

Minutes of the Meeting of the ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 5 OCTOBER 2023 at 5:30 pm

PRESENT:

Councillor March (Chair) Cllr Surti (Vice Chair)

Councillor Dave Councillor Joannou Councillor Orton Councillor Singh Sangha

In Attendance

Cllr Sarah Russell, Executive Lead for Social Care, Health & Community Safety

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23. APOLOGIES FOR ABSENCE

Apologies for absence were received by Cllr Kaur Saini.

24. DECLARATIONS OF INTEREST

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

25. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that further information had been provided by officers in relation to the breakdown of the in-house reablement hourly cost and would be shared with members.

It was also noted that the Commission recommended that only providers with at least a Good CQC rating should be allowed onto the new framework and the Chair requested this be amended in the minutes.

AGREED:

• Subject to the above change, it was agreed that the minutes for the meeting on 24 August 2023 were a correct record.

26. PETITIONS

The Monitoring Officer noted that none had been received.

27. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

28. HASTINGS ROAD DAY CENTRE UPDATE

The Chair agreed to bring forward the agenda item in which the Business Change Portfolio Manager presented the report to update the Commission on progress following the decision to close the Hastings Road Day Centre. It was noted that 19 individuals currently access the service, including six that receive joint funding with health. Weekly meetings with social workers are underway to ensure a smooth transition and visits have commenced with the division providing transport to enable people to attend taster sessions at alternative providers.

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

- The consultation process has commenced and weekly meetings with the unit manager has provided assurance that support is being provided to staff through HR. Of the 44 staff members in scope, two have secured alternative roles and five are generic posts not within the Adult Social Care division.
- Clarification was provided that the service is a Day Centre as opposed to a Home.

The Chair requested the Commission continue to be updated to ensure those currently attending the Day Centre move to appropriate services and that progress can be compared and monitored through the anonymised summary report.

AGREED:

- The Commission notes the report.
- The Commission continue to be updated on progress.

29. ADULT SOCIAL CARE IMPROVEMENT JOURNEY

The Executive Lead Member for Social Care, Health and Community Safety introduced the item highlighting that it has been over ten years since Adult Social Care has had an inspection framework. The Authority has however continued to supply national data, undertake peer reviews and benchmark against other Authorities. Ahead of the new process due to be implemented by

the CQC, along with others in the region, feedback was sought by an independent person to examine the Division to understand its strengths and weaknesses. Although the details of the CQC's approach are currently unknown, it was noted that is it unlikely to be similar to the Children's Ofsted approach which has useful elements, such as Keeping in Touch Meetings to understand initial findings.

The Strategic Director for Social Care and Education presented the report, and it was noted that:

- The CQC have undertaken five pilot assessments. Each approach has been very different and not like that taken by Ofsted. Whilst the CQC is used to inspecting operational functions such as Care Homes, the Local Authority Adult Social Care division is very different.
- Of the five authorities that have been assessed, none were provided feedback during the assessment but three have now received draft letters. It is not believed that the authorities will have an opportunity to comment before publication, but this may change.
- It is envisaged that the CQC will start to contact local authorities and assessments to commence from January 2024.
- Authorities within the East Midlands Region agreed to prepare for the assessments through an intense annual conversation. This entailed a former Director of Adult Social Services visiting each local authority for 48 hours to review materials, undertake interviews, prepare a response, and present to senior management.
- The annual conversation was a limited timeframe, and it was recognised that it wouldn't be true reflection for everything as there was insufficient time to review or triangulate.
- It was a useful process to identify strengths and flag development areas to prepare for the assessment which are contained within Table 1 of the report.

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

- The lack of clarity about the assessment process is frustrating and the reminder to take a positive approach is a helpful comment. This will be the case when liaising with officers and providers but it is equally important to be honest and recognise where our strengths and challenges are to reflect the reality of providing a service that is right for Leicester residents with resources available.
- Officers at all levels of the division have been included in preparing for the assessment to understand what is being done and why. Use of methodology storyboards have been utilised to link roles with the organisation's strategy to showcase and celebrate strengths and reflect on areas for improvement.
- · Undertaking two approaches to prepare through the self-

- assessment and an intense annual conversation has been helpful to be self-aware of strengths and both identifying similar areas for improvement and associated plans.
- The Strategic Director for Social Care and Education and Executive Lead Member for Social Care, Health and Community Safety have raised the importance of clarity about the approach and incorporating keeping in touch meetings nationally and through the Local Government Association, but the CQC do not appear to have confirmed the process themselves yet to provide information.

The Chair thanked officers for the openness of the report and raised concerns about the ongoing issues with direct payments and waiting times for reviews that have been raised at the Commission previously.

AGREED:

- The Commission notes the report.
- That the Commission requests a report on the assessment at the appropriate time.

30. ADULT SOCIAL CARE PERFORMANCE REPORT

The Director of Social Care and Safeguarding presented the report to update on performance monitoring for Q1 of 2023/24. It was noted that:

- The department continues to be very busy and there are lots of pressures as highlighted to the commission previously in terms of backlog of reviews but there is also much good practice.
- Areas of strength include advice and guidance provided to individuals to be able to address their own needs and do not make further contact with the service within twelve months; providing short-term support to individuals who are then able to manage independently without ongoing long-term support; and numbers of individuals who remain at home 91 days after reablement.
- The department has an ambition to support people at home where possible and have a higher benchmark to national and East Midlands of people being supported at home and smaller number in residential and nursing care.
- Data in relation to integration of health and social care is relatively new. Attention is being focused on reducing individuals on Pathway 2 – short term bed on discharge from hospital - and increasing Pathway 1 – getting individuals home. The recovery, reablement and rehabilitation model is being rolled out and having a positive impact on the numbers of people going home and the timeliness of discharge within 24 hours when informed they are ready to leave hospital.
- The number of complaints received is small in totality. The department has approximately eighteen thousand contacts and

- supports five thousand individuals. If the service is not adequate and there is cause to complain, then it is right for residents to do so and will be dealt with appropriately.
- It is important to ensure people are supported to live the life they
 want and therefore the department regularly ask individuals at
 assessment and review for comments. A substantial proportion
 agree or strongly agree that the service offer does enable them to
 live the life they want. This positive impact was also reflected in
 the annual conversation.

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

- There are various data sets available in relation to the workforce at a regional and sub-regional level across health and social care that will be illustrated in a report for discussion at the next meeting. The organisation also undertakes exit interviews to understand why officers leave roles. Generally, across social care and education officers talk positively about working in Leicester and feel supported.
- A reflective workforce is very important to support residents. The
 organisation has data for employed male carers within the
 reablement service but the vast proportion of support to people is
 provided by the independent sector. Skills for Care collate data
 externally which will be reviewed for further understanding.
- There are two provisions for short term care; enablement who
 work with individuals with learning difficulties and mental health
 issues for up to twelve weeks, and reablement who work with
 individuals that have physical needs, for example following a
 hospital admission or a fall within the home, for up to six weeks.
 Multidisciplinary meetings occur three times a week to monitor
 the needs of individuals to understand whether the objectives
 have been met or ongoing care is required and by who.
- The national delayed transfers of care metric has been discontinued. People who remain in hospital with no clinical reason to reside is now reported and the department continues to monitor people awaiting social care support to leave hospital. The recovery, reablement and rehabilitation model is having a positive impact and Leicester is recognised nationally as a strong performer with usually no more than 25 people waiting at any given time and often for less than one or two days. Further information and a metric will be provided to the commission in relation to the average number of people waiting to be discharged from hospital and on length waiting to be discharged.
- Safeguarding concerns should be reported to the department but it should also be proportionate. Reports are often made by providers to ensure they are being transparent about incidents, but they do not meet safeguarding thresholds for investigation and are better managed via contract and quality support.
- We benchmark well with approximately 45% of support in the

community is provided as direct or part direct payment. This tends to be balanced and comparable across working age and older people. Utilisation of direct payments within BAME communities slightly higher, a recent project with IMPACT supported by the University of Birmingham looked at experience of direct payments within the BAME community and interesting findings shared nationally is that people find them more flexible.

AGREED:

- The Commission notes the report.
- The Commission recommends a metric be provided on performance monitoring in relation to discharges from hospital to social care.
- The information requested in relation to the workforce be noted and included in the report proposed for the meeting on 30 November 2023.

31. WORK PROGRAMME

The Chair noted that the next meeting of 30 November 2023 is to be a joint meeting with the Public Health and Health Integration Scrutiny Commission to discuss items including workforce, mental work, addiction services and the Leicester Adults Safeguarding Board Annual Report.

The Chair also requested that further to ongoing concerns raised about direct payments and the waiting time for reviews that these items be added to the work programme for the New Year.

Members were requested to email additional items for consideration to the Chair.

32. ANY OTHER URGENT BUSINESS

The Strategic Director for Social Care and Education gave a verbal update in response to a request from the Chair regarding the potential financial impact if the organisation were to reduce the element of profit margins in home care calculations. It was highlighted that a reduction by one percentage point could save around £350,000 in cash terms but this would be a small contribution in the department's overall savings target of £18million. It was further highlighted that any reduction in the profits allowed could pose a risk that providers only do business with neighbouring authorities given the higher urban rate.

AGREED:

- The Commission noted the update.
- The response be shared with members of the commission in writing.

The Executive Lead Member for Social Care, Health and Community Safety highlighted that a consultation on the charging policy is due to go live during the week commencing 9 October 2023 for a period of 12 weeks. As part of reviewing spend to meet savings targets, consideration is also being given to increasing income associated to the Adult Social Care budget. It was noted that the consultation is planned prior to the new financial year to minimise disruption to those involved and all individuals who could be affected will be informed in writing. There will be a range of events and a helpline to answer residents queries or concerns and Members were requested to promote the consultation.

AGREED:

- The Commission noted the update.
- The item be added to the Work Programme for the Commission to receive an update prior to any potential decision.

The Chair noted that the Strategic Director for Social Care and Education would soon be leaving the role. The Commission thanked him for the work that he, along with his team in Adult Social Care, have done in serving the commission at formal meetings and scrutiny reviews over recent years and wished him well for his future.

There being no further business, the meeting closed at 18.39.