



Leicester
City Council

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: MONDAY, 8 JULY 2024 at 5:30 pm

P R E S E N T :

Councillor March (Chair)
Councillor Cole (Vice Chair)

Councillor Kaur Saini
Councillor O'Neill

Councillor Orton
Councillor Sahu

Councillor Singh Sangha

In Attendance

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

Kash Bhayani – Healthwatch

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58. WELCOME AND APOLOGIES FOR ABSENCE

The Chair welcomed new and returning members to the Commission and noted that apologies for absence had been received from Cllr Joannou.

59. DECLARATIONS OF INTEREST

The Chair asked members of the Commission to declare any interests for which there were none.

60. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on 7 March 2024 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 7 March 2024 were a correct record.

61. MEMBERSHIP OF THE COMMISSION 2024/25

The membership for the Adult Social Care Scrutiny Commission for 2024-2025 was noted.

62. DATES OF THE COMMISSION 2024/25

The dates of the meetings for the Adult Social Care Scrutiny Commission for 2024-2025 were noted.

63. SCRUTINY TERMS OF REFERENCE

The Commission noted the scrutiny terms of reference.

64. CHAIRS ANNOUNCEMENTS

It was noted that the Chair had no announcements to make.

65. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

66. PETITIONS

It was noted that none had been received.

67. ADULT SOCIAL CARE OVERVIEW

The Deputy City Mayor for Social Care, Health and Community Safety introduced the item, highlighting that Adult Social Care is not a service commonly raised for discussion by residents but is a huge financial resource on the Local Authority's budget to ensure individuals receive the relevant support to live the lives they would like.

The Director for Adult Social Care & Safeguarding and Director for Adult Social Care and Commissioning provided presented the overview in which it was noted that:

- The Adult Social Care vision is drawn from Social Care Future with the Department's role being to make the vision a reality.
- Adult Social Care is a statutory function with duties and obligations outlined in the Care Act 2014. The Local Authority has a duty to provide advice, information and statutory support where an individual has an eligible need. Support may come in the form of providing equipment, short-term reablement services or long-term support. Adult Social Care is means tested whereby financial assessments will determine required contributions.
- In the financial year 2023/24, almost 19.5k contacts were made to the service, though not all required support – 13k were relevant to adult social care. On 31 March 2024, around 5k individuals were receiving

long term support with a split across communities.

- The service work with an ethnically diverse and comparatively young population. There is a higher proportion of individuals of working age drawing on support in Leicester than nationally. The presentation provides a summary of people the service work with, with much more performance indicators available.
- Adult Social Care has the largest Council spend with a £215m gross budget, including £65m income primarily generated through the NHS and charges to individuals. Unit rates are low and care packages are smaller than average but the service supports more people than other areas. Adult Social Care is generally delivered by the private market and the Local Authority contracts with external providers or issue direct payments to individuals to source support. Preventative services such as reablement account for 5% of the budget.
- A strength-based approach is taken by the service, putting individuals at the centre of care to identify outcomes and solutions. The service aims to connect individuals to services and take a preventative approach to alleviate the need and reliance for statutory services.
- Formal assessments of an individual's care needs follow a linked conversation model to understand what matters to the individual and their carers/families in line with statutory guidance, and to determine outcomes and support plans.
- Key partner relationships are vital to the support of the service and the Local Authority is proud of its commitment and involvement with co-production which has been recognised nationally. It is also a learning organisation, partnering with agencies to continue to learn and deliver best practise.
- Adult Social Care has significant challenges, including financial constraints with increasing spend and cuts to council funding along with other pressures on partner funding and the general cost of living crisis.
- The former government also set out a strategy for social care reforms, but many were paused and not implemented, for example a cap on care costs. The CQC assessment was however introduced in April 2024 and the Local Authority is now subject to inspection following over ten years of self-regulation.

The Chair thanked officers for the overview, noting the enormity of Adult Social Care.

AGREED:

- The Commission noted the report.

68. ADULT SOCIAL CARE REVIEWS

The Director for Adult Social Care & Safeguarding highlighted that the Commission had expressed an interest in reviews and the report was intended to provide Members with detail of the service approach to undertaking reviews and challenges. As part of the presentation, it was noted that:

- The Care Act 2014 places a statutory duty on the Local Authority to undertake reviews. Statutory guidance states reviews should be completed once every 12 months or earlier if providing care for the first time or if there has been a substantial change in care. Reviews should be proportionate, and strength based, not prescriptive and therefore can vary in approach and may be planned or unplanned.
- Reviews follow a conversation model by gathering information and revisiting outcomes to understand whether they are being achieved, if anything needs to be altered or opportunities for change can be explored.
- The CQC assessment will consider the Local Authority approach and wait times. It was highlighted that every area is likely to have overdue reviews and will need to articulate what is being done to address waiting times.
- The service became aware that individuals felt anxious about the review process and therefore worked with co-producers, Making it Real Group, to develop and share materials to explain the new review process, which has been well received. The Director for Adult Social Care & Safeguarding expressed thanks to co-producers for their time and input.
- Outcomes are assessed as part of a review to determine if they are being met, partially met or not met; and where they are not being met officers will review what may need to change. Outcomes are monitored to assess whether individuals can receive support available in the community and reduce the need for statutory care which is viewed as positive to reduce reliance on services and provide individuals with greater freedom and control in their lives and may also reduce financial contributions.
- The number of individuals waiting for a review has increased with a range of attributing factors such as capacity to conduct reviews, particularly during the pandemic, complexity of needs and priority of new assessments and safeguarding work. Improvement plans have been established to reduce overdue reviews and additional grant funding has been secured.
- A steering group has been established to oversee work on reviews and how ongoing work may capture a review. The service speaks with individuals about support and needs which is often reflected through support case change notes and could provide sufficient information for a review.

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

- The earlier a change of needs is identified the sooner there is an opportunity to positively alter the support to ensure individuals are receiving the correct size care package.
- Prioritisation of reviews is generally determined on risk and safeguarding. Individuals often request a review when they feel their needs aren't being met. Factors that are considered when prioritising include whether there has been contact with the individual within 12 months; if they live alone or support is provided by others such as carers or family; if they live in a residential setting and there are

concerns about the provider etc. These factors are tracked on a management system that will alert officers to a risk rate and support the use professional judgement.

- The Local Authority is responsible for identifying eligible needs and defining outcomes for a support plan. Independent providers generally support individuals to achieve outcomes and can provide information for a review to determine if outcomes are being met or need to be adjusted.
- Capacity has been an issue impacting overdue reviews, but the service has increased officer numbers and additional funding to grow the workforce will enable a dedicated team to support reviews.
- Significant work takes place by officers in communicating with individuals about their needs which is illustrated through support change case notes. This is not always captured as a review and figures may therefore be underreported. The service is exploring how detailed notes could be utilised to evidence a review, but assurance was provided that minor changes and notes will not be classified as a review or used to simply improve figures.
- The concerns regarding conflicts of interest on provider led reviews were acknowledged though assurance was given that they would not be an option for review if the Local Authority had concerns about providers. Pilots had been carried out in residential settings and domiciliary care where feedback indicated more natural conversations occurred in residential settings.

The Chair thanked officers for their continued honesty regarding figures and openness to address the challenges.

The Deputy City Mayor for Social Care, Health and Community Safety suggested that a previous report on the strength-based approach be circulated to Members.

AGREED:

- The Commission noted the report.
- Additional information to be circulated to the Commission.

69. CQC ASSESSMENT OF ADULT SOCIAL CARE - EARLY LEARNING AND REFLECTIONS

The Strategic Director for Social Care and Education introduced the item highlighting the CQC have recently been tasked with undertaking assessments of Local Authorities and whilst there had been inconsistencies in reporting and processes so far, the external view of quality of service provision is welcomed.

The Director for Adult Social Care & Safeguarding presented the item in which it was noted that:

- The report pulls together learning of Local Authorities that have been through the CQC assessment process and includes statements and reflections. A self-assessment process started in Leicester in March

2023 and refreshed in August 2023 to draw on experiences of service users and evidence with data.

- The self-assessment identified various strengths in the service, including areas such as co-production; high feedback rates from individuals (70% responses last month); good availability of care with individuals not enduring long waits once needs identified; efficient discharge processes from hospital; quality of commissioned care in the city is generally good; safeguarding arrangements, leadership and governance; and a willingness to learn and undertake peer reviews. The pride, passion and commitment of the workforce is vital, and compliments are often received illustrating this.
- Areas have been identified to improve and improvement plans are in place. This includes overdue reviews and waiting lists for assessment and occupational therapy where additional resource has been allocated; the volume of audits has not been sufficient but was relaunched in July to see improvement; carers are not as satisfied as the service would like, generally due to lacking own wellbeing, support and access to information; feedback suggests Leicester residents do not feel connected generally and work is required to draw on the knowledge of communities; and the quality of provision for self-funders is not of the quality as national comparators.
- The financial position of the Local Authority is a challenge with increasing cost to support individuals in the city but a corporate approach to preventative services is underway.
- The service continues to engage with individuals and improve services to ensure residents of Leicester have the best possible care across the city and that the Authority is prepared as much as possible to be ready for when an assessment is announced.

The Strategic Director for Social Care and Education highlighted that peer review activity is underway across the East Midlands to help develop improvement plans. The Deputy City Mayor for Social Care, Health and Community Safety further highlighted that lead professionals and directors undertake peer reviews whereas the CQC assessment is undertaken by individuals who may not have held leadership positions and an unwillingness by CQC to adopt learning from best practice of assessments in children's services had been frustrating.

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

- Local Authorities who have undergone the CQC assessment and their results published were contained within Appendix 2 of the report. Regional conversations and analysis had taken place and direct conversations had occurred with those authorities in the East Midlands, including Nottingham, Derby and Derbyshire.
- The CQC appear to be undertaking assessments in areas that share health services so it is likely that Leicester would be considered alongside Leicestershire.
- The CQC request 50 practice examples ('cases') where they will identify 10 and then review 6. Direct details are not examined, instead a

description of the individual circumstances, support and reflections will be provided to inspectors. The CQC will also speak directly to the individual or family to triangulate the information provided and their direct experience. Feedback from other authorities illustrates a difficulty to identify individuals willing to speak to the CQC due to their busy lives or complexity of needs.

The Strategic Director for Social Care and Education highlighted that feedback had varied about the assessment process and there was no easy way to benchmark against ratings. It was recognised that service had strengths including an outstanding leadership that have identified and recognise issues, but the Local Authority might expect a good rating overall when inspected based on our current self-assessment.

The Chair thanked officers for the report and noted that the Commission would welcome an update on the results when assessed.

AGREED:

- The Commission noted the report.

70. WORK PROGRAMME

The Chair highlighted items to be added to the work programme including preventative services; equality, diversity and inclusion; and carers. It was further noted that the work programme will be developed, and Members were invited to make suggestions for consideration.

71. ANY OTHER URGENT BUSINESS

In response to a query regarding the adult social care budget, the Deputy City Mayor for Social Care, Health and Community Safety highlighted that the vast majority of is spent on care packages provided by the private sector but provided clarity on general misconceptions regarding adult social care as services for older people. It was noted that services are provided to enable people to enjoy fulfilling lives and includes support for individuals of working age.

The Chair invited a member of the public with lived experience to comment in which it was noted that whilst most adult social care services are provided by external providers some individuals are in receipt of direct payments that can be utilised for personal assistants that do not have to be agency workers but may be a family member or friend etc.

AGREED:

- The Commission requested additional information be circulated on the adult social care budget and a separate briefing be arranged.

There being no further business, the meeting closed at 18.55.