

# Adult Social Care Scrutiny Commission Report

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Adult Social Care Reviews

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Lead Member: Cllr Sarah Russell

Lead Strategic Director: Laurence Jones

Director: Ruth Lake

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Wards Affected: All  
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## **1. Purpose**

- 1.1 To provide the Adult Social Care Scrutiny Commission with an overview of social care reviews. This will include the legal framework, Leicester's approach to completing reviews and the current financial and performance context.

## **2. Summary**

- 2.1 The Care Act 2014 and its statutory guidance create a duty on Local Authorities to review the support that they provide to people, who have been assessed as having eligible needs requiring the provision of statutory services.
- 2.2 The purpose of reviews is to ensure that the care and support plan is working, is promoting a person's wellbeing and is helping to achieve their stated outcomes.
- 2.3 The guidance states (s13.32):

“It is the expectation that authorities should conduct a review of the plan no later than every 12 months, although a light-touch review should be considered 6– 8 weeks after agreement and sign-off of the plan and personal budget, to ensure that the arrangements are accurate and there are no initial issues to be aware of. This light-touch review should also be considered after revision of an existing plan to ensure that the new plan is working as intended.”
- 2.4 The guidance supports a proportionate and strengths-based approach to conducting reviews. There is no prescribed methodology. It is expected that the person being supported is involved, together with any other professionals and any family / carers supporting them. Reviews may lead to no change or to a change in support – which could be an increase, a decrease, a different form of support or a change of care setting.
- 2.5 Reviews may be planned, in line with the Care Act duty to ‘keep plans generally under review’. Reviews may be unplanned, due to a change in circumstances and can be requested by the individual, family member or another professional. Reasonable requests for reviews should be met. Significant changes to support plans, and in particular decreases, should be supported by a review.

2.6 The Leicester City ASC approach to reviews has been developed in line with our Linked Assessment framework. The review conversation follows on from assessment conversation and the documentation is 'pulled through' so that staff and people who draw on support build on existing information and outcomes, rather than start again at each review. ASC have also co-produced a review process and an information leaflet with people who draw on support, after work relating to direct payments identified that people were anxious about their reviews taking place.

2.7 Reviews are important to the individual but also contribute to ASC priorities in relation to managing resources. Completing reviews is the mechanism by which care and support plans can be 'right sized', reducing expenditure in appropriate situations. They are also an opportunity to consider whether health funding should be explored.

2.8 Review activity is actively monitored through performance reports. As previously set out in reports to ASC Scrutiny Commission, review performance is an area for improvement, due to the volume of reviews that are more than 12 months overdue. Whilst this is an area that many councils are challenged with, as set out in the ADASS Spring Survey 2023 ([adass-spring-survey-2023-final-web-version.pdf](#)).

2.9 The approach to reviews and waiting times for reviews will be considered as part of the new Care Quality Commission Assessment of Adult Social Care functions. Early reviews have identified waiting lists and overdue reviews are a feature in assessed councils, and the assessment process has sought to understand the plans a council has in place to address this.

2.10 A 'Review and Waiting List Performance Group' is established in ASC, to drive improvements, maximise available capacity and to explore innovative approaches to completing reviews in line with the Care Act guidance's flexibility.

### **3. Recommendations**

3.1 The Adult Social Care Scrutiny Commission is recommended to:

- a) Note the report and to provide any comments

### **4. Report**

4.1 Having set out a summary, this report focuses on:

- The review process and supporting communication
- The outcomes of reviews, in the context of people's experience and changes made to care and support plans
- The performance position
- The improvement plans being delivered and further developed

## **The Review Process**

- 4.2 Reviews are completed where people are in receipt of statutory services to meet their assessed, eligible needs. Reviews are conducted on a planned basis and on an unplanned basis, where circumstances require it. Reviews start by understanding the views of the person, any family carers and what is important to them. Outcomes are discussed, checking to see if these are still relevant and whether they are being achieved. An Outcomes and Support sequence tool is used (appendix 1), to ensure people's needs are addressed using all available support before considering statutory services.
- 4.3 Reviews are recorded in different ways, to ensure proportionality. Initial reviews that are completed shortly after the point that a care and support plan has been put in place, or reviews to address a small, specific issue, may be captured in a person's running record. These are captured as 'Support Change Case Notes'.
- 4.4 In the case of hospital discharge, many people are supported by ASC's Rehabilitation, Reablement and Recovery (RRR) service (as described in the report to ASC Scrutiny on Reablement dated 7 March 2024). The assessment process is 'paused' whilst care services work with the individual to support their independence. The assessment is 'un-paused' and concluded as the end of the short-term service; where people have commissioned services to meet ongoing needs, the assessing worker ensure these are working well before transferring the individual to the appropriate long-term social work team for ongoing review. Essentially the review is an embedded part of the assessment process.
- 4.5 In the case of hospital discharge, where services have been arranged from an independent provider rather than our own RRR service, and where the relationship between the discharge social care work and the individual has been short, a formal 'light touch' review is completed to check that arrangements are working after discharge. This may be via a home visit or a telephone review and is recorded on a review form. As with other discharges, the individual is transferred to a long-term team for ongoing review.
- 4.6 Planned annual reviews are recorded on a specific review form, that builds on the content of an assessment, captures a person's stated outcomes and considers how these are being met and any changes required. Unplanned reviews involving a substantial change are recorded in the same way. Small changes made in response to unplanned review requests may be captured on a 'Support Change Case Note' for proportionality. An example of this may be where a call duration is slightly extended to allow for all of the care needed, to be delivered.

4.7 Planned reviews are preceded by the allocated worker sending out a Review Leaflet (appendix 2). This was co-produced with people who draw on support, in response to concerns about what to expect at review and the process feeling negative. A substantial piece of work had been completed to ensure that review practice was strengths-based and outcomes focussed and the leaflet helps people prepare for this.

4.8 Different approaches to reviews are used. As noted, these may be a mix of face to face or telephone reviews. Practice guidance is in place to support staff to consider the individual they are working with and the context, to determine the best way to complete a review; communication needs, risk and complexity will be factors to consider. ASC has also been piloting self-reviews and provider-led reviews, which are covered in more detail at 4.19.

### **Review Outcomes**

4.9 From the perspective of the social care worker, a person's outcomes are recorded as 'fully met / 'partially met' or 'not met'. This is agreed with the person being reviewed. Where outcomes are not met, the social care worker and individual receiving support will agree what needs to change.

4.10 From the perspective of the individual, review outcomes are captured via feedback. At the conclusion of each review, people are asked:

- Does the support provided help you to live your life?
- Is there anything that you want to tell us about your support?

The first question is included in our performance reporting (see 4.14). Narratives from the second question are responded to by the relevant staff member but also gathered by our Complaints Manager (whose role is more broadly about customer feedback, positive and negative). Themes are shared with the Practice Oversight Board to inform learning and development, including with external providers.

4.11 The impact of reviews on the Council's financial position is also monitored. Reviews have been noted as one mechanism by which savings might be achieved, by ensuring care and support is necessary and effective, as well as avoiding crisis situations that might lead to increased costs. Whilst it is difficult to pinpoint changes in the ASC budget to one specific action, ASC has seen a reduction in the growth of need for people in receipt of support during 2023/24. This will, in part, be achieved via reviews to formalise those support changes but it is underpinned by the whole range of strengths-based approaches in place, along with management controls, such as Quality Assurance Panels.

4.12 The table below shows the financial impact of reviews completed, of people in receipt of care at the start of the financial year and who saw a change during the year. The highlighted line shows that 37% of supported users (su) had an increased package and the average increase was 15%. In

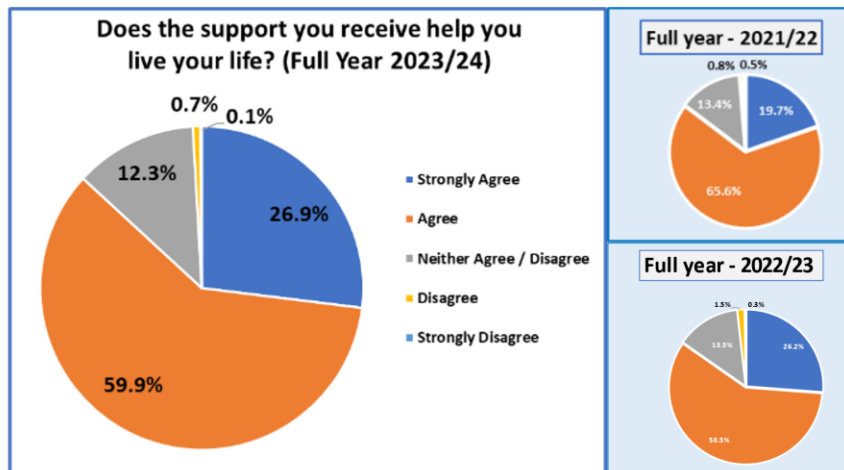
combination, these two figures led to an in-year increase in need of 3.23%. The budget assumptions were set on the basis of achieving a 'national' average of 3%; whilst not achieved in full, the 2023/4 growth pressure was much reduced from the actual in 2022/3 of 4.9%, largely supported by smaller rates of increase rather than the number of people who saw an increase.

Increase in need	% SUs	% change	FYE	Split		In year £m
				In year	Following yr	
2018/19 Actuals	41%	28%	9.93%	5.13%	4.80%	£5.6m
2019/20 Actuals	38%	24%	8.86%	5.90%	2.96%	£6.5m
2020/21 Actuals	34%	26%	7.84%	5.00%	2.84%	£6.2m
2021/22 Actuals	38%	21%	7.23%	4.60%	2.63%	£6.2m
2022/23 Actuals	40%	22%	8.35%	4.90%	3.45%	£7.4m
2023/24 Budget	30%	17%	4.84%	3.00%	1.84%	£5.6m
<b>2023/24 Actual</b>	<b>37%</b>	<b>15%</b>	<b>5.27%</b>	<b>3.23%</b>	<b>2.04%</b>	£5.9m
2024/25 Budget	27%	13%	3.23%	2.00%	1.23%	£4.2m
2025/26 Budget	27%	13%	3.23%	2.00%	1.23%	£4.6m

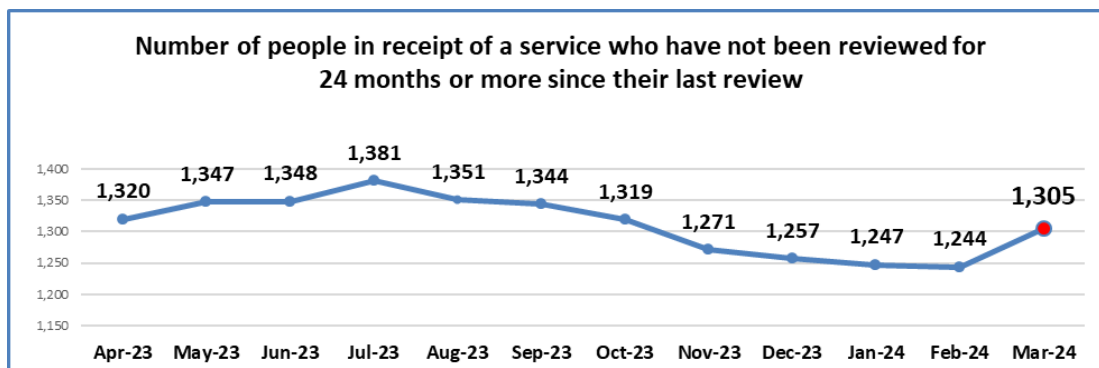
### Review Performance

4.13 Performance is measured from the perspective of the individual receiving support and in terms of compliance with Care Act guidance.

4.14 The charts below capture the responses people make when asked if the support received helps them to live their life.



4.15 Overdue reviews are known to be a challenge. The position is monitored closely and a slowly improving picture can be seen. March data should be discounted due to the cyber incident, which impacted on data entry and on productivity.



### Improvement Plans

- 4.16 Work continues, to address the overdue reviews position and to ensure a continued focus on review outcomes. A Reviews and Waiting List Performance Group supports this. A review tracker tool is now available, so that every service areas / team can drill into their pending reviews. These are risk rated based on criteria including time since last review, whether the person lives alone, any safeguarding issues known, where no contact has been received since the last review. This supports prioritisation of reviews.
- 4.17 We have secured additional capacity to complete reviews, using grant funding. This will be targeted and protected for review activity.
- 4.18 We are exploring how reviews are recorded – our proportionate approach means that we may not be capturing all review activity; for example, ‘Support Change Case Notes’ may have captured sufficient information to meet the definition of a review but are not included in our statutory reports. 1290 Support Change Case Notes were made in 2023/4 and we are exploring how many were for people who did not have any other review in the year (and therefore counting these would have a positive impact on the overdue review position). There is the potential for over-reporting on overdue reviews.
- 4.19 We will build on self-review and provider-led review pilots. Self-reviews have been tested and work well for some people, who are active and engaged in their care and support. This requires the creation of a personal account on a client portal. Extending this has been impacted by IT challenges. Provider-led reviews appear to be effective in residential and nursing care settings. We will be working with providers to expand our pilot.
- 4.20 We will explore other statutory activity that achieves the objectives of a review, but are not recorded as such because they are completed for other reasons; for example, best interest decisions.

4.21 We will consider where new technologies could support the review process – for example, the use of AI to gather supporting information that a social care worker can use to complete a review with an individual.

4.22 In preparation for CQC Assessment, our approach to reviews has been captured in a storyboard, so that we can set out our self-awareness and our plans for improvement, as this is an area of challenge.

## **5.1 Finance**

5.1.1 The report highlights the financial impact that reviews have on increasing care package costs, alongside increasing numbers of people and fee inflation.

5.1.2 The department broadly met the target for in year growth in care package costs in 2023/24 at £5.9m, or 3.2% base cost increase. The target for 2024/25 is more stringent at 2% of the 24/25 base cost. The greater focus on this area should yield further benefits but only time will tell if the 2% target is achievable.

**Martin Judson, Head of Finance**

## **5.2 Legal**

This report identifies the statutory duties placed upon the Council by the Care Act 2014 (which are informed by the Care and Support Statutory Guidance) and evidences the Council's compliance against the same.

**Mark Kamlow, Principal Lawyer, Social Care & Safeguarding Tel: 0116 454 0123**

## **5.3 Equalities Implications**

The council needs to ensure 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 this report provides the Adult Social Care Scrutiny Commission with an overview of social care reviews.

Reviews are an ongoing process used to reflect on the current package, to discuss what is working, what isn't working and what might need to change in future. It is important for an ASC service to understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity. Genuine choice and control about personalised care and support can enhance quality of life and promote independence to individuals from across all protected characteristics. Reasonable adjustments should be considered to ensure that disabled people, people with substantial communication difficulties (including people with sensory impairment or where English is not their first language) and people with difficulties engaging have equal access to information and advice services. Reasonable adjustments could include the provision of information in accessible formats or arranging for communication support or advocacy.

**Surinder Singh, Equalities Officer, Tel 37 4148**

#### **5.4 Climate emergency implications**

There are no significant climate emergency implications directly associated with this report.

**Aidan Davis, Sustainability Officer, Ext 37 2284**

#### 6. Appendices

Appendix 1: Outcomes and Support Sequence Tool

Appendix 2: ASC Review Leaflet

#### 7. Background Papers

None

#### 8. Is this a Key Decision - No