

Leicestershire

Adult Social Care Annual Conversation Feedback

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An overview of the 2023 ASC Annual Conversation

- Grounded in the **principles of sector led improvement**, the 2023 ADASS East Midlands regional **annual conversation** process with adult social care (ASC) is designed to **support the council's existing improvement programme and preparations for the forthcoming assurance of ASC** by the Care Quality Commission (CQC).
- This is the **second year that the ADASS East Midlands region has commissioned an annual conversation** for each of the region's 10 councils, conducted with Carol Tozer, a former DASS, for each of the 10 councils. It is important to note that **the methodology differs from last year** because of the considerable improvement work that councils have undertaken in the last year in preparing for CQC assurance as well as the Region's DASSs wanting to introduce their colleagues in ASC to the experience of external scrutiny and assessment.
- Over the last year, **councils have been working on the development of their ASC self assessment** in readiness for CQC assurance and the region's preference for the focus of the 2023 annual conversation process is: **scrutiny of the council's ASC self assessment; an assessment of the progress secured over the last year across ASC in each of the four CQC assurance themes; and direct engagement with people with lived experience, ASC staff, partners and corporate colleagues in testing ASC's own assessment of its strengths and areas to improve.**
- As such, the 2023 annual conversation process involves: pre reading of key documents (including the self assessment) and data and a series of face to face meetings with groups of people with lived experience, ASC colleagues, partners and corporate colleagues. The challenge session with the DASS and their senior teams remains an intrinsic component of the process. Structured around CQC's four assurance themes for the assessment of ASC, the challenge session comprises the identification, and detailed scrutiny, of ASC's key strengths as well as key areas to improve.
- I have **met with over 70 people** during the course of this year's Annual Conversation process in Leicestershire including: colleagues from across ASC as well as ASC senior leaders; partners from the voluntary, community and social enterprise (VCSE), NHS and care providers; members of the council's Corporate Leadership Team. It should be borne in mind, therefore, that my conclusions and recommendations arise from meeting only a fraction of the people working in, and engaged with, ASC. By contrast, CQC will bring a team of inspectors who will spend several days in the council. Moreover, the Annual Conversation did not involve any case file analysis – and this will be a vital component in how CQC arrive at a rating for the council.
- This **feedback presentation** is provided at the end of day two spent in Leicestershire – and concludes the 2023 ASC Annual Conversation process with the council.

Confident, competent and critical thinking

- Despite its low spend on adult social care (i.e., £405.13 compared with an England average of £490.42 per adult in 2021/22), Leicestershire's adult social care services (ASC) can point towards **several areas of impressive performance and good outcomes** for the people it serves. This includes:
 - The outcomes achieved by its reablement service compare very favourably – e.g., in 2022/23, 87.8% of people aged 65 and older needed less or no service after reablement (compared to a 2021/22 England average of 77.6%) and 89.2% were still at home 91 days after being discharged from hospital (compared to an England average of 81.8%)
 - During 2022/23, 85.6% people with learning disabilities aged 18-64 lived in their own home or with their family – compared to an England average of 78.8% (21/22).
- **ASC colleagues, across the entire department demonstrate high levels of professionalism and motivation to achieving best outcomes with the people they serve.** Front line operational colleagues are proud in their practice, and focussed on supporting people to achieve their preferred outcomes and community connections. Commissioners and contracts colleagues “know” and support their care providers and understand their care markets, there is notable and determined partnership working with District and Borough councils in the county to drive the proliferation of housing with care options and an impressive coalescence with the NHS in the delivery of the Home First agenda. Equally, finance colleagues, whilst clearly competent in their respective areas of expertise (e.g., appointeeship and deputyship) also understand their vital role in driving ASC's ongoing savings requirements and continued transformation plans.
- **Self aware**, ASC understands its performance and where it needs to improve. It also accepts external challenge in a positive and purposeful manner. An example pertains to the challenge issued in the previous Annual Conversation about ASC's limited understanding as to how it was securing a very low level of permanent admissions to care homes for people aged 18-64 during 2021/22. ASC reviewed its short term placements for this age group and as a result agreed that some should be regarded as permanent admissions – meaning that its 2022/23 performance in this area has deteriorated (albeit performance is still below the England 2021/22 average). This demonstrates a maturity of leadership and commitment to authentic accuracy.

Confident, competent and critical thinking

- Whilst benefitting from **good performance intelligence**, including financial, **ASC is outward looking** in its twin pursuits of best outcomes for the people it serves and best use of the public purse.
- Prior to the pandemic, ASC undertook very detailed work with Newton Europe to understand people's outcomes, assess people's journey's through its care pathway and explore all opportunities for efficiencies and savings.
- This was necessitated in equal part by the council's very significant financial challenges (the council is amongst the very lowest funded county councils in England, has already delivered £250m savings over in the last 13 years and must deliver further savings of £150M between 2023/24 and 2026/27 – of which £7.270m is needed from ASC in this financial year) and an authentic ambition to support people with care and support needs to live fulfilling, independent and connected lives. This work resulted in the ASC Target Operating Model (TOM), now fully operational, and attributed to how ASC has secured many of the improvements identified in its Self Assessment.
- ASC has also worked with a variety of other highly regarded agencies in driving practice excellence at operational and more strategic levels. For instance, it has worked with Partners 4 Change (in creating a series of Hubs to pilot and then mainstream strengths-based approach) and Ideas Alliance (to review its co-production practices and support the development of a hospital discharge pack for carers and embedding co-production in the strategic planning of mental health services).
- **ASC's transformation programme has been matched by a step change in its development of online platforms** – including self assessment, sector wide recruitment portals and the use of Tableau to provide “live” performance dashboards across ASC.
- There is a **high level of confidence in senior ASC leadership by corporate counterparts** – and several corporate initiatives have been instrumental in driving ASC's transformation journey, including the focus on business intelligence and the adoption of Tableau. Moreover, regular joint meetings of senior leaders across ASC, children's services and public health provide a key forum by which council wide approaches to key issues such as prevention, and population health management, all age disability and partnership working with the NHS are developed.

Some key issues to consider: Working with People

- **Moving to online ways of working:** in so many ways, ASC is “ahead of the curve” with regards to its move towards online working.
- Many councils have moved their Continuing Professional Development (CPD) offer to predominantly online methods, provide improved accessibility to live performance data live and have updated their website to render it more intuitive and responsive for the public to use. LCC has done all of these things. Some councils are also supporting care providers from across the entire ASC sector to recruit their staff – e.g., offering one stop recruitment portals: and LCC is doing this also (which includes some inspiring videos with people working in ASC - Pip and Fiona are excellent). Equally, many ASC departments, working with their NHS colleagues, have developed the ability to read access across some areas of health and social care records in order to improve integrated working: ASC and its NHS partners have also done this.
- ASC, however, has made particular progress in the implementation of online self assessment, including on line financial assessments. Indeed, comparing April-July 2022 to the same period in 2023, ASC received a 217% increase in the number of contacts to adult social care through online self-assessments. This has included financial on line assessment – and although initial take up is reported as fairly modest, refinements to the online form is now seeing increased numbers come through.
- There are, however, a number of considerations that ASC should bear in mind as it continues its journey to mainstream online ways of working including:
 - **The need for ongoing curation of the website:** I undertook some mystery shopping of the ASC website on 1 August 2023 and identified the following: I went through the online carers assessment process – which prompted the following message: *“You’ll be informed of the outcome of your assessment as soon as possible, we are currently experiencing a high volume of requests so this may take several weeks.”*; the key “featured” jobs to appear on the ASC “Join our team” page (search for latest jobs) were Finance Analyst in County Hall, Waste Management Operative and Team Manager Ecology and Biodiversity; and the advert for Shared Lives Carers stated “Do you currently work in the care industry but are fed up with the same caring role and want to do something different?”. I spent only 45 minutes or so perusing the website – my examples above suggest that assured capacity is needed to ensure ongoing curation and quality assurance of the contents.
 - **Ensuring that emails and telephone messages are monitored and responded to:** feedback from some people with lived experience expressed concern and frustration that they did not know which number to call for a particular team or worker, with several telling me that they have, on occasion, waited for very long periods for a call to be answered by the council’s contact and support centre. This experience of a lack of response from Care Pathway was echoed by care providers (NB this did not apply to ASC contract and monitoring colleagues), whilst some VCSE colleagues also highlighted that they receive multiple approaches from people unable to get through to ASC and that they, too, spend, an unacceptable amount of time trying to get through to ASC (one VCSE colleague stated that they had recently waited over an hour for a call to be answered before being cut off. Moreover, at the Annual Conversation challenge meeting, the DASS confirmed that he receives more issues and complaints about the responsiveness of his service to queries from members of the public than anything else. ASC have explained that they are considering sharing workers’ mobile numbers with the people they are working with – and that will clearly have to be discussed with those colleagues to ensure that the right checks and balances are also put into place. But equally, ASC needs to work with its colleagues to identify how best to ensure that urgent emails are picked up and responded to – as the worker themselves will not always be able to do so.
 - **Bringing people with lived experience and partners “with you” on your digital transformation journey** – ASC is developing its co-production vehicles and processes and that includes some work on the information contained on the ASC website. This is very positive. However, I also think that ASC needs to work with care providers to develop an agreed protocol of how they might notify contracts colleagues about an urgent issue pertaining to someone using their service when they cannot get in touch with the person’s allocated worker or social work team.

Some key issues to consider

- **Evidencing strength based practice:** positively, front line colleagues were proud to work in strength based ways with comments including: *“We support people to stay at home – I work with older people and residential care is the last resort. Our focus is reablement at home and equipment to keep people in their homes”*; *“We are allowed to be creative in considering different types of solutions for people – we look at what is out there and available to them to help them be part of their community”*; *“I am fairly new to Leicestershire and have come from other councils – we are definitely working in more strength based ways than elsewhere”*.
- In addition, in response to a November 2022-January 2023 staff survey, 70% of ASC colleagues agreed that assessment and care planning arrangements are person-centred and strengths-based; and 77% agreed that ‘the wellbeing principle is embedded throughout the Council's care and support system and is clearly promoted in care and support’.
- In terms of the experiences of people drawing on care and support, the April-June 2023 assurance survey pilot reveals that 78% (n=45) felt that the services they receive support them to maintain a sense of wellbeing.
- Equally, a variety of performance data suggests that ASC has secured improved outcomes for the people it serves by working in strength based ways including: over 40 working-age adults have moved out of residential settings into more independent settings; 100 fewer older adults being permanently placed in residential homes per year – from 921 people per year in 2019/20 to 804 people in 2022/23.
- So it is clear that progress has been made in the adoption and implementation of strengths based ways of working. Indeed, in its presentation to the Annual Conversation, ASC points towards a: *Strong focus on supporting peoples’ wellbeing and independence through person-centred, strengths-based approaches embedded in assessment and care planning processes, with carers’ needs considered as distinct from the person they care for.*

Some key issues to consider

- **Evidencing strength based practice (contd)**

- But there are some key absences in the evidence needed to fully substantiate this assertion. In particular, ASC's self assessment (SA) provides little evidence about the findings from its case file audit programme. ASC has adopted the ADASS East Midlands quality assurance framework and case file audit tools – albeit they have been adapted slightly to suit ASC's purposes – and it reports that there is a detailed case file audit programme in place. But the results of the audits are not clearly set out. This matters because in rating the council, CQC will accord heavy weight to the quality of frontline practice.
- Equally, several front line colleagues expressed concern to me that working in strength based ways is compromised by their workloads, reporting also that the team Group Supervision Meetings and three weekly case progression discussions introduced as integral parts of the TOM are, perhaps because of vacancy levels (ASC offset approximately £4m of its 2022/23 overspend due to staff vacancies) insufficiently reflective and do not drive strength based practice.
- For instance, I was informed that it was not uncommon for full time workers to have high caseloads (although the data provided by ASC reveals that the average caseload is just over 10 cases per allocated worker). In addition, some ASC colleagues informed me that case progression discussions were “transactional” not reflective – focussing on the tasks completed and tasks still to complete.
- ASC colleagues also described feeling very pressured: “I am given a lot of autonomy but I am expected to have a case closed by a certain date – you are constantly reminded that you have to have a case closed.”; “The staff I talk to just feel that they are failing the whole time”; “I have been working for the department for 19 years and I used to do 3 pieces of work (ie an assessment or review) per week in long term teams – and that pushed me to the limit. Now I am expected to do 4.5.”; “Staff shortages are a massive issue – we can't recruit and we depend on agency”.
- Indeed, through the TOM Improvement Cycle, service managers, supported by data, hold weekly improvement cycle meetings, and assign resources to resolve issues. Highlights around service status are shared and discussed by heads of service every 4 weeks – again using live performance data. This reveals a high level of grip – one that, necessarily, should remain. But I picked up a definite sense that the TOM is experienced, at least by some ASC colleagues, as focussed on activity rather than quality – and that it could be constraining, as opposed to embedding, strength based practice. Of course, the reality is that there needs to be a balance between the two – one that is difficult to consistently get right.
- **I recommend that ASC consider the following actions:**
 - **led by the 2 Principal Workers, that ASC identify a number of colleagues from across different teams to undertake a case file audit. This could become an annual event – but it would enable colleagues to come together to review the quality of strength based practice as revealed by their peers – to celebrate their colleagues' work as well as then to co design any changes needed to care pathway systems and processes with managers;**
 - **Review the SA so that it is clear that evidence from audits detailing the quality of strength based practice is fully reflected with resulting actions identified;**
 - **Undertake workshops with ASC colleagues to review their experiences of the processes comprising the Improvement Cycle – highlighting best practice and agreeing any refinement of those processes. And language matters – so ASC might also wish to consider reframing these processes as part of its Quality Cycle; and**
 - **Secure feedback from people with lived experience at the conclusion of every assessment or review as to how well the process enabled them to express what matters to them and whether they are confident that the support they receive from ASC (will) supports them to live in a way that matters to them.**

Some key issues to consider

- **Waiting well:** it is important to stress that the great majority of councils are experiencing significant difficulties with regards to waiting lists for assessments, reviews and for care and support to become available. Exacerbated by the pandemic, these waiting lists are every bit as a reflection of the systemic issues facing ASC (i.e., increasing levels and complexity of demand, severe workforce shortages, fragile care markets and significant funding pressures) as the treatment backlogs currently experienced by the NHS. The risks inherent in waiting lists are obvious: people might be suffering harm and people's needs might be escalating whilst they are on the waiting list (meaning that by not being able to undertake all assessments and reviews the council will also incur additional costs). The issue, therefore, is as much one of how to ensure that people "wait well" as much as how best to reduce the waiting lists fairly and effectively.
- ASC is experiencing waiting lists – across many areas of its Care Pathway services and financial assessment service. But it is also accurate to stress that **ASC can demonstrate good progress in reducing those waiting lists**. For instance: during 2021/22, 67% of people who had been in receipt of services for at least a year had been reviewed – this has improved to 79% people by July 2023; whereas in May 2023, 637 people were waiting for a DoLs assessment, this had reduced to 499 by 9 August 2023; and whereas 200 people were waiting for their home care to start in early 2021, this has reduced to 13 in July 2023. There are also significant waiting lists for carers assessments.
- In the areas of **financial assessments** (i.e., the means test that everyone who receives support from ASC must undergo with the few exceptions of reablement and s117 care), there is a backlog of approximately 800 cases. It takes an average of 65 working days for a financial assessment to be started – although an average of 2.4 days for the assessment to them be completed. This means that some people are receiving invoices for as much as 3 months' backdated care and support – and this is an issue of concern at any time, let alone during a cost of living crisis.
- ASC has implemented the risk prioritisation tool developed by East Midlands ADASS – which categorises people into different levels of risk and urgency – and determines the response that should be given to people whilst they remain on the waiting list. However, whilst senior ASC leaders express confidence that they are fully aware of the profile of the waiting lists and monitor the details contained on the risk prioritisation tools at team level, this is not reflected in its self assessment, nor in ASC's monthly performance report. Equally, I think that discussion should be held with corporate colleagues as to how explicitly the successful management of ASC waiting lists should be considered.
- **In short, ASC appears to be managing its waiting lists assertively and assuredly – but I think that greater assurance would derive from the development of a "waiting well" action plan – which is shared with frontline colleagues and people with lived experience.**

Some key issues to consider

- **Mental health outcomes:** in 2022/23, only 3% of mental health services users in contact with secondary mental health services were in paid employment (compared to a 2021/22 England average of 6%). Equally, only 11% were known to be living independently (with or without support) – compared to an 201/22 England average of 26%.
- As with many councils, frontline colleagues pointed towards a real issue with recruiting and retaining AMHPS – and I was informed that temporary arrangements are currently in place to ensure that Adult Mental Health Professionals (AMPHs) receive professional supervision.
- Some frontline colleagues informed me that mental health receives less priority than older people services whilst both ASC and health colleagues point towards ongoing issues with agreeing funding contributions for people in receipt of s117 aftercare (as well as continuing health care (CHC) and funded Nursing Care arrangements).
- **Collectively, therefore, I think that ASC and its health partners could revisit how well they are working together to promote best outcomes for people with the most complex needs - perhaps considering whether the sort of risk sharing agreement currently in place to help deliver the Home First agenda is a model that might be replicated.**
- **Short term placements:** currently 51% of all short term placements, most coming from people discharged from hospital on P2, exceed 6 weeks. The likelihood of many of these people ever returning to their own home diminishes rapidly with every week they are in a care home. In the same way that ASC reviewed short term placements for people aged 18-64, it needs to do the same for people aged 65 and older. Equally, it needs to ensure that reviews are happening, without fail, at one week and two weeks admission to the care home – as this is where we know maximum ability to return someone home is at its maximum (i.e., post recovery).
- **Ensure that people with a Black Asian and Minority Ethnic (BAME) heritage enjoy equal access to care and support:** at strategic levels, there are clear equality and inclusions plans and priorities. However, ASC senior leaders accept that they need to do more to understand, and be assured that, people from BAME communities have the same rights of access to care and support and that care and support provided meets people’s different cultural needs. **In terms of CQC preparation, the SA needs to better reflect how ASC is working to identify and support people with care and support needs from BAME communities – and ensure that its performance management includes interrogation of impact.**
- **Direct Payments:** 100% carers supported by ASC receive a Direct Payment (DP) as well as a high proportion of people receiving care and support (36% in 2022/23 compared to a 2021/22 England average of 26.4%). ASC is fully aware of several difficulties in the administration of its DP service and complicated DP fee structures and feedback from the Engagement Panel confirms that it is right to accord priority to this area. It is important to acknowledge that ASC simplified its Direct Payment rates in July 2023 – but carers who are members of the Engagement Panel explained that their DP rate and amount does not allow them to fund the support specified on their plan (e.g., gardeners were quoted as costing £30 an hour) and that the “traditional” practice of allocating a carer with eligible needs a £250 one off annual DP payments still remains what many people receive, simply because administering a weekly DP via pre paid card is too complicated (and involves contacting a call centre in Ireland that is rad to get through to). **Accordingly, ASC could supplement its existing work to transform its Direct Payment offer by undertaking a survey/workshops with DP users – direct service users and carers alike – using the outputs to check that its action plan is the right one.**

Key issues to consider

- **Ambitions for joint commissioning** – ASC and the NHS have worked well together on agreeing its Better Care Fund (BCF) arrangements and can point key progress in the Home First agenda. In my meetings with NHS and senior ASC leaders, I tested my hypothesis of whether or not, whilst strategically aligned in intent and ambition, multiple operational fractures exist between the NHS and ASC – which mean that when either (or both) face a key performance, financial or workforce pressure, the leadership response changes from system to organisation. I conclude that this is the case and I recognise that it is not uncommon. I queried why there were no joint senior roles in either the Home First or commissioning – as this is where any opportunity for integration is borne out of existing good partnership working. Again, I think there was relatively little appetite to do so.
- Structures, as and of themselves, do not deliver good outcomes for the people being served. But I think an opportunity is currently being missed in Leicestershire in identifying how more joined up arrangements might help simplify care pathways, make best use of the different specialist professionals involved in those pathways and best use of the common public purse. There has been excellent work undertaken to reduce reliance on P2 discharges to care homes – so there can be confidence that doing things together is the right way to drive and deliver transformation and improved outcomes. This could be extended beyond the immediate remit of hospital avoidance and discharge.
- **Dynamic Purchasing System and implementation of the Framework:** The implementation of Integrated Neighbourhoods Teams (INT) provides an opportunity to think about commissioning arrangements. It is, of course, in the best interests of local people for ASC to have a wide ranging market offer – providing people with assured market capacity. But there is an opportunity to explore the potential for care homes to offer a wider range of support to people living in their own homes as community hubs and for domiciliary care providers to become intrinsic components of an INT. Moreover, it would be remis if I did not feedback that the domiciliary care providers I met are concerned that in the longer term, such a wide ranging domiciliary care market will undermine longer term market sustainability.

Key issues to consider

- **Safeguarding thresholds:** in 2021/22, ASC received 5,513 safeguarding alerts and started 656 safeguarding enquiries: a conversion rate of **11.9%**. In 2022/23, ASC received 4,991 safeguarding alerts and started 476 enquiries were started: a conversion rate of **9.5%**. This means that ASC is undertaking very large volumes of work – only to find that the vast majority of referrals it has received do not hit the threshold. In the context of waiting lists and staff vacancies, this appears to be both inefficient and ineffective.
- Such a low conversion rate suggests either that there is too low a threshold for safeguarding alerts or that there is too high a threshold for starting a safeguarding enquiry. The Leicestershire and Rutland Safeguarding Adults Board has undertaken a multi agency review of its multi agency safeguarding thresholds – which confirmed that thresholds are being applied accurately. I have not seen the report, but I think that **ASC needs to understand what happens to safeguarding referrals that do not meet the safeguarding enquiry threshold – e.g.,. are people routed into Vulnerable Adult Risk Management (VARM) processes, are people referred for a Care Act assessment/review. In this way, it can have better assurance that people’s needs and circumstances are being responded to – as this is currently not in place.**
- **People experiences of safeguarding:** in 2022/23, 65% of people using services who feel safe – compared to an 2021/22 England average of 69.2% . And 85.3% of people using services say that those services have made them feel safe and secure – compared to the 2021/22 England average of 85.6%. In addition, as of 13 July 2023, 53% of alerts had been open for up to 4 weeks (with 35% open for up to 2 weeks) and 18% had been open for over 3 months. 40% of enquiries had been open for less than 6 weeks, with 14% open for up to 3 months, **25% for 6-12 months and 10% open for over 12 months.** Put together, there is a need to better understand the experiences of people with lived experience who have undergone safeguarding processes. ASC is already planning to do so – **but I think the focus should also be on why more than a third of all enquiries are taking so long to complete.**

Finally....

- ASC has many impressive initiatives and improved outcomes it can evidence. The firm and sure leadership of ASC is fully aware of the areas to improve and can demonstrate a track record of improvement. There are, therefore, very strong foundations already in place as ASC continues its preparations for CQC inspection.
- But there are some issues which, if not tackled with its characteristic purpose and pace, might compromise how CQC assesses ASC in Leicestershire.
- This feedback and my recommendations are offered in that vein.