



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 29 AUGUST 2024 at 5:30 pm

P R E S E N T :

Councillor March (Chair)
Councillor Cole (Vice Chair)

Councillor Joannou
Councillor Kaur Saini

Councillor Sahu
Councillor Singh Patel
Councillor Singh Sangha

In Attendance

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

Kash Bhayani – Healthwatch

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72. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence were received from Cllr Orton and Cllr O'Neill.

73. DECLARATIONS OF INTEREST

The Chair asked members to declare any interests in proceedings for which there were none.

74. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 8 July were included in the agenda pack and asked Members to confirm whether they were an accurate record.

AGREED:

- It was agreed that the minutes for the meeting on 8 July 2024 were a correct record.

75. CHAIRS ANNOUNCEMENTS

The Chair highlighted that Members may have seen recent news articles about the safety of care for vulnerable city residents, particularly some poor standards in care homes and a care agency and sought assurance about the situation in the city.

The Director of Adult Social Care & Commissioning acknowledged the concerns raised following recent news articles and reassured the commission that this is not a systemic issue and that measures continue to be in place manage quality assurance in the external market and ensure residents receive the best possible care. It was further noted that:

- There are 95 care homes in the city currently, of which 50 support older people and the remainder supporting individuals with a learning disability or mental health condition. Current data indicates 1 care home is rated outstanding and 60 good. There are 28 care homes that require improvement and 1 inadequate, of which 7 have not been reinspected by the CQC for over 2 years, and therefore not able to demonstrate improvements that may have been made to support an improved rating. A further 5 care homes have not yet been inspected by the CQC and therefore correlates with concerns about the confidence in the CQC to regulate standards.
- There are around 150 regulated registered providers in the city providing domiciliary care to people in their homes. The Council hold a contract with 32 of those providers and statistics from June indicated 75% inspected by the CQC were good or outstanding. Following the recommendation by the Commission regarding the retendering of the home care contract, a requirement of the forthcoming contract is that providers must have a CQC rating of good or above, demonstrating our commitment to high standards and performance.

The Chair noted concerns around the sustainability of the CQC and therefore sought further details to inform the Commission of the local quality and assurance measures, in which it was noted that:

- The Council have a contract specification with providers which includes standards to be met for residents drawing on support and funded by the Council. The contract will include terms and conditions associated to pay and expectations as well as actions if there is a failure in the contract provision. The contract specification, quality assurance framework and regulation of CQC inspections collectively promote the expected standards.
- The Council can undertake announced and unannounced visits to assess providers. Generally, announced visits will focus on paperwork compliance whereas an unannounced visit will observe the day-to-day practice to get a sense of the culture and atmosphere to ensure the care being provided is inclusive and dignified. Officers will usually ask the manager who the most complex person funded by the Council is within their care and will observe to review against their care plan to ensure the care is being provided as expected.
- Providers will be assessed against many standards to determine compliance. Where a provider is deemed to be non-compliant this will be categorised as major if there is an immediate impact to the health and safety of residents, moderate where there could be an impact, and minor where there is likely to be an issue with a recording process. If a provider is considered to be majorly non-compliant, then officers will revisit within 28 days to determine whether any new placements should be suspended to enable the provider to improve.
- The Council has the ability to suspend activity through a notice to remedy a

breach which is a formal letter to the provider which indicates where they have been observed not to be meeting the contract terms or the needs of residents being cared for on behalf of the Council. It will include timescales for the breach to be remedied and a formal meeting with the provider and relevant professionals to discuss concerns and agree an action plan.

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

- Prior to the pandemic, local assessment would often complement and correlate with CQC inspections. However, since the pandemic, the CQC have dramatically altered the approach and inspections have been focussed where issues are suspected, but the Council continue to assess all providers. If the CQC undertake an inspection and find issues the contract and assurance team will visit to also assess and ensure there is an action plan to address the concerns. The team have worked with providers inspected by the CQC and rated requires improvement to ensure they meet the contract terms and meeting standards to deliver safe care but are awaiting the CQC to re-visit.
- Where an individual has self-funded their care and available savings have been utilised to become below the threshold for entitlement to Council support, an assessment would need to be undertaken. This would ensure the placement is assessed for suitability and financial viability to meet the needs of the individual, which can sometimes require changes in the care package.
- Providers often charge self-funders more than costs negotiated by the Council and in circumstances where the required care cannot be provided within the financial assessment, consideration to relocate to a new provider will be carefully assessed against the impact of a move to the individual. If there is a requirement to relocate, due to a change in need, the choice of an individual and/or their family or where homes close, skilled officers will navigate this accordingly with the family.

The Chair invited the Healthwatch representative to participate in the discussion in which it was noted in response to comments and a question that the deferred payment scheme is available and used in Leicester, for example to enable care to commence whilst a house sale is proceeding.

The Chair agreed that further discussion around care funding and proposed white papers on the future of funding for adult social care be added to the work programme.

76. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

77. PETITIONS

It was noted that none had been received.

78. EARLY ACTION - LEADING BETTER LIVES PROJECT

The Director for Adult Social Care & Commissioning presented the report along with the Co-Chair of the Making it Real Group. It was noted that:

- The Council's budget is under significant pressure, and adult social care is the

largest spend. As part of reviewing budgets and comparing the department to other comparable cities, it has been acknowledged that spend is higher in the city. Whilst we have good fee rates and many people do not require large packages, there are more people drawing on support in the city that contribute to higher costs.

- It was understood through peer reviews with authorities with similar demographics that were managing their spend had well-developed preventative offer and joined up community support for residents to access and therefore not seeking support from adult social care until later. The department therefore have undertaken work the Ernst & Young Consultants to identify how the Council could work collaboratively internally and externally on an early prevention offer.
- An opportunity arose to work with Social Care futures, a national movement partnering with local authorities to identify and tackle issues impacting social care. Their ethos on co-production aligned with the commitment in Leicester and therefore agreed to work together to develop the Leading Better Lives project.
- The department have pledged to work in co-production to ensure projects, processes and procedures have been considered by those with lived experience and the Making it Real Group was therefore established and work alongside officers.
- When embarking on the project, it was evident that individuals felt it was important to not focus on 'prevention' but talk more about allowing individuals to lead a better life and have choices to continue to live in their community. Assumptions were not to be made throughout the project and there was a commitment with trained facilitators that residents were provided the opportunity to share their voice in their own words and it would be listened to when asking what works well in the community, what doesn't work well and what would people like to see in the future.
- Information was sought through 14 focus groups, though facilitators would often liaise with various individuals and groups as part of these sessions. 76 survey responses were received and a total of 614 pieces of information was collated through peoples' voices and stories.
- The data collected was presented at two workshops in July with attendance from council services, partners from health, the voluntary and community sector and those with lived experience. All information was shared in its original form and attendees were able to theme information to identify four priorities to make a difference for residents and agreed shared responsibility to work together to deliver actions.
- The project reaffirmed the activities and assets that exist within communities. It provided an opportunity to commit to work collectively to identify ideas and solutions to add further value and create an early action plan to support residents in Leicester.

The Commission commended the positive and collaborative work to identify priority themes to be taken forward. In response to questions from Members it was noted that:

- The four priority themes have an allocated lead and group to identify possible solutions for improvements. Information collected that does not align with the identified themes will be reviewed to speak with others about possible actions to address.
- The focus groups and workshops have highlighted that the project is not about creating something new as lots of great services and activities exist in the city. There has been a shared commitment across the public and the voluntary and

community sector to work better together to facilitate and ensure people are aware and can access support in the community. Options are being considered for roadshows and pop-up events across the city to share information and signpost residents to available services and activities.

The Chair expressed concerns with changes across the voluntary and community sector over recent years and hoped that a fundamental shift in approach and collaborative working could help with the preventative model and ensure the sector is sustained. It was requested that the Commission be provided with additional information on the budget for prevention as well as the amount spent on Ernst & Young consultants and the savings identified through the work.

The Deputy City Mayor for Social Care, Health and Community Safety highlighted that services are at a very early stage of changing its approach and noted that various activities and services are available that may not be defined as preventative but will inevitably have a positive contribution to the preventative offer, such as knit and natter groups in communities preventing social isolation. It was further highlighted that the Council is also working alongside health partners on prevention.

The Chair thanked officers and Mo for presenting the positive report and requested the Commission continue to be kept updated on the development of the early action plan.

AGREED:

- The Commission noted the report.
- Additional information to be circulated.
- Item to be added to the work programme for the Commission to continue to be updated on the early action plan.

79. SOCIAL CARE & EDUCATION PROCUREMENT PLAN 2024-2025

The Director for Adult Social Care and Commissioning highlighted that the procurement plan is presented to the Commission annually to set out the pipeline of intended procurement activities. This illustrates where money is intended to be allocated and the types of services sought in the market, providing Members with an opportunity to indicate areas of interest for further discussion or comment.

In response to questions and comments from Members, it was noted that following the introduction of the Social Value Act, evidence of any form of social value is considered as part of the tender assessment when bids are submitted. Bidders are encouraged however to evidence social value to support the sustainability of the voluntary and community sector as well as providing employment opportunities for individuals with learning disabilities or care leavers for example. Officers ensure proposed social value within bids is proportionate to the contract, appropriate for the community and the social value register enables facilitation to ensure benefits are realised.

It was agreed that there is further opportunity as a Corporate Parent for more prescribed value for children which will be explored.

The Chair noted the reliance of short-term contracts within the procurement plan and hoped through preventative work and if there were a different settlement for local authorities that this would come to an end.

It was also requested by the Chair that the Commission be provided with an update on supported living schemes in which the Deputy City Mayor for Social Care, Health and

Community Safety highlighted cross divisional working with housing and the opportunity for a joint scrutiny discussion.

AGREED:

- The Commission noted the report.
- A more prescribed offer for children to be considered through procurement.
- Supported living to be added to the work programme and consideration of joint discussion with the housing scrutiny commission.

80. WORK PROGRAMME

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with her and the senior governance officer.

It was further noted that Members have been invited to attend the Public Health & Health Integration Scrutiny Commission on 10 September 2024 to jointly discuss winter planning.

81. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 18.36.