



# ***Adult Social Care Improvement Journey***

For consideration by: ASC Scrutiny Commission

Date: 6<sup>th</sup> 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](mailto: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 <b>1,348 people with overdue reviews of more than 12 months</b> <b>1 in 5 reviews resulted in an increased package of care</b> – 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 <b>less clear about the level of waiting lists for assessments across ASC</b> – 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"> <li>1. Reduce overdue reviews based on risk</li> <li>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>)</li> <li>3. Create a process where reviews are undertaken annually (<i>to prevent overdue status</i>)</li> <li>4. Monitor and analyse the financial impact of undertaking reviews via a dashboard</li> <li>5. Receive feedback from the Waiting Well regional activity to ensure appropriate risk management.</li> </ol>
<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 <b>comprehensive prevention offer</b> - 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 <b>high comparative per capita spend</b> 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 <b>Voluntary and Community Sector Engagement Strategy</b>.</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><b>57% of all of ASC short term care home placements exceeded 6 weeks</b> 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>

