

COUNCIL
26 SEPTEMBER 2024

OVERVIEW OF ADULTS SCRUTINY COMMITTEE

1. Since the last meeting of the Council, the following are the main areas of work the Adults Scrutiny Committee has undertaken.

Care Quality Commission (CQC) Assurance Framework - Update

2. The Committee received an update on the Care Quality Commission (CQC) Assurance Framework and Members were reminded of the new regulatory powers granted to the CQC under the Health and Care Act to assess local authorities, the role of the CQC, and the four themes and nine underlying quality statements contained within the assessment framework. We received further information in relation to the Care Act Principles, an anticipated timeline of activity in terms of our local assessment, the status of inspections across the North-East as at July 2024, and the work undertaken in terms of Darlington's self-assessment, including an analysis of current strengths and areas of development. It was noted that there will be CQC briefing sessions for those members involved in the assessment process.
3. Members were keen to hear more on the criteria and selection process for the cases to be inspected by the CQC, the additional workload that shifting timescales would create, the learning opportunities from those authorities which had gone through the inspection process, and the work undertaken to improve accessibility and presence on the Council's website.

Care Homes in Executive Strategy Measures / Arrangements

4. The Committee were pleased to receive an update on those services which have come out of the Executive Strategy process (ESP) during 2023-24, the services currently within Executive Strategy, and an ESP case study.
5. We were advised of a Risk Notification pilot scheme undertaken to reduce the quantity of inappropriate safeguarding concerns which did not meet the threshold of safeguarding being received by Adult Social Care. It was reported that the pilot initially included four care homes, however we were informed that this had been increased by one further care home and one domiciliary care agency. The Risk Notifications could be submitted for witnessed and unwitnessed falls, medication errors, peer on peer verbal or physical altercations, and, in the case of the domiciliary care agency, missed or late calls. Members received information relating to the Risk Notifications received during the pilot period, alongside a breakdown of the Risk Notifications per provider, the outcomes of the pilot, and identified next steps.
6. Members scrutinised the data provided in relation to the Risk Notification pilot, noting that one provider appeared to have a large number of falls, though it was acknowledged that many of the falls were attributed to one individual, and it was recognised that some

medical conditions had a greater propensity for falls and that it was not possible to remove all barriers. Members agreed that the Risk Notification process would need to be introduced across the sector in a staged manner, and it was hoped that the process would provide confidence to report and be a mechanism for improvement, rather than reprimand developing and continuing a culture of open dialogue between the council and care providers within the borough. Members were also interested to understand whether the local authority could assist in bridging any gaps in training with agency staff and if like the local authority, care providers used agencies only on an agreed framework to maintain standards.

7. Further discussion ensued on whether poor personal hygiene care could generate a Risk Notification, and we received reassurances that all care homes were monitored, not just those selected for the Risk Notification pilot, and that any such concerns would be addressed by the Contracting Team or the Safeguarding Adults Team.
8. We sought greater clarification of the guidance in terms of the definition of 'No Harm' in a safeguarding context and were keen to understand whether there was a framework of acceptable providers and what level of control the Council had in terms of ensuring the quality of safeguarding with our providers. Members accepted the definition of 'No Harm' provided by officers, commenting that any issue triggering risk notification does not equate to no harm to the individual.
9. Discussion returned to the volume of witnessed and unwitnessed falls, and it was noted that it was important to recognise any patterns in relation to multiple falls and the actions attempted to address these. A subsequent discussion took place on the reasons for redacting the identity of the providers.

Safeguarding

10. Following on from the update on the Executive Strategy process, the Committee received a presentation from the Service Manager (Safeguarding and ACT) on current safeguarding arrangements, based on the principles of Making Safeguarding Personal (MSP), which focused on placing the individual at the centre of the process, concentrating on the outcome that they would like to achieve and examining the risks and concerns in the context of the individual's well-being.
11. We were reminded of the obligations placed on the Council by Section 42 of the Care Act 2014 and were advised of the safeguarding triage tool used to gather relevant information. The tool provided guidance on specific aspects, such as contacting an individual safely in domestic abuse concerns, patterns of behaviour and repeat concerns, and that practitioners were encouraged to use the tool to aid decision-making and promote MSP. A number of steps to enable the Council to be preventative in its approach to individual's well-being, safety and overall need were outlined, including a Risk Notification Pilot, continued professional development across Adult Social Care, improved links with contracted services within the Safeguarding Adults Team, and information sharing meetings with partners and agencies.
12. Members returned to the Risk Notification pilot spoken of in the previous presentation and enquired whether a similar approach had been adopted by other local authorities, and

whether the pilot was comparable with any other work being undertaken by other local authorities.

Performance Indicators End of Year Report 2023/24

13. We received a report which provided Members with performance data against Key Performance Indicators for 2023-24. The performance information provided was in line with an indicator set and Scrutiny Committee distribution previously agreed by the Monitoring and Coordination Group, and subsequently agreed by the then Scrutiny Committee Chairs. The indicators were aligned with key priorities, and twelve indicators are reported to this Committee, ten on a six-monthly basis and two annually.
14. Members were informed that one of the indicators showed performance consistent to the same period last year (ASC 019 - Percentage of people who have no ongoing care needs following completion of provision of a reablement package), and that three of the indicators demonstrated that performance had declined in comparison to the same period last year (ASC 002 - Older people aged 65+ admitted on a permanent basis in the year to residential or nursing care per 100,000 of the 65+ population, ASC 003 - Adults aged 18 - 64 admitted on a permanent basis in the year to residential or nursing care homes, per 100,000 population, and ASC 049 - Proportion of people using social care who receive self-directed support) and we were informed that these continued to be monitored and managed.
15. One indicator remained the same as this time last year (ASC 050 - Proportion of carers using social care who receive self-directed support), and that three indicators were not comparable as they were reviewed at a point in time (ASC 208 - Number of Safeguarding concerns (initial enquiries) started - year to date, ASC 209 - Number of Safeguarding concerns (initial enquiries) started – per month, and ASC 211 - Number of strategy meetings undertaken i.e. concerns progressed to strategy per month).
16. Two indicators recorded annually (ASC054 - The proportion of people who use Adult Care services who find it easy to find information about services - and ASC055 - The proportion of people who are carers who find it easy to find information about services) were not included within the report submitted to the Committee as the results would be released towards the end of 2024, and that these would be included in the Mid-Year Scrutiny Report.
17. We noted that due to recent ASCOF/CLD (Client Level Data) changes there were two indicators that were no longer reported on (ASC 045 – Proportion of adults with a learning disability who live in their own home or with their family - and ASC 046 – Proportion of Adults with learning disabilities in paid employment).
18. Members were eager to ascertain whether there was sufficient signposting to information and support available for those on direct payments who wished to contract in their own services, particularly in the case of elderly carers. Discussion ensued on the number of younger adults placed in care homes, whether there were more younger adults from out of the Darlington area accessing our care homes, the appropriateness of mixing younger adults with complex needs with elderly residents, and whether there was a need for more specific appropriate homes for younger adults requiring care.

19. Concerns were raised around the non-reporting on ASC 046 - Proportion of adults with learning disabilities in paid employment, and Members were informed that this had been a decision at a national level. Comparisons were drawn with regional figures, and a discussion took place on some of the potential reasons for, and the anecdotal evidence around, the regional differences.
20. Clarification was sought in terms of the Direct Payment practice guidance document, which was provided to staff, and the potential requirement for a future review of the Performance Indicators provided to the Scrutiny Committee.
21. It was noted that the last time the ASCOF/CLD indicators were reviewed was 2018 and a desire to review those reported to the committee was expressed to ensure that scrutiny is effectively scrutinising the most appropriate indicators following the CQC inspection.

Adult Social Care Transport Policy 2024

22. The Committee received a report outlining that the Adult Social Care Transport Policy had been redesigned and developed with the Transport Team. The changes to the policy were required as the last Adult Social Care Transport Policy no longer complied with current legislation, including the Care Act 2014 and the national eligibility framework for adults and carers, and needed to meet the requirements of the Health and Social Care Act 2022, which states that local authorities must meet and provide for people's needs and the promotion of health, independence and well-being.
23. The submitted report expanded on the strategic overarching aims of the Policy, highlighted that the Policy met the ambitions of the Council Plan, and outlined the options available to assessors, with the initial option of looking at the potential for independence and use of community resources, and short-term support.
24. Members of the Committee welcomed the support available for unpaid carers within the revised Policy and were keen to understand any additional costs that might be incurred as a result of the updated Policy.

Councillor Andrew Anderson
Chair of Adults Scrutiny Committee