its full part in working with the NHS to support timely hospital discharge** – with important system and process redesign resulting in key improvement and national plaudit. This is now matched with equal focus across the system to ensure that more people can be discharged home, supported by a clear Home First strategy including a comprehensive reablement and crisis response offer.
- **Care providers are appreciative of the support and expertise provided by ASC’s contract and monitoring colleagues.** In particular the crisis created by Covid has resulted in a tangible coalescence between ASC contract and monitoring colleagues and care providers.
- **ASC is aware of, and open about, its areas to improve** – it benefits from comprehensive performance reporting which, importantly, includes monthly feedback from people about their experiences of the review process (with new measures about to be captured for people’s experiences of assessment). Its Self-Assessment, drafted internally, has been widely distributed with staff – who report that they agree with its conclusions. Moreover, the Making it Real panel and partners have been engaged in the drafting of the self-assessment and asked to endorse/refine it. There is no denial or obfuscation about the areas for improvement and ASC senior leaders are impressive in their commitment to “doing the right thing, in the right way”.
- **ASC is already undertaking important improvement work including:** support for carers; understanding people’s journey through adult social care and the key decision points which help to drive optimal outcomes and spend; working with provider to drive up the quality of care; and extending the provision of housing with care options including extra care housing and supported living for people with very complex needs (jointly with its housing colleagues in the council and the NHS).
- **Integrated approaches to commissioning** – there are several examples of integrated and inclusive commissioning across ASC - working with NHS and engaging people with lived experiences. This includes Home First, and the Learning Disability and Autism strategy (including Transforming Care). Moreover, ASC has invested in the development of its commissioners.

- **A supportive and learning culture:** supervision is a cornerstone of safe and critically reflective practice in ASC and without exception, colleagues from ASC referred to regular and effective supervision and supportive line management. This included being able to “say no” on occasion and managers being sympathetic as to the reasons why. Equally, almost without exception, colleagues across ASC were very positive about the range and availability of continuing professional development available to them – the occasional caveat was that there is a lack of time to be able to devote to Continual Professional Development.
- **Clear governance framework:** the decision-making architecture in ASC is very clear – and senior ASC leaders make serious efforts to engage in a variety of ways with colleagues across the department. Some members of the Making it Real Panel referred to engaged and accessible and visible senior leaders in ASC – and that they had confidence that their voices are welcomed, valued and responded to by these senior leaders. In turn, and led by the DASS, senior ASC leaders present a palpable and authentic ambition to “do the right thing, in the right way” – accompanied by an impressive drive towards transparency.

4.7 Her findings for areas of challenge are captured in the table appended to this report. The table sets out areas of suggested improvement and notes the work that is underway already in the Department, and how this may be further enhanced.

4.8 Key themes that were highlighted as areas to make further improvements were the management and oversight of assessment waiting times and reviews; the expansion of an early help and prevention offer to manage our demand and costs; and a recommendation to maximise capacity and opportunities at the ‘front door’. In all cases these areas were already recognised by the Department and there are different initiatives and plans underway to support progress and improvements, at varying stage of development. This is reflected in the tables.

Accelerating recovery and building community resilience through Early Intervention and Prevention

4.9 Recognising the continuing financial constraints faced by the sector, ASC has commissioned the support of Ernst and Young (EY) to work with us to develop a programme of work to support us to manage the demands on ASC and move towards a model of early intervention and prevention.

4.10 Given the continued lack of national investment into the sector, alongside average rise in package costs of 8% per year, compounded by the Councils overall financial challenge, ASC needs to focus on the role of early intervention and prevention in shaping future services and diverting demand to alternative services. Continuing doing what we are driving is not going to sustain our services in ASC.

4.11 Working collaboratively with EY we have identified a long-term programme of work over the next 4 years that will support short and medium actions, alongside longer-term ambitions, to manage demands on ASC, working across the Council, with the VCSE and wider partners, to build resilience and create a culture of connecting to services. This model is supportive of the recommendations received through the annual conversation and is reflected in the table. It is encouraging that the work was

already identified to take this forward, and the feedback from the annual conversation provides further mandate for the need to drive this work in order to sustain ASC, meet our statutory duties, and continue to ensure the optimal support for the citizens of Leicester.

Next Steps and Reflections

- 4.12 Learning from some of the less positive feedback, updates will be made to the self-assessment to strengthen it and to ensure the evidence is provided to support our assessment. However, it should be noted that Carol did not want to receive the full evidence pack that is an integral part of our self-assessment.
- 4.13 Given the lack of an assurance regime in Adult Social Care for over a decade, the exercise was useful in preparing us for some of the practicalities involved in managing the process, including the management of the feedback and these lessons will be taken forward in preparing for the real thing.
- 4.14 The programme of work commissioned by EY, subject to corporate approval, will form the basis of a transformation programme of change.
- 4.15 Finally, alongside the positive reflections made in opening her feedback, in closing her recommendations Carol commented: People working in ASC in Leicester are impressive – they know what is working well and have good ideas for how to design and implement improvements. Use them – and their voices better in your Self-Assessment. They are committed to the council and the people it serves – but the pressure they feel needs to be recognised and their contributions acknowledged; The Making it Real Panel is impressive and I recognise that ASC is working with them to develop systems that recognise the value of their time and contributions; Leicester wants nothing other than best outcomes for the people it serves. My conclusions and recommendations are offered in that vein.

5. Financial, legal and other implications

5.1 Financial implications

none

5.2 Legal implications

1.9.23: “There are no direct legal implications arising from this report”
Pretty Patel, Head of Law

5.3 Climate Change and Carbon Reduction implications

4.9.23: “There are no significant climate emergency implications directly associated with this report”.
Aidan Davis, Sustainability Officer, Ext 37 2284

5.4 Equalities Implications

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

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

There are no direct equality implications arising from the report provides as it provides an update on Adult Social Care (ASC) annual conversation on areas of strength and areas of challenge, with recommendations for potential improvements. Inspection is invaluable, particularly for public sector services in identifying strengths, reinforcing good behaviour, reassuring staff and to give examples of good practice that could be replicated, whilst also addressing identified weaknesses.

A core purpose of adult care and support is to help people to achieve the outcomes that matter to them in their life. The Care Quality Commission's (CQC) assurance regime is designed to assess how well local authorities are performing against their duties. It is important that the council understands the diverse health and care needs of people and our local communities, so local people have access to a diverse range of safe, effective, high-quality support options to meet their care and support needs.

Equalities Officer, Surinder Singh, Ext 37 4148

Appendices:

Table: Issues raised that require further action

Table – Issues raised that require further action

Issue raised	Comments and planned activity to mitigate
<p>Care providers were unanimous in their feedback that reviews happen only if they request one – and that, even for people leaving hospital under pathway 1, there is no review undertaken in the early weeks after the person’s return home (by which time the person might well, have recovered from their medical procedure, regained some of their former strengths and thus potentially reducing the level of care required).</p>	<p>The care provider’s feedback regarding reviews on request is a fair reflection of the position, as we prioritise people whose care does not appear to be meeting their needs. The reviews recovery plan is noted in the box below.</p> <p>The issue regarding hospital discharge reviews impacts 30% of discharges, which are those that do NOT go home with internal ‘RRR’ support (Recovery, Reablement, Rehabilitation). Dynamic review is built into the RRR model. This will be mitigated from November 2023 as we implement RRR as a default on discharge home.</p>
<p>The Self-Assessment provides clear evidence detailing the level of overdue reviews. There are 1,348 people with overdue reviews of more than 12 months 1 in 5 reviews resulted in an increased package of care – suggesting that there are also high levels of hidden unmet needs among people already in receipt of ASC, perhaps as a direct result of reviews being so overdue. Indeed, delays in assessment and reviews will result in the avoidable escalation of needs for some people – and thus also avoidable costs for ASC. The SA is less clear about the level of waiting lists for assessments across ASC – but the review of different documents, plus feedback from frontline colleagues, confirm that that they are of equal significance</p>	<p>As noted, this is an issue ASC is clear about in its own self-assessment. This is a business plan priority and a number of actions including additional capacity have already been implemented. A project team has been created to deliver a recovery plan for reviews:</p> <ol style="list-style-type: none"> 1. Reduce overdue reviews based on risk 2. Have clear oversight of ASC demand for assessment, including oversight of waiting lists (<i>ensure no adverse impact on waiting list with review activity</i>) 3. Create a process where reviews are undertaken annually (<i>to prevent overdue status</i>) 4. Monitor and analyse the financial impact of undertaking reviews via a dashboard 5. Receive feedback from the Waiting Well regional activity to ensure appropriate risk management.
<p>Of 3180 assessments completed across ASC during 2022/23 - 54.9% resulted in eligible needs. Most recently during Q1 2023/24, of 776 assessments completed</p>	<p>Ernst Young consultants are working on an Early Intervention and Prevention plan that is expected to refer to the need for “Early Help” community-based activity (pre-assessment) that will aim to reduce</p>

Issue raised	Comments and planned activity to mitigate
<p>across ASC - 51.9% assessments resulted in eligible needs (suggesting capacity is being used on unproductive activity)</p>	<p>assessment rates where there is no eligibility. This will build on existing plans to explore community hubs as a preventative approach. We will also explore the 'Plumbing and Wiring' work with Social Care Future as a co-production vehicle for our approach to early help – this is taking place between October 2023 and March 2024</p> <p>Assessments are a statutory right, but we do have control over their form and proportionality – further analysis of the circumstances where an assessment leads to a decision of ineligibility will inform any further changes to our assessment approach, where an assessment is indicated.</p>
<p>Pressures within the 'front door' (Contact and Response) were noted alongside the need for senior decision makers and experienced managers. Positive recruitment of frontline staff was also noted, whilst recognising the impact of new and inexperienced staff.</p>	<p>The management capacity within Contact and Response has been impacted by recruitment difficulties and therefore lacks sufficient stable and experienced capacity that is essential in this setting. Work is underway to balance risk and capacity across service areas, whilst further recruitment efforts are made.</p> <p>Bespoke training has been developed / delivered to address key areas of practice.</p> <p>Qualified SW staff are used for safeguarding decisions.</p>
<p>One of the "six steps" in managing demand in ASC involves the provision of a comprehensive prevention offer - in the absence of a strong prevention offer, people have no other option but to come to the front door of ASC.</p>	<p>Ernst Young have been commissioned to support development of a comprehensive prevention offer. This will include better integration with existing support options being provided by community / VCSE; and working collaboratively with corporate and system colleagues including – but not limited to - Public health, housing, community services, and health to develop a comprehensive offer.</p>
<p>The higher % of people in receipt of long-term care is accompanied by high comparative per capita spend in Leicester when compared with elsewhere – especially for people aged 65 and older."</p>	<p>This is a known issue and has previously been explored via external challenge. As a result, it is an existing business plan priority and growth assumptions have already been reduced in budget setting.</p> <p>There are numerous initiatives in place to reduce spend. Additionally:</p>

Issue raised	Comments and planned activity to mitigate
	<p>Lead Commissioner to undertake further analysis of data, to consider links to deprivation and query outcomes from discharge pathways.</p> <p>Working group in place looking at potentials to improve levels of CHC / FNC funding being led by Director.</p>
<p>Meeting with colleagues from the VCSE revealed that, for the most part the relationship is one of commissioner/provider – as opposed to strategic partner of the council and fully embraced in the development of the city’s community development offer. Indeed, none were aware that the Council has recently launched a new Voluntary and Community Sector Engagement Strategy.</p>	<p>Director working with corporate colleagues to join up work on this and understand the opportunity this strategy has to support the sustainability of the VCSE, which is a fundamental element of the Early Intervention and Prevention offer being developed. N.B The VCSE engagement strategy has not yet been launched.</p>
<p>ASC points towards its strength in Direct Payments (DP)...but there is little interrogation of the data underpinning this statistic which looks at important things such as: the incidence where people are in receipt of formal support AND a direct payment; the monetary value of DPs; and the incidence of people in receipt of a DP employing their own PAs.</p>	<p>Discussion has taken place at the Wicked Topic Forum led by Director for ASC and Commissioning.</p> <p>Further analysis of people in receipt of DPs is planned to determine the appropriateness of usage and understand any implications that may arise from this. In addition, Liquidlogic will be developed to support better recording of DPs.</p> <p>Analysis of the people using DP and their outcomes is available but not routinely monitored. A deeper dive will complement work undertaken by IMPACT on the use of DPs by people from our Black and Minority Ethnic Communities.</p>
<p>57% of all of ASC short term care home placements exceeded 6 weeks at the end of q4 2022/23. The likelihood of these placements becoming permanent is high. ASC should give consideration to how and when a temporary placement becomes permanent“</p>	<p>This will be picked up as part of the new Reviews Group activity (<i>noting a need to review these people pre-6 weeks to ensure appropriate packages of care are in place from week 6</i>)</p>

Social Care & Education

Adult Social Care



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Performance Report

Adult Social Care Scrutiny Commission

5th October 2023

2023/24: Quarter 1

Appendix



Note on 2020/21 comparator data:

A key aid in understanding current performance is to consider it in relation to historic data. However, when looking at data in this report it is important to bear in mind that for many metrics 2020/21 was an exceptional year due to the impact of the Covid pandemic. For this reason a comparison with data in 2019/20 is likely to be more informative. It should also be remembered that the impacts of the pandemic continued into 2021/22, albeit to a lesser extent than 2020/21.

Key Exceptions and Trends – Q1 2023/24

This report provides evidence of the positive work undertaken by Adult Social Care in the city, but it is important to recognise that the pressures on our support and services have had an impact on the timeliness and quality of our work. Some of these are highlighted below:

- 1.** Demand for our services largely returned to pre-pandemic levels over 2021/22, with a year-end total number of 'contacts' created over 2,000 higher than in 2020/21 (a 12.5% increase). In 2022/23 we saw numbers reduce to 17,937 a little over 1,000 less than 2021/22. However, In Q1 of 2023/24 we have seen the number of contacts climbing again, topping the numbers in all four quarters of 2022/23. The number of new formal requests for support increased at a slightly slower rate (11%) in 2021/22. Mirroring the situation with contacts, the number of requests for support fell in 2022/23 (by approximately 500). But, as with contacts, we have seen numbers climbing again in the first quarter of 2023/4, again topping the numbers in all four quarters of 2022/23.
- 2.** The number of assessments completed during 2022/23 (3,180) was a little lower than in 2021/22 (3,319) but still much more than during the three previous years (average of 2,120). Data from Q1 this year, if sustained through the year suggests we could see a further small reduction in the number of assessments completed. As a result of these assessments, 1,745 people were found to have eligible needs at the end 2022/23 the highest level over the last five years and showing an increase in the proportion of people found to have eligible needs from 52.3% in 2021/22 to 54.9% in 2022/23. In Q1 of 2023/24 this has dropped back to 51.9%.

- 23:
3. The *number* of new people going directly into long-term support following a request for support during 2022/23 was 1,032, marginally lower than in 2021/22 but still at historic high levels (compared to 970 in 2020/21 and 767 in 2019/20). In Q1 of 2023/24 we have seen a marked reduction with just 194 people going into long-term support, if this is sustained throughout the year we will see a much lower outturn of just 776 this year. Expressed as a *proportion* of all requests for support, the position has been stable at c.9.6% over the last three years and markedly higher than in 2019/20 when it was 5.9%. In Q1 of 2023/24 this has fallen to 6.7%.
 4. The number of new permanent admissions to residential and nursing care has continued to increase from the unprecedented low levels seen during the peak of the Covid pandemic in 2020/21 (214), but remains well below pre-pandemic levels. We saw 286 admissions in 2022/23, slightly higher than the 274 in 2021/22, but still lower than the average of 316 over the four years prior to the pandemic. With just 42 admissions in the first quarter of 2023/24 we have seen an extremely positive start to the year.

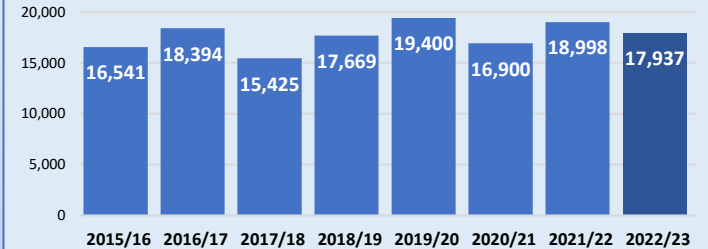
The number of people who have not had a review for 24 months or more since their last review has been increasing since April 2020, peaking at 1,348 in June 2023, the highest figure recorded. This means that over of one in five people eligible for a review have not been reviewed for more than 12 months more than stipulated in the Care Act. By contrast the lowest figure recorded was 120 in March 2018. Since towards the end of 2022/23 we have seen that over 50% of all reviews were overdue (not reviewed for at least 12 months since the last review).
 6. The number of safeguarding alerts which met the threshold for an enquiry increased markedly over 2021/22, with 1,001 alerts meeting the threshold compared to 781 the year before, and an average of 636 in the four years prior to that. In our Q1 report last year we forecasted that a new record high could be reached in 2022/23, however significant reductions from August through to March resulted in a much reduced figure for 2022/23 of 636, which constitutes the lowest number since 2017/18. This is further being explored, as we seek to ensure alerts are appropriate and proportionate, given the low conversion to s42 enquiries.

Managing Demand – Total Contacts Created

Total new contacts created	- Q2 (2022/23)	4,818
	- Q3 (2022/23)	4,277
	- Q4 (2022/23)	4,525
	- Q1 2023/24	4,822

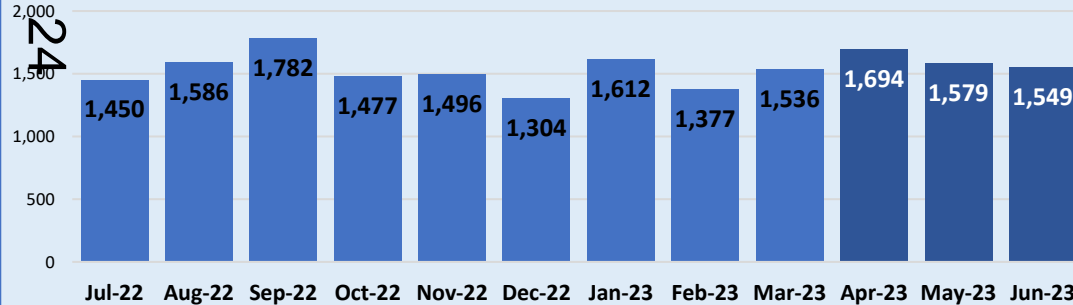
Includes: Safeguarding, DoLS, Blue Badge renewals
Excludes: Contacts relating to existing cases

Total Contacts Created Time series



Note: Not all referrals lead to a contact record being created. Telephony (ACD) data shows that call volumes have increased overall.

Total Contacts Created

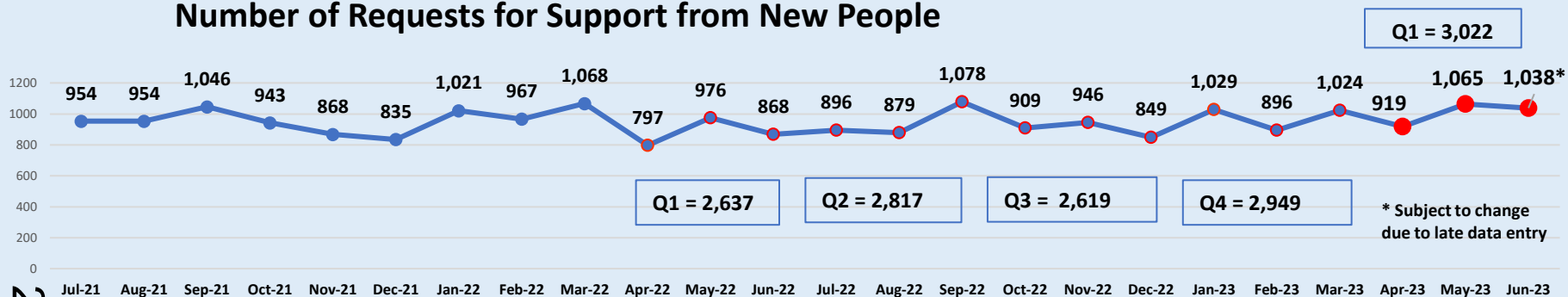


Key Message:

The volume of contacts received has increased this quarter, but longer time series data does show a degree of fluctuation, and the parameters are broadly consistent. The primary focus is on the quality of contacts (linked to screening and safeguarding outcomes) and what happens following the contact.

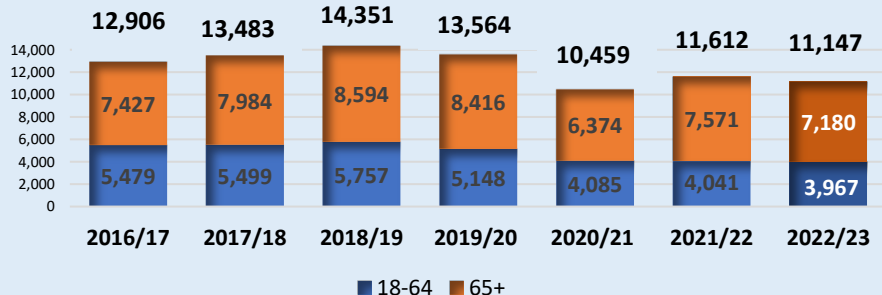
Managing Demand – New Requests for Support

Number of Requests for Support from New People



25

Number of requests for support received from new people: time series

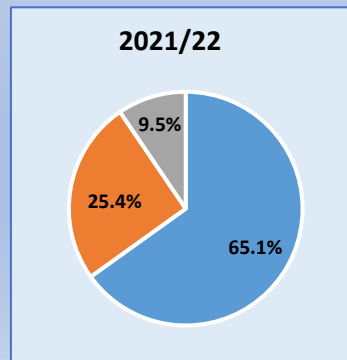
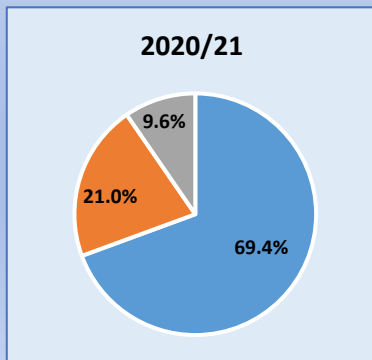
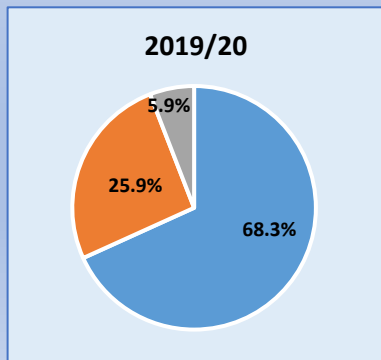
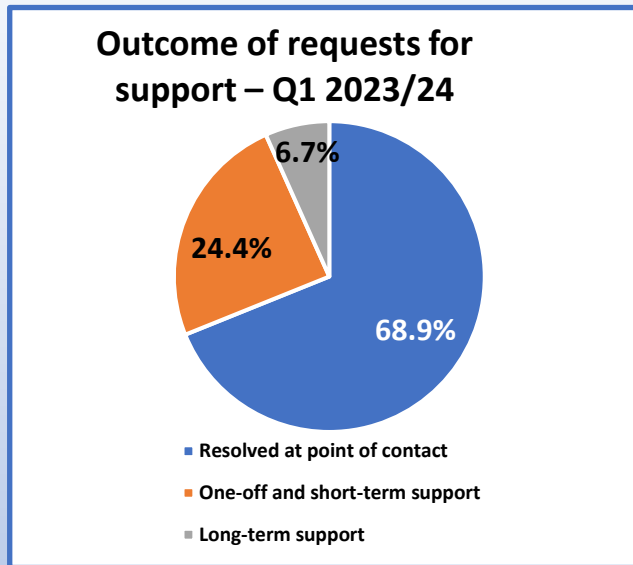
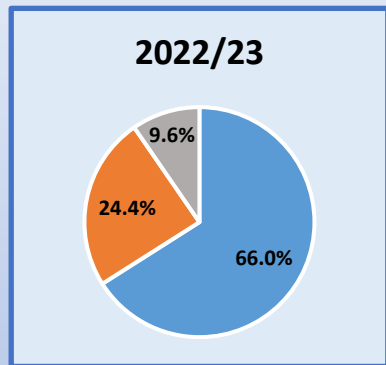


Key Message:

As with contacts, requests for support do vary but within a consistent upper and lower interval. Further work is underway to explore whether contacts and requests for support that require no further action could be differently routed outside of ASC

Managing Demand – Meeting people's needs

26



Key Message:

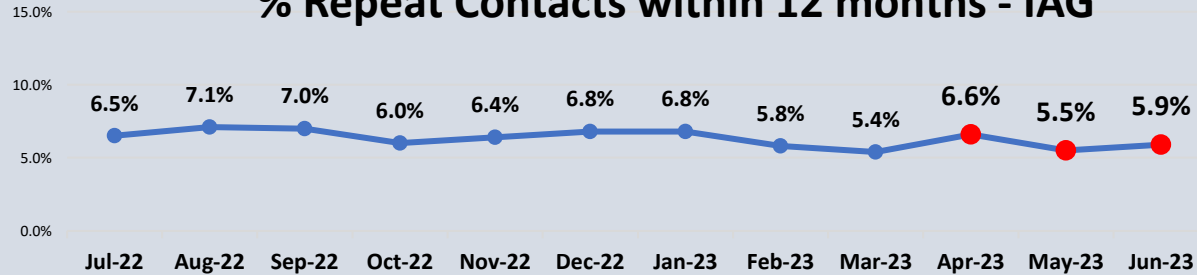
We have seen a positive upwards shift in the number of situations resolved on contact and a reduction in the use of long term support as a the outcome of the request for support. This may be the impact of work that is intended to reduce the use of statutory services but it is too early to be confident of that direct correlation

Note: Lower overall volume of requests for support in 2020/21

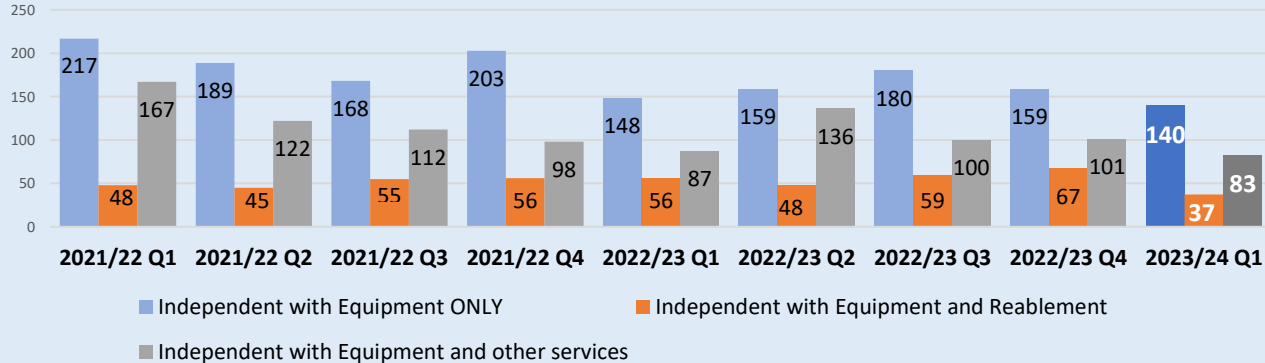
Outcomes of Information, Advice and Guidance (IAG) and One-off support

27

% Repeat Contacts within 12 months - IAG



Technology Enabled Care Outcomes

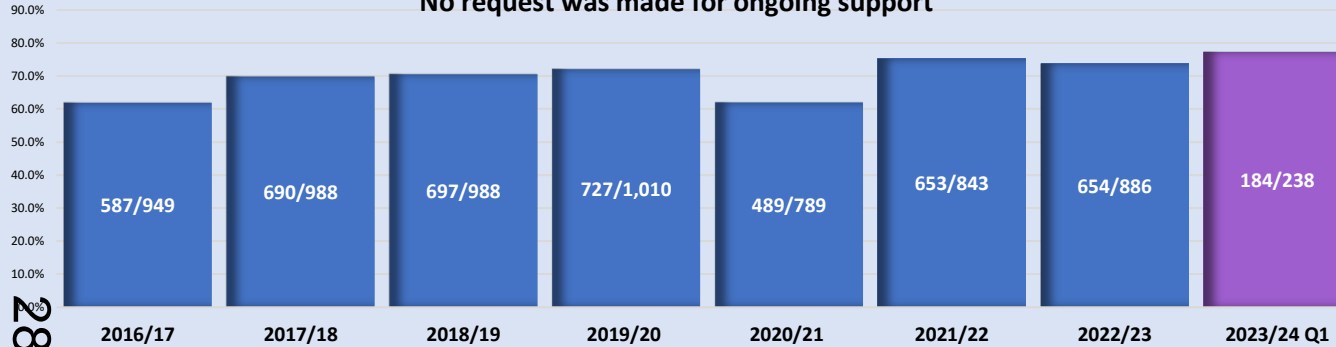


Key Message:

Repeat enquiries for the same reason remain low, which is positive
 TEC outcomes are additional to preventative TEC funded by the Better Care Fund (In the period 1/4/23 to 31/7/23, 790 persons were supported with TEC, of which, 296 (37.5%) were new people. 1,322 items of equipment were provided.)

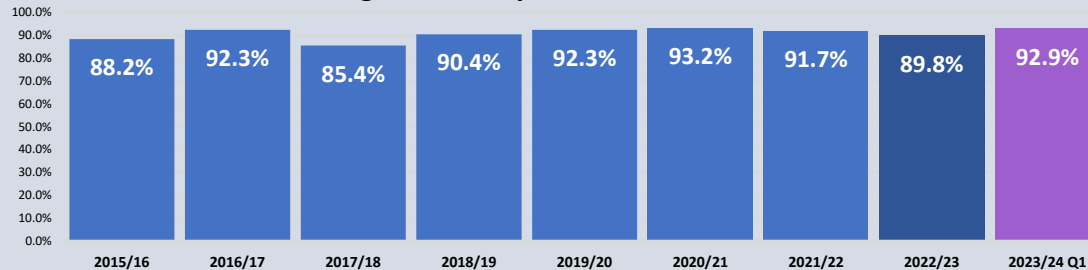
Outcomes of short-term support

Effectiveness of reablement/enablement:
No request was made for ongoing support



Key Message:
Q1 performance is improved in both measures and the 91 day indicator is well above national averages

Proportion of older people (65+) who are still at home 91 days after discharge from hospital into reablement services



2021/22 Comparator Data
(ASCOF definition – 3 months only)

Leicester	88.2%
East Midlands	82.0%
England	81.8%

Assessments

Assessments completed:

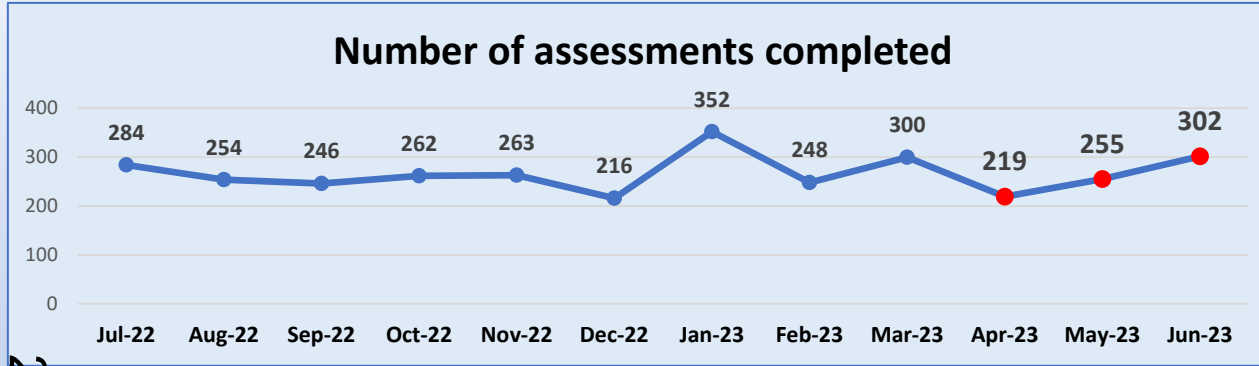
2018/19 - 2,164

2019/20 - 1,769

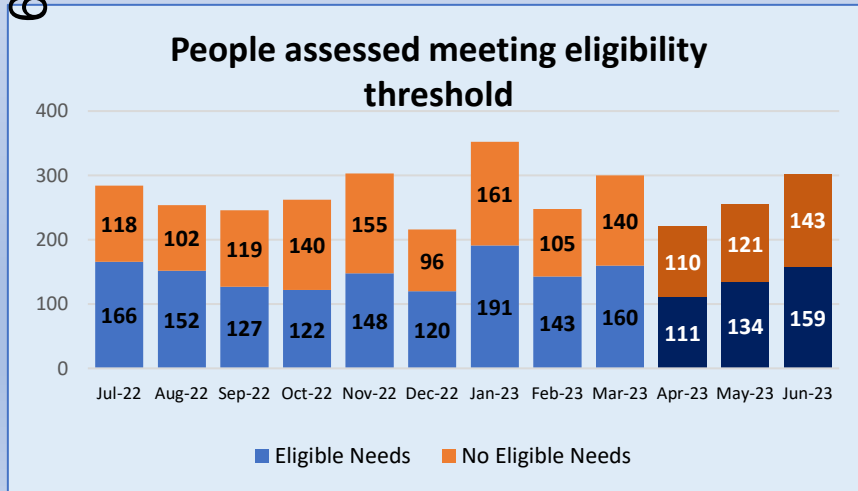
2020/21 - 2,427

2021/22 - 3,319

2022/23 - 3,180



29



Eligible needs:

2018/19 – 1,603

2019/20 – 1,479

2020/21 – 1,246

2021/22 – 1,737

2022/23 – 1,745

2021/22 – 52.3% Eligible needs

2022/23 – 54.9% Eligible needs

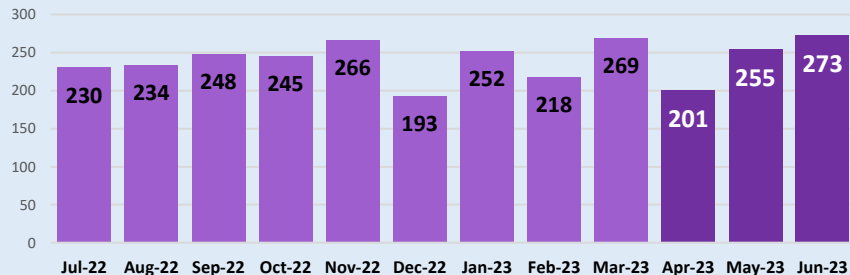
2023/24 Q1 - 51.9% Eligible needs

Key Message:

Work is underway to explore processes and practice, where assessments do not result in eligibility. Although an assessment is a statutory right, we need to be confident that they are necessary and proportionate and that an assessment (or other type of conversation) where no eligible needs are identified, delivers preventative advice / signposting and therefore adds value

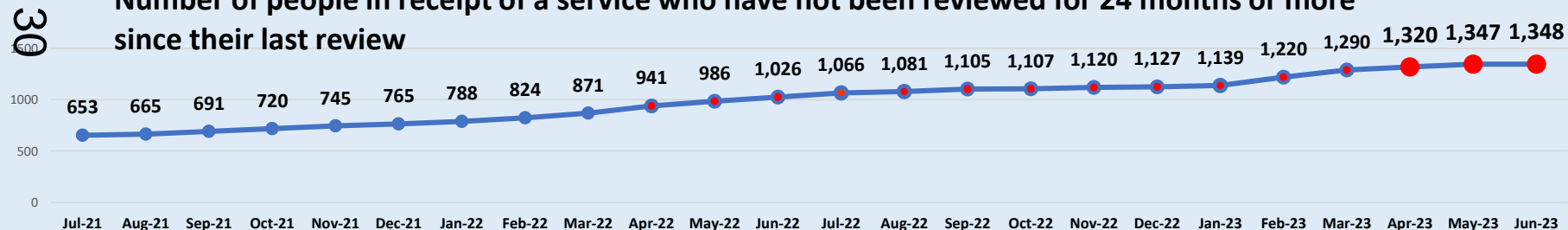
Reviews

Number of reviews completed



Period	Reviews completed	People reviewed	People eligible for review
2017/18	5,362	3,816	4,776
2018/19	5,128	3,643	4,874
2019/20	4,574	3,289	4,907
2020/21	4,793	3,217	4,835
2021/22	3,452	2,699	5,069
2022/23	2,858	2,403	5,144
2023/24 Q1	729	701	1,295

Number of people in receipt of a service who have not been reviewed for 24 months or more since their last review

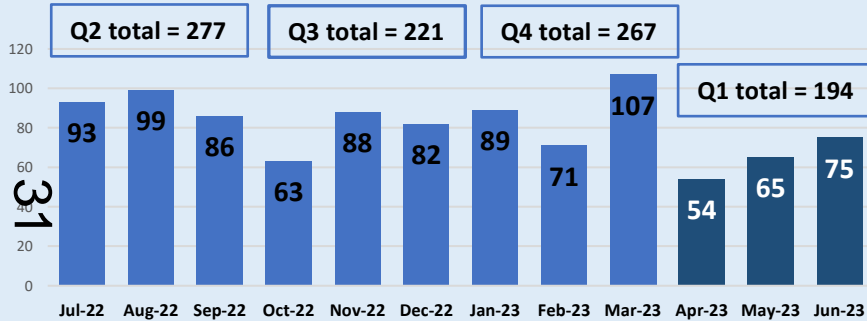


Key Message:

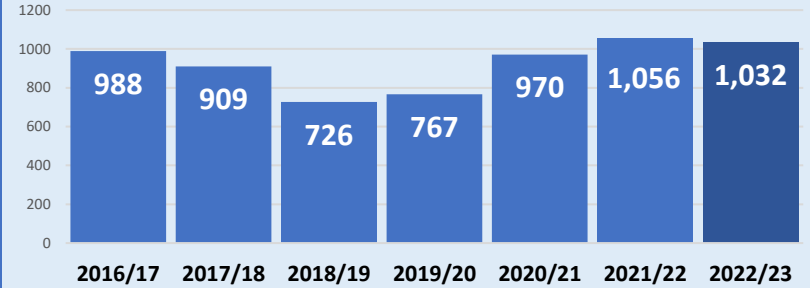
Reviews continue to be a considerable cause for concern and a project approach is being taken. Most teams have now secured additional capacity and are beginning to track activity and outcomes from this dedicated resource. Reviews have been segmented to support prioritisation. Work on securing additional capacity (inc from providers / external) continues.

Long-Term Support (LTS)

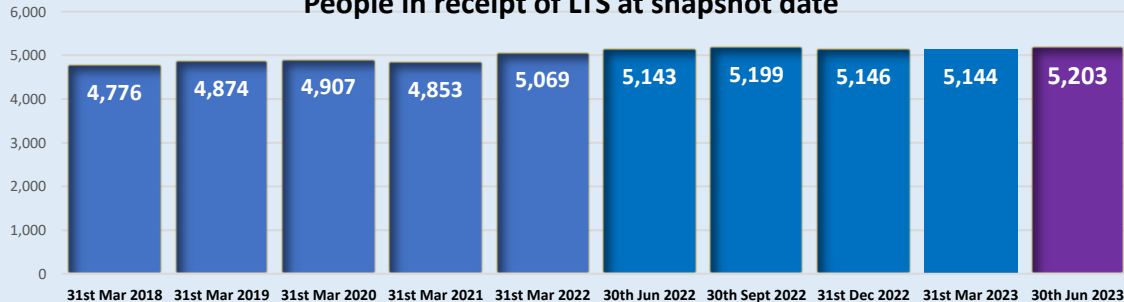
Number of people receiving a long term package of care directly following a request for support



Number of people newly receiving a long term package of care - time series



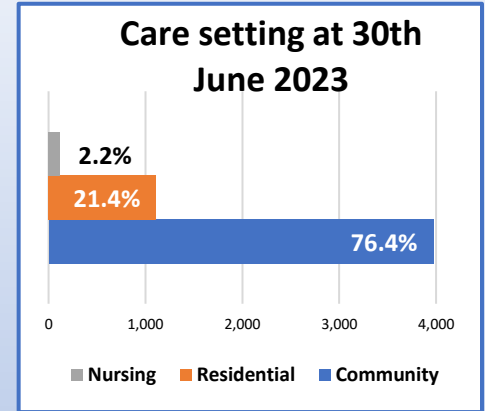
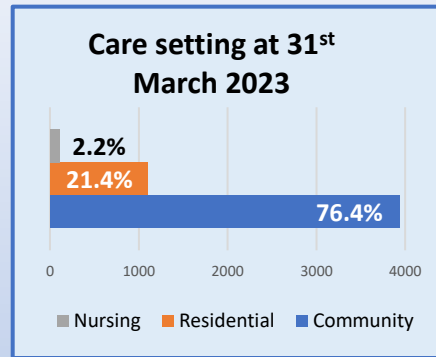
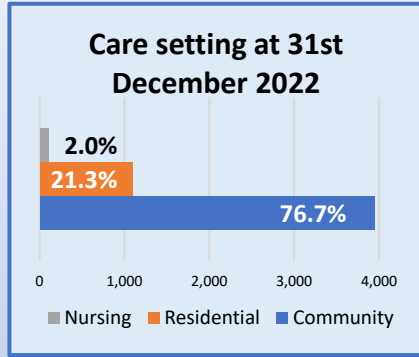
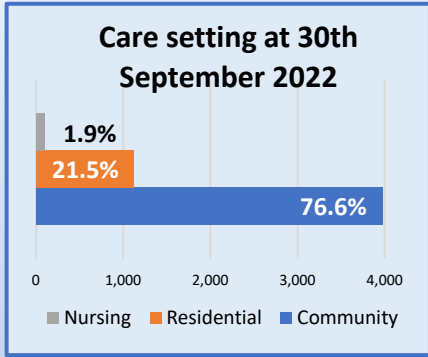
People in receipt of LTS at snapshot date



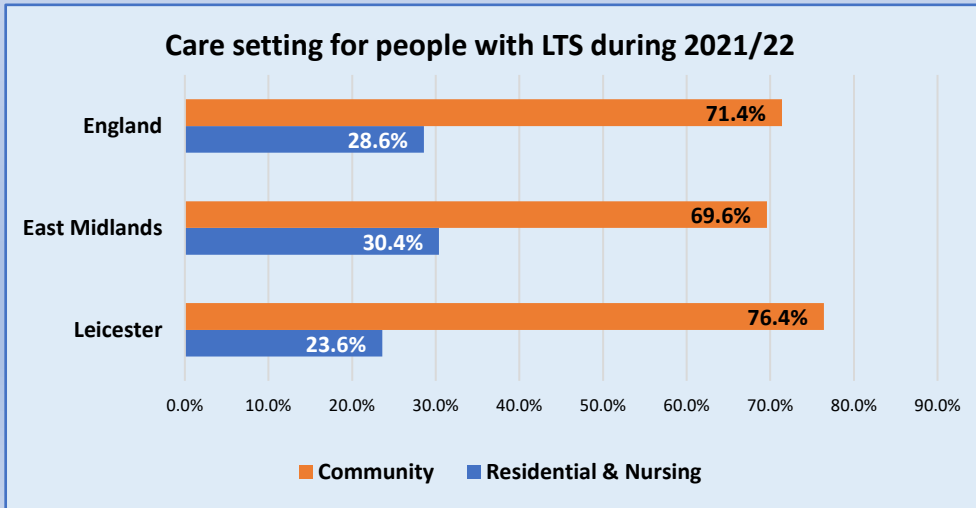
Key Message:

There continues to be a focus on using short term support and connecting people to non-statutory support. This may be seen in the Q1 data for new long term packages but with leavers taken into account, the snapshot shows we are supporting the highest number of people in the time frame from 2018

Long-Term Support – Care setting



32



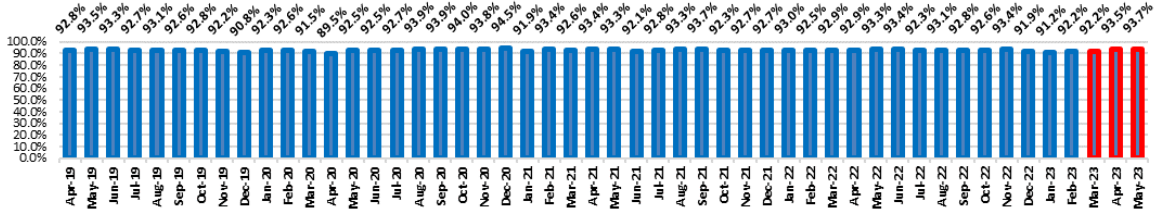
Key Message:

The position remains fairly static and we benchmark well (where a higher use of community care indicates more people are supported in their home setting). Routine reporting of this indicator is to be discontinued as there is no value in such regular oversight

Health and Social Care Integration – Supporting hospital discharges

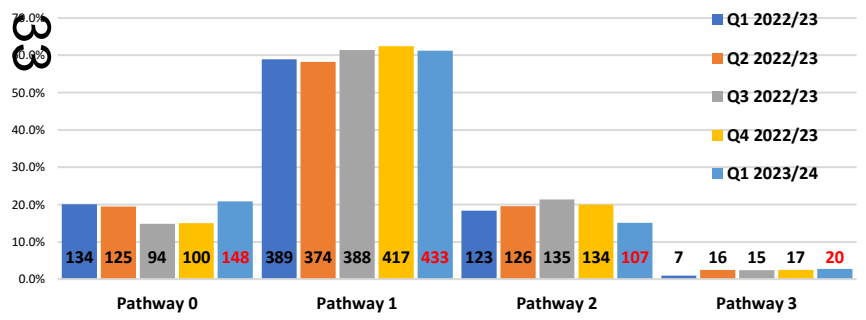
Leicester % of hospital inpatients discharged to usual place of residence

April 2019 to May 2023

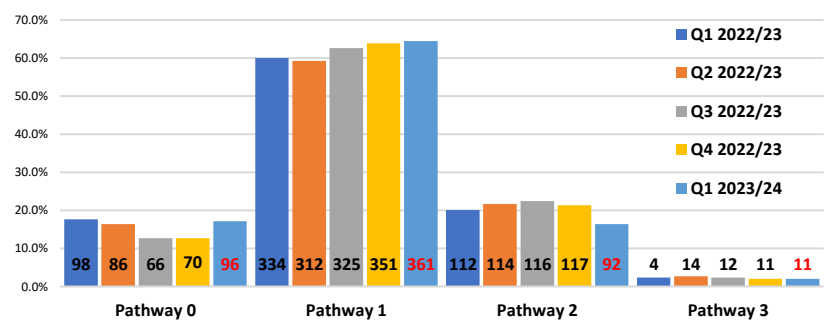


- Pathway 0 - No Care Provided
- Pathway 1 - Care Package / Reablement / Re-start
- Pathway 2 - Rehab/ Assessment Bed /Short Stay Placement
- Pathway 3 - Permanent Care Home Placement

Hospital Discharge ASC Outcomes - All Patients



Hospital Discharge ASC Outcomes - Patients aged 65+



Key Message:

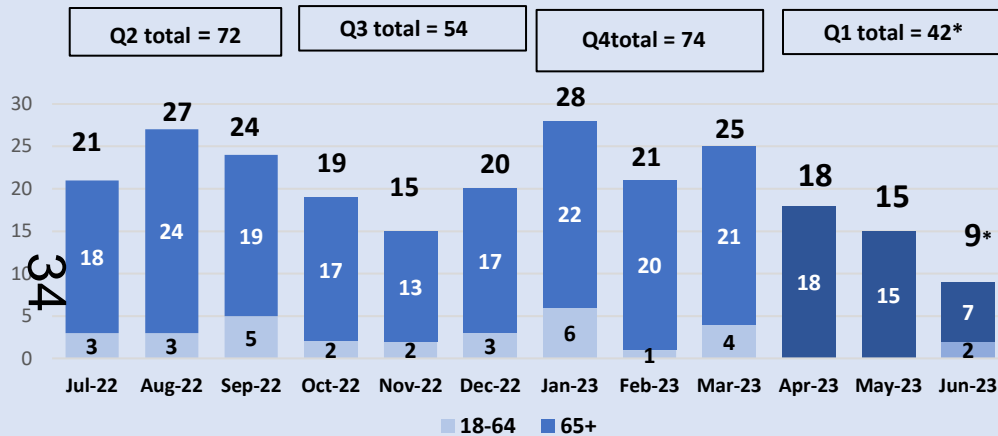
Our focus is to reduce the use of bedded (pathway 2) discharges, and new processes within the acute hospitals is beginning to have impact. Plans are in place to discharge all people going home via our internal service from Oct 23, to give best opportunity to right-size care before commissioning ongoing support.



Long-Term Support – New admissions to residential and nursing care

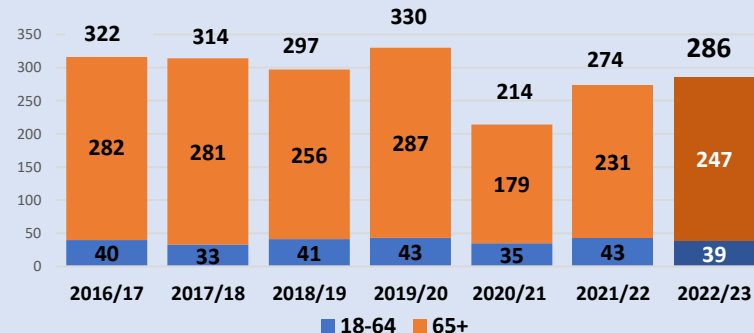


New permanent admissions to residential and nursing care



*Subject to change due to late data entry / checking

New permanent admissions to residential and nursing care – time series



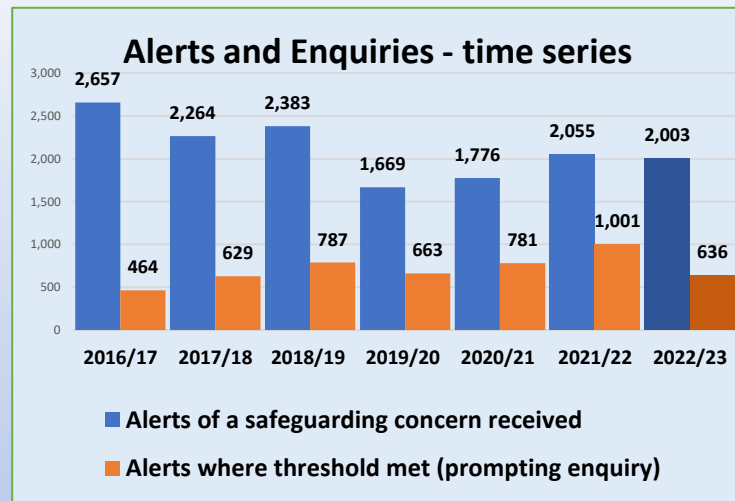
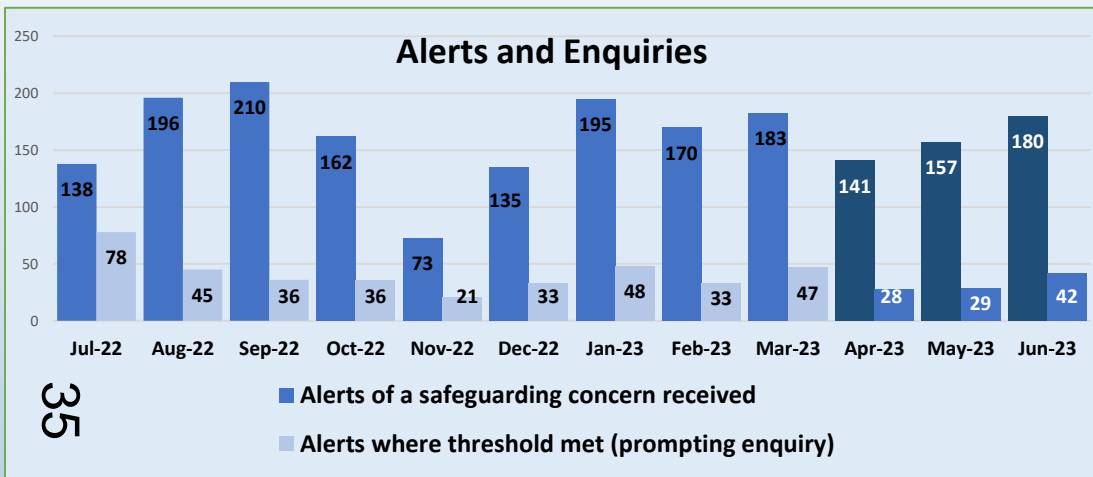
Key Message:

Placement activity has reduced. This may be helped by our focus on reducing the use of placements in care beds for discharge, which we know increase the likelihood of a long term placement following

New admissions excluding self-funders whose funds have depleted

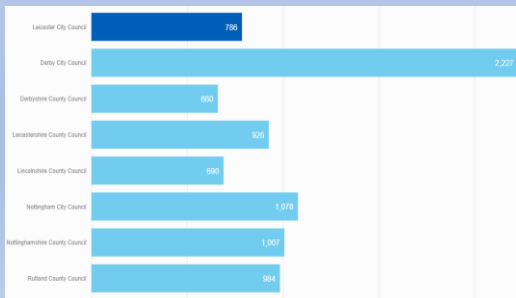
2019/20	2020/21	2021/22	2022/23
272	176	239	244

Safeguarding – ‘Alerts’ and ‘Enquiries’

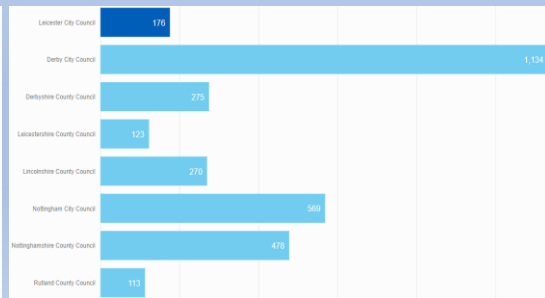


East Midlands Comparators (per 100,000 pop.) – 2021/22

Alerts



Enquiries

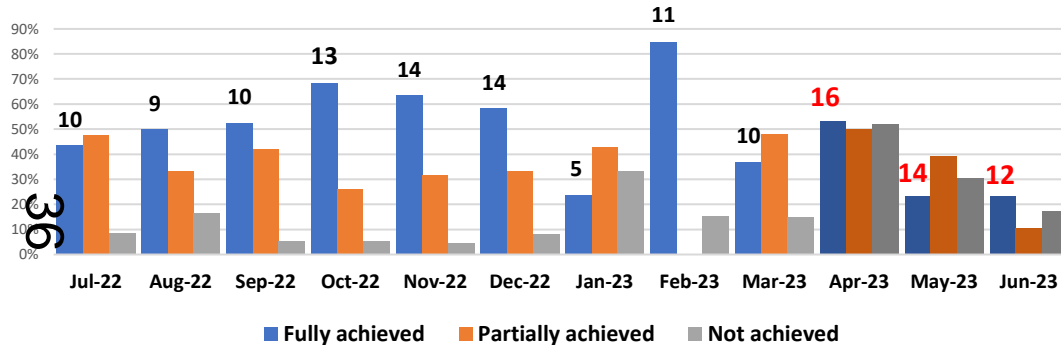


Key Message:

The position remains similar to previous periods but our processes are being reviewed to determine whether the recording of alerts is proportionate, given the low conversion to enquiries

Safeguarding – Outcomes

The percentage / number of people involved in a safeguarding enquiry who expressed MSP outcomes and had them fully achieved



Q1 – 51.9% outcomes fully achieved

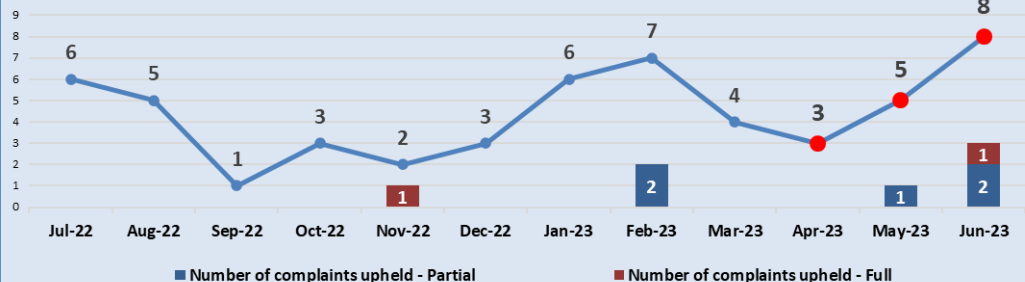
Key Message:

As numbers are small, it is hard to draw firm conclusions from changes in the percentage of outcomes achieved. The % of fully achieved outcomes has reduced a little which should be monitored

	Fully Achieved (%)	Fully Achieved (No.)
2017/18	47.6%	154
2018/19	57.7%	194
2019/20	54.8%	168
2020/21	62.3%	170
2021/22	56.1%	162
2022/23	52.1%	137

Quality – Complaints and commendations

Number of complaints received



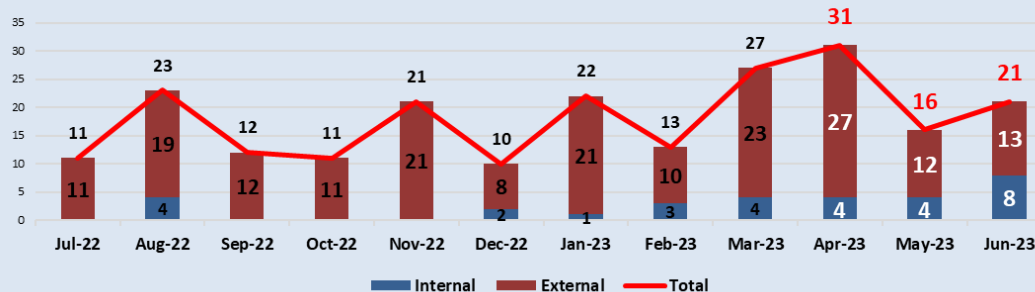
Q1 = 16

	2018/19	2019/20	2020/21	2021/22	2022/23
Complaints – Total	85	81	44	49	50
Complaints - Fully Upheld	18	9	4	1	1
Complaints - Partially Upheld	16	22	8	1	3
Commendations	248	295	264	252	196

37



Number of commendations received



Q1 = 68

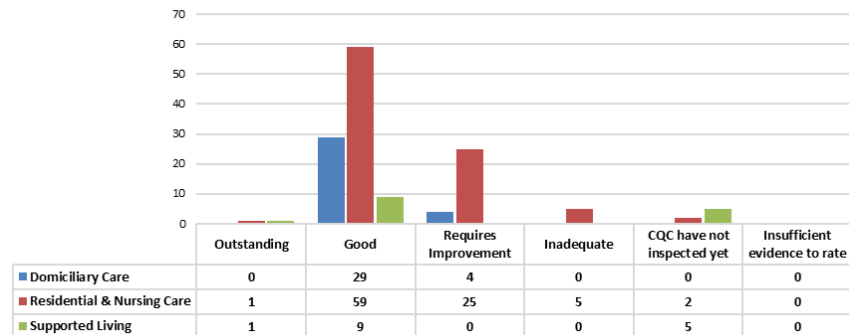
Key Message:

Numbers are small and complaint activity remains low although increased in this quarter. Commendations fluctuate but are also a little higher

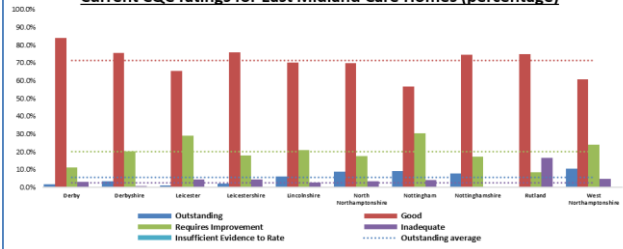
Quality – Commissioned services: CQC/QAF

38

CQC Ratings for Contracted Care Providers (As at 30th June 2023)



Current CQC ratings for East Midland Care Homes (percentage)



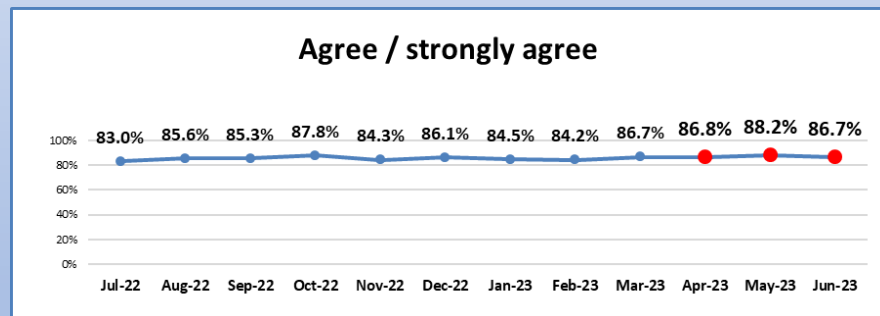
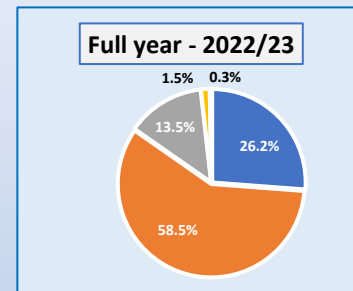
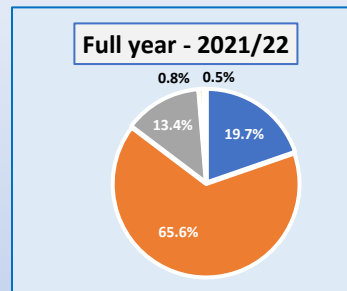
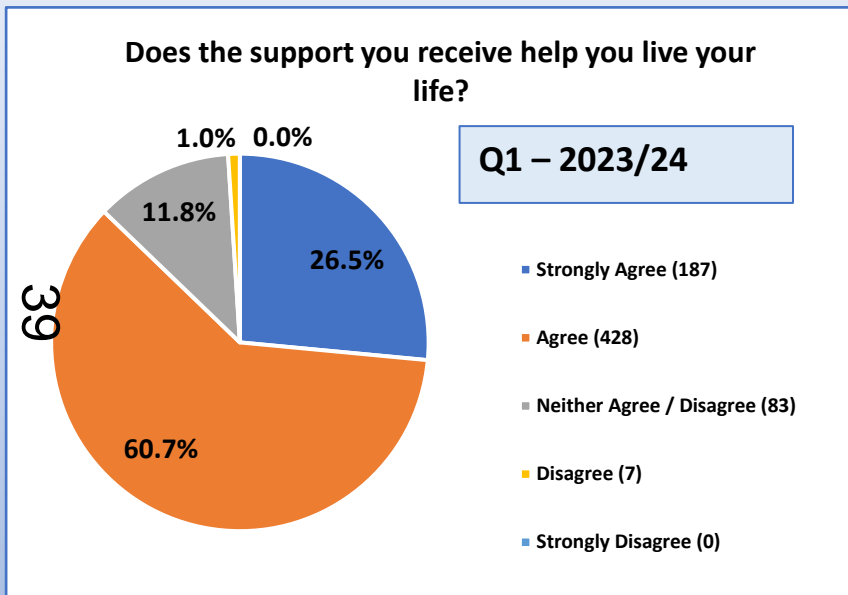
Quality Assurance Framework: Proportion of providers compliant at their most recent assessment / re-assessment

Period / date	Domiciliary Care	Residential & Nursing Care	Supported Living	VCS
2018/19	72.4%	96.2%	86.4%	94.3%
2019/20	94.1%	100%	100%	95.7%
2020/21	100%	100%	100%	95.8%
2021/22	100%	100%	100%	100%
2022/23	100%	100%	100%	100%
30/04/2023	100% (22/33 assessed – 66.7%)	100% (73/92 assessed – 79.3%)	100% (7/15 assessed – 46.7%)	100% (17/33 assessed – 51.5%)
31/05/2023	100% (21/33 assessed – 63.6%)	100% (82/92 assessed – 88.2%)	100% (9/15 assessed – 60.0%)	100% (22/32 assessed – 68.8%)
30/06/2023	100% (22/33 assessed – 66.7%)	100% (81/92 assessed – 88.0%)	100% (9/15 assessed – 60.0%)	100% (22/32 assessed – 68.8%)

Key Message:

CQC ratings for Leicester have declined over time, and compare poorly to most other authorities in the East Midlands, with the exception of Nottingham and West Northants. Themes have been identified from local analysis of CQC inspection reports, and a programme of training for Care Homes is being rolled out; in addition quality benchmarking across LD and A has been undertaken; a new core contract is being drafted; quality cafes are available for providers; and a workforce strategy will be implemented. QAF performance is encouraging.

Satisfaction and outcomes – strengths based related outcomes

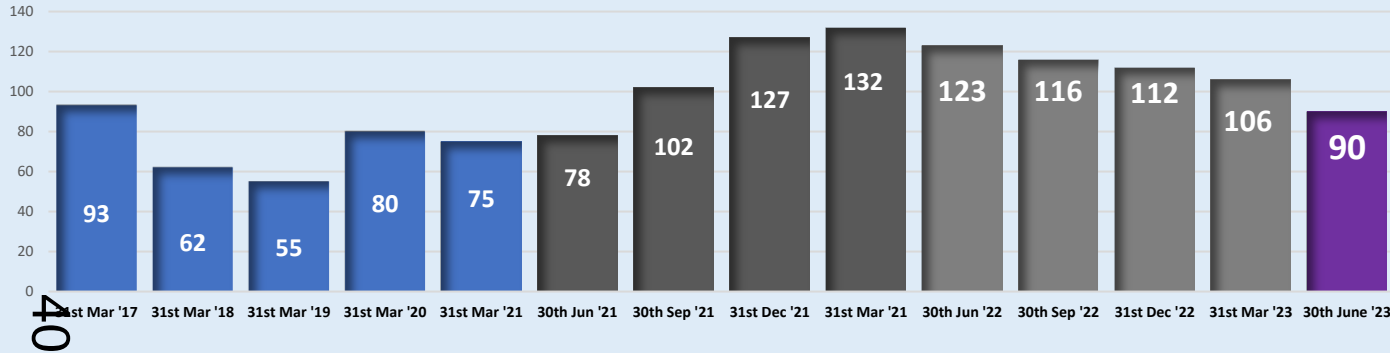


Key Message:

Overall satisfaction rates are fairly steady and positive. This will continued to be monitored and the Making it Real group will be a vehicle by which to explore experience. Overall more people were strongly agreeing that support made a difference.

Workforce – Staff sickness levels

Cases of long-term sickness (30+ days)



Key Message:

Long term sickness is continuing to reduce. The key issues remain the same – stress (not work related), mental health and Musculo-skeletal. Repeated short term absence is now an area for attention

Average days lost to sickness

Division	2020/21 Q1	2020/21 Q2	2020/21 Q3	2020/21 Q4	2021/22 Q1	2021/22 Q2	2021/22 Q3	2021/22 Q4	2022/23 Q1	2022/23 Q2	2022/23 Q3	2022/23 Q4
Social Care & Commissioning	7.8	7.4	6.0	5.8	6.2	8.1	11.7	11.0	10.4	8.8	10.1	11.3
Social Care & Safeguarding	11.7	12.0	12.2	11.2	11.1	12.4	13.4	15.2	16.7	12.4	16.5	15.1

Report to the Adult Social Care Scrutiny Commission

Date: 05 October 2023

Hasting Road Day Centre Update

Lead Director: Kate Galoppi

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Useful Information:

- Ward(s) affected: All
- Author: Swarsha Bhalla
- Author contact details Ext 2313

1. Summary

- 1.1 This report provides an indicative timetable for the actions needed to support people attending Hastings Road Day Centre for people with profound and multiple learning disabilities that is due to be closed. See **Appendix 1**.
- 1.2 **Appendix 2** provides an anonymised summary of the progress of individual people to move to alternative provision.
- 1.3 The information details progress of where people are in the process of being allocated a social worker and where progress of the review has commenced.
- 1.4 In every case the Council offers the support of a social worker to work closely with the person, family, and carer to ensure the person is supported during this process and needs continue to be met.

Appendix 1. Indicative Timetable for the closure of Hastings Road Day Centre Activity	Task owner	Due Date
Produce information for people and families on how they will be supported through change.	ML	Completed
Hold staff meeting to enable all staff to fully understand the above with support from Human Resources. Separate meeting for Assisted employees with family members there to support. Easy read documents provided.	OO/MM	20th September 23
Allocate people to social workers so that officers can start to work and support people and their families.	JT	Completed
Work underway with Health looking at alternative provision for 6 people attending the day centre. Health is looking at alternatives for example Supported Living.	H/PM	In progress
4 of the care providers on the framework (IBC, Pathfinders, FTM dance and Mosaic) are organising taster days/open days for people and their family/carer to attend which will be supported by staff at the day centre and arrange transport where required.	RH/PM	IBC 30 th Sept Path Finder's 10 th & 19 th Oct FTM Dance tbc Mosaic 27 th Sept

REPROVISION PROGRESS – Report to ASC Scrutiny

DATE: 22 September 2023

Key: Moving Plan

Step 1	Social Worker identified
Step 2	Contact with people to commence discussion
Step 3	Review in progress
Step 4	Review process completed
Step 5	Explore options for new provision
Step 6	Follow up as part of review

Attendee NO	STATUS	STEP ON MOVING PLAN	NOTES AND TARGET MOVING DATE
1	Attendee (ASC)	2	Allocated worker made contact.
2	Attendee (ASC)	4	Allocated worker completed review, family attending open days
3	Attendee (ASC)	2	Allocated to worker – worker to discuss options with family
4	Attendee (ASC)	1	Allocated worker to make contact
5	Attendee (ASC)	4	Allocated worker completed review. Family going to open days
6	Attendee (ASC)	2	Allocated worker made contact.
7	Attendee (ASC)	3	Allocated worker meeting with family – Mosaic potential alt. provider
8	Attendee (ASC)	2	Allocated worker made contact
9	Attendee (ASC)	2	Allocated worker made contact – worker discussing options with family
10	Attendee (ASC)	1	Allocated worker – contact with family planned
11	Attendee (ASC)	3	Allocated worker in discussions with new day care provider, family & HRDC re: transition plan. Review commenced.
12	Attendee (ASC)	2	Allocated worker made contact – family on holiday currently
13	Attendee (ASC)	2	Allocated worker made contact. Discussion held with family
14	Attendee (Health)	4	Review process completed

15	Attendee (ASC)	2	Allocated worker made contact
16	Attendee (Health)	4	Review process completed
17	Attendee (Health)	4	Review process completed
18	Attendee (Health)	4	Review process completed
19	Attendee (Health)	5	Options being explored

Adult Social Care Scrutiny Committee

Work Programme 2023 – 2024

Meeting Date	Item	Recommendations / Actions	Progress
18 July 2023	Introduction to ASC	Items to be added to work programme: - future of domiciliary care - self assessment ahead of CQC inspection - quality of care provision - transition from children to adult social care - growing needs for autism - workforce (possibly at OSC)	Items added to work programme. Future of domiciliary care, self assessment and quality of care items listed for 24 August meeting. Transition from children to ASC and growing needs for autism suggested to be taken at same meeting – added on work programme. Workforce to be discussed at joint ASC and Public Health and Health Integration on 30 November.
	Hastings Road Day Centre	Call-In withdrawn.	

Meeting Date	Item	Recommendations / Actions	Progress
24 August 2023	Future of Domiciliary Care	Consideration to be given to change the tender from providers requiring a minimum CQC inspection of 'Requires Improvement' with 'Good' in the 'well led' section, to overall inspection being 'Good'.	<p>Added to the work programme.</p> <p>Information shared with members of the commission.</p> <p>Added to the work programme.</p> <p>Added to the work programme.</p> <p>Added to the work programme.</p>
		Reablement service and direct payments to be added to the work programme.	
		Information to be provided to the commission on the breakdown of how the in-house reablement service rates are calculated.	
	Quality of Care Provision	Update to be provided to the commission when new contract is live regarding time banking and update on Unison's Ethical Charter for zero-hour contracts.	
	Self-assessment of social care ahead of CQC visit	The report be noted.	
		Item to be added to the work programme on care package reviews to understand what is being done to address backlogs.	Added to the work programme.
		Commission to be updated on the visit once it has taken place.	Added to the work programme.

Meeting Date	Item	Recommendations / Actions	Progress
5 October 2023	Adult Social Care Improvement Journey Adult Social Care Performance Hastings Road Day Centre Update		
30 November 2023 <i>*Joint meeting with Public Health and Health Integration</i>	<i>Suggested items tbc:</i> Workforce Mental Health Addiction Services Leicester Safeguarding Adults Board Annual Report		
25 January 2024	<i>Suggested items tbc:</i> Budget Dementia Strategy		
7 March 2024	<i>Suggested items tbc:</i> Growing Needs of Autism & Transition from Childrens to Adults Social Care		

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Response to the Adult Social Care Scrutiny Commission Task Group – Understanding the increasing cost of care packages within Adult Social Care budgetary pressures		
Carers		
Cost of living re provision of care impacts update		
Assured Plans and Market Sustainability, including fair cost of care		
Assistive Aids and Technology		
ASC Budget Monitoring		
Winter Planning	Discussed at the Joint Meeting of the Public Health & Health Integration Scrutiny Commission and the Adult Social Care Scrutiny Commission on 12 September 2023.	12 September 2023
Healthwatch Annual Report		
Hastings Road Day Centre Update	<i>Regular updates to be provided to the commission as appropriate.</i>	
Reablement Service		
Direct Payments		
Care Package Reviews Update		
Adult Social Care CQC Visit		
Domiciliary Care Contracts		