



Leicester  
City Council

Minutes of the Meeting of the  
ADULT SOCIAL CARE SCRUTINY COMMISSION  
(Virtual Microsoft Teams Meeting)

Held: TUESDAY, 8 SEPTEMBER 2020 at 4:00 pm

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

Councillor Russell – Deputy City Mayor, Social Care and Anti-Poverty

Also Present

Matt Errington – Locality Manager (Midlands), Skills for Care

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**65. APOLOGIES FOR ABSENCE**

There were no apologies for absence.

The Chair welcomed everyone to the meeting, and reminded everyone it 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 outlined to those present. At the invitation of the Chair, all officers present at the meeting introduced themselves.

**66. DECLARATIONS OF INTEREST**

Members were asked to declare any interests they had 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.

In accordance with the Council's Code of Conduct, the interest was not

considered so significant that it was likely to prejudice the Councillor's judgement of the public interest. Councillor Joshi was not, therefore, required to withdraw from the meeting during consideration and discussion of the agenda items.

## **67. MINUTES OF THE PREVIOUS MEETING**

### Minute 61. Adult Social Care – Response to Covid-19, Action 3.

Users of the service had not been cross referenced with Liquid Logic, but all on the list had been contacted to ensure they were still receiving support.

### Minute 63. Revision to Adult Social Care Charging Policy

The Scrutiny Commission had agreed that Option 1 be taken as the agreed option from the report to maintain the status quo. Members asked to be kept updated on this topic.

The Chair and Members of the Scrutiny Commission thanked the Executive for listening to scrutiny and were grateful for making the decision to continue with the status quo until such time things changed post Covid-19 time.

AGREED:

That the minutes of the meeting of Adult Social Care Scrutiny Commission held on 30<sup>th</sup> June 2020 be confirmed as a correct record.

## **68. PETITIONS**

The Monitoring Officer reported that no petitions had been received.

## **69. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

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

## **70. ADULT SOCIAL CARE - RESPONSE TO COVID-19 CARE HOME TESTING**

The Strategic Director Social Care and Education submitted a report which provided the Commission with an overview of the testing regime for the local residential and nursing care homes in Leicester and provided a snapshot of the infection rates and number of deaths associated with Covid-19. Members were recommended to note the report and provide comments and feedback to the Strategic Director and Executive.

Martin Samuels, Strategic Director Social Care and Education, introduced the report. It was reported that Adult Social Care had looked at a range of options in terms of protecting care homes that had become national policy. The report also set out the number of care homes in the city and what types of support were provided and age ranges.

Members were asked to note that in summary, what had been found was a

steadily reducing rate of infection in care homes. Details showed that when care homes were first tested in late spring infection rates in staff and residents were at 2.75% and 4.27% respectively and numbers were reported at .5% (staff) and 1% (residents) at the beginning of July.

The Strategic Director took the opportunity to mark the considerable efforts made by staff in care homes and in their home lives, and their hard work was reflected in the mortality rate in care homes, the number of infection rates coming down and the small number of residents who had been hospitalised. It was noted there had been logistical issues in delivering the national scheme and staff were conscious of the impact on the quality of life for residents and carers, for example, people had not been able to visit loved ones.

Tracie Rees, Director of Adult Social Care and Commissioning informed the Scrutiny Commission that the authority contacted care homes at least once a week and an intelligence tracker had been developed by the Council to identify emerging issues and trends. Information and training on infection control had been provided, and homes supported through the testing process. The use of smart phones had also enabled family members to connect with loved ones. Plans were also in place to support initial testing of residents in the 18 supported living schemes in the city. Mass testing had not been progressed with domiciliary care as Public Health had advised that workers could access community testing.

The Chair stated he was pleased to hear there had been no deaths in older people since 21<sup>st</sup> July and wanted to thank the staff in care homes and council staff for their commitment and for working hard to reduce infection rates.

In response to Members' questions and observations, the following points were made:

- Initially the Ranox testing kits had been put to one side as there were questions regarding their safety, and the subsequent withdrawal of these test kits had led to some delays. Issues had now been resolved. It was reported that issues were starting to arise in terms of the results of tests being provided, with waits of over a week in some cases. This had become a national issue over the last few weeks, with some staff taking another test before results of the previous test were known. Figures shown were for staff who were asymptomatic, as staff with symptoms would be referred to other testing routes.
- Also, it was reported there were delays in labs, and on occasion some samples going out of date as they were time limited. The Strategic Director sat on the national advisory group and testing group on behalf of the Association of Directors of Adult Social Care Services (ADASS), and issues were being flagged with the national team. Homes were being encouraged to test on a Friday or Saturday when labs seemed to have more capacity.
- The frequency of testing policy had been introduced at a time when Leicester had a high number of cases. As Leicester went down to low positivity rates, thought would be given to the frequency of testing, but the key question was at what point in the infection rate should proactive testing

be stopped, and there was almost a Human Rights issue whether it was appropriate to subject people to an unpleasant testing experience in a situation where it was thought the prevalence of an infection rate was so low they would almost certainly not be positive, and the testing regime was placing a heavy burden on care homes. The decision to end testing would be a national one and advice would be sought from Public Health when needed.

- The report showed that slightly more than half of staff were tested each week, but it was unclear if it was the same staff members or different staff due to shift patterns, as the national system had no way of identifying this. Although the authority collected data from care homes directly this was only able to establish how many staff were tested, not which staff. It was noted that care homes received no additional funding for testing. If staff were called in for a test on their day off, it was not unreasonable for them to want to be paid. Further analysis would be undertaken on the data being received to find out what proportion of staff were being tested.
- Emergency PPE was available from the Local Resilience Forum for distributing, but the arrangement was about to stop nationally.
- With regards to care home culture and infection rate links, the authority mapped homes across the city and good intelligence was gathered. It was reported there was no evidence to link the culture in a home with Covid-19 outbreaks.
- At 4.8 in the report it was queried why the number of homes reported upon reduced from 135 to 103 in week 32. It was noted that when data was first collected in the lockdown areas it had included part of the county, which then switched in week 32 to reporting on city care homes only.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty gave recognition to the data collected by the authority to enable the reporting of information on infection rates daily. It was noted that the team had been working closely with care homes and had developed positive and constructive relationships but needed to continue to challenge care homes when required to. Councillor Russell want to place on record her thanks to the team who had worked tirelessly with the care homes.

The Chair commented that with all the work done so far, the authority was well prepared for the coming winter months. He asked that it be put on record the thanks and gratitude from the Commission be passed on to all the staff involved in ensuring infection rates were kept low, and the testing regime was strictly adhered to.

The Chair recommended that the report be noted and also recommended that a detailed report be presented to the Commission at a future meeting as stated at 2.5 in the Commission report.

AGREED:

that:

1. The report and comments by the Scrutiny Commission be noted;
2. A further detailed report on testing for supported living be

presented to a future meeting of the Commission.

## **71. LEICESTERSHIRE COUNTY CARE LIMITED (LCCL) - UPDATE**

The Chair agree to hear the agenda items out of order and took the following report next.

The Strategic Director Social Care and Education submitted a report which provided the Commission Members with an update on the proposal made by Leicestershire County Care Limited (LCCL) to change the Terms and Conditions of staff that had transferred from the Council's employment in 2015. Members were recommended to note the report and provide and comments and feedback to the Strategic Director and Executive.

It was noted that Members had received a report on the situation at the last meeting of the Commission on 30<sup>th</sup> June 2020, whereby it was believed LCCL were at the end of their consultation process with staff members. It was reported that subsequently the LCCL had imposed new terms and conditions, and officers were of the understanding from Unison that those staff affected did sign new contracts on 4<sup>th</sup> July 2020. There had been no staffing issues raised, and checks had been made to ensure there were adequate staffing levels. It was further noted that the terms and conditions imposed on them were still better than those commonly used in the care home system, though it was pointed out that terms and conditions across the sector were below the standard that officers believed was required to reflect the demands of the work.

Members had previously been informed of a request from LCCL to defer a capital payment. The Council had responded by asking LCCL to defer the change to terms and conditions, with no response given. Therefore, the remainder payment to the Council for the sale of the home was expected on the existing timetable at the end of October 2020 and no extension would be granted.

Members raised concern that standards would decline over a period of time, and asked for a recommendation that officers keep a watching brief on the deferral of payment, and that the care homes be monitored in twelve months-time to see if there had been any long-term implication on the change of conditions and staff turnover.

Councillor Russell, Deputy City Mayor, Social Care and Anti-Poverty stated that the LCCL had not approached the Council again for a deferral in payment. It was noted that the previous report had mentioned the regular checks made by the Quality Team, and that contact with Unison would be maintained and staff would continue to be supported. It was agreed that an update report on payment and quality of care would be brought back to the Commission at a future meeting.

It was also asked if the guise of choice of care was a misnomer and an aspiration. Councillor Russell agreed that choice could be a misnomer, but that personal funds dictated what choice people did or did not have. Tracie Rees

added that if a home was not adhering to quality checks and there were concerns, the authority could take action and in some cases in the past had terminated contracts. It was noted that moving residents was the last resort, and if required was not undertaken lightly, the preference being to work with a care home to improve standards. It was further stated that with regards to choice there were 103 care homes in the city and as a council had contracts with 99 of them, and depending on an individuals' circumstances, a person might not get first choice because of vacancies available.

Councillors asked if Essex County Council had been contacted to discuss what had happened with the care company in their area, highlighting that Essex County Council had given ECCL a reference, and since where there had been a period of failing and regulatory problems that meant 64 people had to be moved from their care setting when homes were mothballed. It was further noted that two key performance indicators that ECCL used were to monitor bed occupancy rates and the proportion of turnover spent on wage costs, and no mention of the quality of care. In response officers had not spoken to Essex, with the preference for the authority to follow its own checks but would be happy to contact Essex if Members felt it would be of benefit.

*Martin Samuels apologised and left the meeting at this point due to attendance at another meeting.*

The Chair stated that the saga with LCCL had been appalling and referred to discussions in previous meetings how the company had treated its staff deplorably and had been challenged on occasions. Being a private company, it was recognised the authority had done as much as it could to ensure staff welfare was considered and was confident Unison would ensure staff employee terms and conditions were also met. The Chair added the matter had been deliberated fully and most Members had voiced valid concerns as the situation had developed over the months and he agreed with Members the Commission should keep a watching brief on the company with regards to the deferral of payment. As a recommendation it was requested an update report be brought to a future meeting in 12 months' time, and for the authority to apply appropriate pressure to ensure the welfare of staff be maintained and that standards be maintained.

Councillor Kitterick asked that officers to have a conversation with Essex County Council about their experience would be valuable and should be added to the recommendation.

The Chair thanked the officers for the report.

AGREED:

1. The report and comments by the Scrutiny Commission Members be noted.
2. That an update report be brought to a future meeting of the Scrutiny Commission in 12 months' time to see if there had been any long-term implications on the change of conditions and staff turnover.

3. Officers keep a watching brief on the deferral of payment.
4. Officers to have conversation with Essex County Council about their experience with ECCL.

## **72. IMPACT OF COVID-19 ON DAY CARE SERVICES FOR INDIVIDUALS WITH A LEARNING DISABILITY**

The Strategic Director Social Care and Education submitted a report which provided the Commission with an overview of work in progress to understand the impact of Covid-19 on individuals with a learning disability and to consider new models of support. Members were recommended to note the report and provide comments and feedback to the Strategic Director and Executive.

Tracie Rees, Director of Adult Social Care and Commissioning introduced the report which gave a brief overview of the day care services that had had to close and the impact on service users. Points made were:

- Officers had heard and seen over the weeks the difficulties for people with learning disabilities in not undertaking their usual daily routines, and the strain it had placed on families and carers.
- With the services closed it had given officers an opportunity to see how differently the service could be provided. ADASS had appointed consultants (at no cost to the Council) to look at what was happening regionally and nationally and to present alternative models of care. Members asked for a report to be brought to a future meeting of the Commission.
- Work had started on understanding the impact on other groups who would usually attend day care or receive community-based support. A report would be brought to the Commission at a future meeting.

In response to Members questions, the following points were made:

- With regards to the pandemic effect on carers looking after vulnerable people, regular contact had been maintained with families and individuals, for example, staff from Hastings Road Day Centre had kept in regular touch through weekly calls and outreach support. Individuals had also been supported in their homes, as a means of giving carers respite, this included virtual Zoom calls and delivering activity packs to individuals which had helped to alleviate stress levels.
- It was reported there were instances where families had gone into crisis. There were very often complex health needs as well as a learning disability, and the families had been supported but it would have been better if there had been more crisis response services to prevent individuals from being admitted to hospital. Officers had worked with health colleagues to look at carer/ family breakdowns which appear to have been triggered by the lack of daily routine and social interaction, and health issues. It would be interesting to find out what had worked well and what hadn't.
- The Carers Survey was due to be completed in 2021. When the survey responses were returned, the results would be reported back to the Scrutiny Commission at a future meeting, to allow the Commission to compare models of support.

- For the 29 individuals who used Hastings Road Day Care service, outreach was offered to all families and 12 families had taken up support, where the authority's own staff had gone in and provided assistance. For the remaining families weekly calls had been made. If they had needed support they had been visited at home. During the period there was one individual who had been particularly distressed and the services had been opened up for that individual to attend a couple of hours a day to support their mental health and wellbeing, as well as offering the career respite. It was also recognised that quite a lot of carers were elderly and the authority had been conscious they too needed support.
- The Council had been working with other authorities to share good practice and to understand what options should be developed.
- Online support is offered for those with learning disabilities and complex needs, and outreach support provided by the Council ensured that assistance could be accessed by those who needed help.
- The service had also engaged the 'We Think' group, which is a group of individuals with a learning disability who acted as advocates for others.
- Carers had also been asked if they would participate in 1:1 discussions with the consultants that were undertaking work as part of the Regional and National scheme. Support would be given to carers with no access to IT.
- For practical support, sessions were also being offered through The Richmond Fellowship for people, a mental health support service the authority helped fund to support people under the current circumstances if they felt their mental health had been affected.

The Chair thanked the officer and colleagues for the report and for the questions from members.

The Chair asked Members to note the report, and that it be recommended the Consultants' Report, the report on the impact on other groups who would usually attend day care or community-based support, and information on shared good practice between authorities be added to a future report.

AGREED:

that:

1. The report and comments by the Scrutiny Commission be noted.
2. The Consultants' report for ADASS be brought to a future meeting.
3. Work on understanding the impact on other groups who would usually attend day care or community-based support be reported to Scrutiny at a later date.
4. Shared good practice between authorities to be added to a future report.

### **73. ADULT SOCIAL CARE WORKFORCE PLANNING - LOOKING TO THE FUTURE**

The Chair introduced the Task Group report 'Adult Social Care Workforce Planning: Looking to the Future' a review that looked into the future and



reviewed the findings of workforce planning. The Chair wanted to convey his sincere thanks to the Task Group Members and Councillor March for conducting the review and producing the report which he described as informative and presented in a way that was easy to digest.

Cllr March thanked Task Group Members, Adult Social Care Officers, Nazir Hussein from the Social Care Development Group, Matt Errington from Skills for Care, and Anita Patel (Scrutiny Policy Officer) for her assistance in bringing the report together. Councillor March also thanked other people including care homes and unions that had taken part. The following points were made during the presentation of the report:

- The report highlighted the severity of a situation the authority would find itself in in 15 years' time.
- The lowlight was the authority would have to recruit 1.5 times the existing workforce again.
- There were two key recommendations highlighted:
  - 1/ As soon as reasonably possible, it was recommended to pay the Real Living Wage and commissioning out care at the Real Living Wage and to shape the expectation for those providing care locally around slightly higher wages.
  - 2/ To expedite the 2019 Manifesto commitment to sign up to the Ethical Care Charter and implement the requirements there as soon as possible.
- Other changes were recommended on moving towards better work and care, many of which were free or low cost.

Matt Errington was present from Skills for Care, a national charity funded by the Department for Health and Social Care. The following points were made:

- The meeting was informed that part of the work programme was the Adult Social Care Workforce Data Set (ASC-WDS), which historically was called the National Minimum Data Set (NMDS-SC). Completion of the data set was mandatory for local authorities but not mandatory for the private, independent or voluntary sector care providers.
- It was noted that completion rates varied across the country. In Leicester the rate of return as of June 2020 was 34% of providers which was below the national average at around 55%. Based on the level of their return it made them illegible to be able to claim from the Workforce Development Funding which was dispersed by Skills for Care to upskill the adult social care workforce with qualifications and training for staff relevant to the sector.
- Data in the report was largely taken from the ASC-WDS system and could be analysed. Based on the data it was considered the workforce needed to grow by 36% in line with the ageing population. Taking into consideration other factors, for example, turnover of workforce, and the number of staff reaching retirement age in the next 15 years, it was anticipated that an extra 7 – 15% of extra people were needed dependent on job roles, and was a particular issue in the domiciliary care market.

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

commented the document was impressive in its detail and longevity of vision, and there were many recommendations included she would like to see taken forward, though for some finances might be a challenge. She further noted the broader challenges across the sector, not just financial, but the level of respect and how positions were promoted. She further added there were vulnerabilities around the profession which was under respected and traditional considered as 'womens work' and society did not recognise caring on the same level as other professions.

Councillor Russell recommended the report be shared with local MPs Liz Kendal and Jonathon Ashworth given their national responsibilities to assist them to influence national discussion.

In response to Members observations and questions the following was noted:

- The recommendation for creating an internal agency for Leicester City Council staff was noted, to invest in apprenticeships, degrees and recruitment, not just for health and social care. It was noted that investing in a trading arm would not be without cost. The new Kick Start programme was noted.
- Members found it alarming that 50% of the care workforce had no qualifications, but were looking after the most vulnerable, sometimes with mental health and physical issues. It was noted the 50% figure referred to qualifications and was reflective of the national average, and that carers undertook mandatory training such as moving and handling.
- It was requested that LASALS be approached to ask if they could offer the Health and Social Care Level 2 qualification freely to those locally employed on less than £16k per year and share with them the findings of the report.
- It was asked if the local authority could influence that carers must have completed health and social care qualification within 12 months but acknowledged it would be logistically challenging.
- It was believed there was a disincentive to train people and continue to pay them the minimum wage, and that ultimately the single most important recommendation was how to get people onto the Real Living Wage. It was added the market indicator was turnover and staffing levels, and the amount of people leaving the market. It was further noted that unless people were persuaded to change the situation would reach crisis level.

Councillor March noted the recommendations on qualifications and would work with Councillor Batool to strengthen the recommendations in the report. It was further noted the gender inequality and the sector not having the upskilling required.

It was asked if grant funding could be given to one charity to provide training to those already in the workforce with no formal qualifications. Councillor Russell responded it could be considered, but would have to be considered alongside the range of other training provided, some of which was offered by organisations themselves, some by other adult education providers in the city, and that there would need to be evidence as to why grant money should be put towards an organisation for training instead of one of the other things funded

such as carers mental health, and the authority would need to ensure it was not being fulfilled elsewhere.

Councillor Russell also agreed with Members that getting providers to understand that the better training and remunerated its staff were, the more likely they were to stay with the organisation, and that by getting providers to recognise this was a bigger challenge.

The Chair commended the report and that the report and hoped the recommendations would be seriously thought about and acted upon, and that the strategy of Government needed to change to recognise the value the workers and industry.

Councillor March moved that the draft report be approved, and this was agreed by the Chair. It was noted that the report would be taken to Overview Select Committee, and to the Executive, and to return to Scrutiny to note any comments.

AGREED:

1. That the report be noted.
2. The report be taken to Overview Select Committee and the Executive for comment, and to be brought back the Adult Social Care Scrutiny Commission at a future meeting.

#### **74. ANY OTHER URGENT BUSINESS**

There being no other items of urgent business, the meeting closed at 6.10pm.

