![Leicestershire County Council logo]

Meeting:	**Adults and Communities Overview and Scrutiny Committee**
Date/Time:	**Monday, 18 January 2021 at 2.00 pm**
Location:	**Microsoft Teams**
Contact:	**Mrs L. Walton (0116 305 2583)**
Email:	**lauren.walton@leics.gov.uk**

Membership

Mr. T. J. Richardson CC (Chairman)

Ms. L. Broadley CC	Mr. J. Miah CC
Mr. B. Crooks CC	Mr J. Poland CC
Mr. T. Gillard CC	Mrs. A. Wright CC
Mr. D. Harrison CC	Mrs. M. Wright CC

Please note: **The Adults and Communities Overview and Scrutiny Committee meeting on Monday 18 January 2021 at 2:00pm will not be open to the public in line with Government advice on public gatherings.**

This meeting will be filmed for live or subsequent broadcast via YouTube:
https://www.youtube.com/channel/UCWFpwBLs6MnUzG0WjejrQtQ

AGENDA

Item   Report by

1. Minutes of the meeting held on 2 November   (Pages 5 - 10)
   2020.

2. Question Time.

3. Questions asked by members under Standing
   Order 7(3) and 7(5).

4. To advise of any other items which the
   Chairman has decided to take as urgent
   elsewhere on the agenda.

5.   Declarations of interest in respect of items on
       the agenda.

6.   Declarations of the Party Whip in accordance
       with Overview and Scrutiny Procedure Rule
       16.

7.   Presentation of Petitions under Standing Order
       35.

12.   Date of next meeting.

       The next meeting of the Committee is scheduled to take place on 8
       March 2021 at 2.00pm.

13.   Any other items which the Chairman has
       decided to take as urgent.

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Public Scrutiny website www.cfps.org.uk.

The following questions have been agreed by Scrutiny members as a good starting point for developing questions:-

- Who was consulted and what were they consulted on? What is the process for and quality of the consultation?
- How have the voices of local people and frontline staff been heard?
- What does success look like?
- What is the history of the service and what will be different this time?
- What happens once the money is spent?
- If the service model is changing, has the previous service model been evaluated?
- What evaluation arrangements are in place – will there be an annual review?

This page is intentionally left blank

Leicestershire County Council

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 2 November 2020.

PRESENT

Mr. T. J. Richardson CC (in the Chair)

Ms. L. Broadley CC
Mr. B. Crooks CC
Mr. T. Gillard CC
Mr. D. Harrison CC

Mr. J. Miah CC
Mr J. Poland CC
Mrs. M. Wright CC

In attendance

Mr. R. Blunt CC – Cabinet Lead Member for Adults and Communities
Mrs. C. M. Radford CC – Cabinet Support Member

17. Minutes.

The minutes of the meeting held on 7 September 2020 were taken as read, confirmed and signed.

18. Question Time.

The Chief Executive reported that no questions had been received under Standing Order 34.

19. Questions asked by members under Standing Order 7(3) and 7(5).

The Chief Executive reported that no questions had been received under Standing Order 7(3) and 7(5).

20. Urgent Items.

There were no urgent items for consideration.

21. Declarations of Interest.

The Chairman invited members who wished to do so to declare any interest in respect of items on the agenda for the meeting.

Mr. D. Harrison CC declared a personal interest in agenda items 8, 9, 10 and 11 (Adult Social Care Target Operating Model, Care Home Sustainability, Technology Enabled Care and Community Connections Programme) as his wife was in receipt of support services.

22. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.

There were no declarations of the party whip.

23. Presentation of Petitions under Standing Order 35.

The Chief Executive reported that no petitions had been received under Standing Order 35.

24. Adult Social Care Target Operating Model.

The Committee considered a report of the Director of Adults and Communities together with a short presentation which provided an update on the successful completion of developing and implementing the Adult Social Care Target Operating Model. A copy of the report marked 'Agenda Item 8' is filed with these minutes, along with the slides that were presented to the Committee.

In response to concerns raised by a member around the necessity and cost of using consultants, the Director emphasised that the main focus of the Programme had always been to deliver better outcomes for service users. For example, an additional 800 users per year were now able to access reablement services and 45 service users, with a learning disability or mental health need, had moved from residential care to supported living which was more appropriate to their needs. By improving processes, the Department was now able to offer a more timely and efficient service that focussed on providing the right service from the outset. The Lead Member added that the Programme had achieved all of its original objectives and that the consultancy fees had been structured in such a way as to ensure these were commensurate with the benefits the Programme was required to achieve.

The Cabinet Support Member commented that she had received positive feedback from a number of service users that had moved out of residential care and into supported living and that this work was making a real difference to people's lives by improving their independence.

The Committee was pleased to note the report and offered praise and thanks to all involved in achieving the successful delivery of the Programme.

RESOLVED:

That the update provided on the successful completion of developing and implementing the Adult Social Care Target Operating Model be noted and welcomed.

25. Care Home Sustainability.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide the Committee with an overview of the current position in care homes across Leicestershire and the support being offered to them by the County Council to provide safe and effective care, in the context of the ongoing Covid-19 pandemic. A copy of the report marked 'Agenda Item 9', is filed with these minutes.

In introducing the report, the Director highlighted that in response to the requirement set out by Government, designated care settings had now been established in Leicestershire

for people discharged from hospital who had a Covid-19 positive status to help prevent further outbreaks in care homes. Occupancy levels were currently low, but this would change depending on increasing rates of infection.

Arising from discussion the following points were raised:

(i)   With regard to the hospital discharge process it was confirmed that there continued to be focus on the Home First approach and that the increase in temporary admissions was partly due to the effects of the pandemic. One of the future aims would be to have more care facilities available that specialised in reablement services which could temporarily accommodate those with a higher level of need, helping them prepare to return to their home environment and thus avoid them being placed in a long-term care facility which was often not their preferred choice.

(ii)   The composition of the care home market was diverse in that it was made up of many different sized enterprises. Locally, providers were more regionally (not nationally) based with some operating a range of between 20-50 care homes across the County and surrounding area. It was acknowledged that larger group failure would be far more challenging to manage than, for example, a group of one to five care homes, and would likely require the support of other providers to assist in delivering suitable accommodation.

(iii)   During the Covid-19 pandemic the Council had held weekly, and more recently fortnightly, meetings with care home providers to give support and guidance on matters such as Personal Protective Equipment (PPE), testing and training. Whilst it was difficult to quantify how many had taken up the Council's support offers, many providers had been keen to engage with the Council during this period and overall communication had therefore improved as a result. It was noted, however, that the level of engagement depended on the situation of the care home and the level of support that had been required. For example, care homes that accepted very few Council placements might be less likely to engage than those that had accepted many.

(iv)   In terms of Care Quality Commission (CQC) ratings, the Director confirmed that regard was given to these before a person was placed into a care home. However, it was important to note that due to the length of time between CQC inspections, the ratings did not always accurately reflect the current picture, so the Department also relied upon a wider range of intelligence to keep up to date with any issues, which may also require reporting to the CQC, or improvements being made.

(v)   Given the current higher than normal level of vacancies, and the Council's strategic aims around preventing inappropriate admissions to residential care, instead supporting more people to live more independently, it was seen as unlikely that capacity would become an issue in the short term. Therefore, in terms of future builds, the focus would likely be on replacement facilities rather than new capacity.

(vi)   Discussions were underway with care home providers that were experiencing higher levels of vacancies to identify their support needs and to explore ways in which the Council could support them to become more sustainable for the longer term. A member commented that there would likely continue to be a downward trend in the number of occupancies in care homes due to a number of factors

including the high costs and complex nature of running a care home. In respect of the work undertaken by the Department to move identified cohorts of working age adults from residential care to support living, the Director clarified that this work had already begun.

(vii)   In response to a question raised by a member the Director confirmed that although there was an element of risk to the Council with regards to the recovery of forward payments made available to care homes to help or prevent cashflow issues, it was in the Council's interest to work with those homes to ensure the stability of care for residents. In any event, the majority of care homes had already agreed the terms for repaying the money loaned, either in one instalment covering the total amount or smaller instalments spread over a period of time.

(viii)   The Committee thanked officers for the report and the level of insight and assurance this provided in respect of the exceptional work that had been undertaken to support care homes during this very difficult period and requested that a further update be brought to a future meeting when the Director considered this to be appropriate.

RESOLVED:

(a)   That the analysis undertaken of the current position of the care home sector in Leicestershire and the update now provided be noted.

(b)   That a further update on Care Home Sustainability be provided at a future meeting of the Committee when the Director considers to be appropriate.

26.   Technology Enabled Care.

[Mr. J. Miah CC left the meeting at this point and did not return to the meeting]

The Committee considered a report of the Director of Adults and Communities, together with a short presentation, the purpose of which was to inform the Committee of the results of diagnostic work undertaken to explore opportunities to maximise the use of technology enabled care (TEC) across the adult social care pathway and to set out the proposed way forward. A copy of the report marked 'Agenda Item 10' is filed with these minutes, along with the slides that were presented to the Committee.

Arising from discussion the following points arose:

(i)   Members noted that the intention of the TEC model would be to establish a holistic, County wide service which would not be dependent on other services, but instead focussed on sourcing the appropriate solution which might include referring a person to an already existing service or sourcing an entirely different and new solution. It was expected that engagement would need to take place with a number of stakeholders to ensure the TEC approach aligned with existing local activity and services, such as Lightbulb, which members welcomed.

(ii)   Some members raised concern and emphasised the need to ensure service users were capable in using the technology provided. Assurance was provided that the intended approach would be outcome focussed rather than equipment led. Assessments would be carried out to determine the level of need and capability of each individual in order to find the most appropriate solution for them. Supporting

staff to increase their knowledge of the various technologies available would also be key.

(iii)   It was recognised that committing to certain types of technology would be a risk due to continuous advancements being made in this area. It was expected that the option to commission a delivery partner would help keep pace with those advancements and also provide better flexibility with any future offers that might become available.

(iv)   The Committee confirmed its support of the proposed way forward and welcomed further updates at future meetings.

RESOLVED:

(a)   That the update on the results of the diagnostic work undertaken to explore opportunities to maximise the use of technology enabled care across the adult social care pathway be noted and the proposed way forward be welcomed and supported.

(b)   That the comments now made by the Committee on the proposed Technology Enabled Care approach be submitted to the Cabinet for its consideration.

27.   Community Connections Programme.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to advise on the formation and work of the Communities and Wellbeing Service's new Audience and Development Team within the Adults and Communities Department. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

The Committee confirmed its support for the work being undertaken by the Communities and Wellbeing Service's new Audience Development Team and expressed its thanks to all officers and members involved. Members were pleased to note that despite the significant challenges faced as a result of the Covid-19 pandemic the Council was continuing to develop and invest in this type of service to further support local people.

RESOLVED:

That the update on the work of the Audience Development Team and the shift in emphasis towards evidenced wellbeing impacts through the activity of the County Council's libraries and museums be noted.

28.   Dates of Future Meetings.

It was noted that the next meeting of the Committee would be held on 18 January 2021 at 2.00pm.

Future meetings of the Adults and Communities Overview and Scrutiny Committee would be held at 2.00pm on the following dates:

8 March 2021
7 June 2021
6 September 2021

1 November 2021

2.00 – 3.54pm   CHAIRMAN
2 November 2020

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 18 JANUARY 2021

JOINT REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES AND THE DIRECTOR OF CORPORATE RESOURCES

MEDIUM TERM FINANCIAL STRATEGY 2021/22–2024/25

Purpose of Report

1. The purpose of this report is to:

   a) Provide information on the proposed 2021/22-2024/25 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;

   b) Ask members of the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

2. The County Council agreed the current MTFS in February 2020. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

Background

3. The draft MTFS for 2021/22–2024/25 was set out in the report considered by the Cabinet on 15 December 2020, a copy of which has been circulated to all Members of the County Council. This report highlights the implications for the Adults and Communities Department.

4. Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 25 January 2021. The Cabinet will consider the results of the scrutiny process on 5 February 2021 before recommending a MTFS, including a budget and capital programme for 2021/22 to the County Council on 17 February 2021.

Service Transformation

5. The Council's Adults and Communities Department currently has an Adult Social Care Vision and Strategy, '*Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020–2024'*, which demonstrates how the Department will contribute to all five of the Authority's Strategic Plan outcomes.

6.   The Strategy builds on the previous adult social care, adult learning and communities and wellbeing service strategies. It recognises the value of more closely bringing together all the Department's work since it is fundamental to the Council's role in promoting wellbeing. The ambition at the heart of the strategy is to improve wellbeing for the people and communities of Leicestershire including their levels of happiness, prosperity and satisfaction with life, along with their sense of meaning, purpose and connection. It also sets out other ambitions for the Department including:

- Improved customer experience and satisfaction;
- Providing high quality information and advice;
- Promoting wellbeing through universal services;
- Building a flexible, talented, motivated workforce, including apprentices;
- Investment in social care accommodation;
- Seamless transition from children to adult services;
- Promoting independence;
- Improved use of technology;
- Working effectively with partners.

7.   The design and delivery of services will continue to be based on the "right" model, i.e. the right people (those who are at risk or need support to maximise their independence) are receiving the right services, at the right time, in the right place and the Council is working with the right partners.

8.   At the same time, the Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services. The NHS Long Term Plan Better Care Together Programme and the development of Integrated Care Systems will provide a framework to develop new models of care across Leicestershire.

9.   The draft Growth and Savings for the 2021 MTFS (2021/22-2024/25) reflect the changes in demand for services and the transformation in delivery of services to achieve the vision of the Adult Social Care Strategy.

Proposed Revenue Budget

10.   The table below summarises the proposed 2021/22 revenue budget and provisional budgets for the next three years. The proposed 2021/22 revenue budget detail is shown in Appendix A.

	2021/22 £'000	2022/23 £'000	2023/24 £'000	2024/25 £'000
Original prior year budget	143,083	151,432	152,157	153,977
Budget Transfers and Adjustments	8,274			
Sub total	**151,357**	**151,432**	**152,157**	**153,977**
Add proposed growth (Appendix B)	3,470	2,915	2,980	3,480
Less proposed savings (Appendix C)	(3,395)	(2,190)	(1,160)	(1,310)
Proposed/Provisional net budget	**151,432**	**152,157**	**153,977**	**156,147**

11. Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.

12. The total gross proposed budget for 2021/22 is £241.647m with contributions from grants, health transfers and service user contributions projected of £98.564m. The proposed net budget for 2021/22 totals £151.432m and is distributed as follows:

Net Budget 2021/22		
Demand Led Commissioned Services	£123.8m	81.8%
Direct Services	£16.2m	10.7%
Care Pathway –Older Adults/Mental Health	£12.9m	8.6%
Care Pathway – Learning Disabilities	£4.4m	2.9%
Strategic Services	£5.2m	3.4%
Early Intervention & Prevention	£2.1m	1.4%
Department Senior Management	£0.8m	0.5%
Better Care Fund Contribution	(£19.2m)	(12.7%)
Communities & Wellbeing	£5.2m	3.4%
Department Total	**£151,4m**	**100.0%**

Other Changes and Transfers

13. A number of budget transfers (totalling a net increase of £8.3m) were made through the 2020/21 financial year and are now adjusted for in the updated original budget. These transfers are:

- £1.4m for pay and pension inflation transferred from the central inflation contingency;
- £6.2m for price inflation (including residential fee review);
- £0.7m transfers from other departments.

14. Growth and savings have been categorised in the appendices under the following classification:

    *   item unchanged from previous MTFS;
    **   item included in the previous MTFS, but amendments have been made;
    No stars   new item.

15. This star rating is included in the descriptions set out for growth and savings below.

16. Savings are highlighted as "Eff" or "SR" dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. "Inc" denotes those savings that are funding related or to generate more income.

Growth

17. The proposed growth reflects changes in demand for services such as increased numbers of service users, increases in the level of individual need, and number of high cost care packages, and changes in types of service. This amounts to £13m over the next four years. The growth requirement for each service area was adjusted as part of the MTFS process to the level of service users seen in 2020/21 (prior to the Covid-19 pandemic). As in previous years, the profile of service users and their care needs are constantly changing which may impact on the services commissioned. Overall demand led expenditure totals c£180m.

18. There are a number of demand management activities which include regular oversight of high cost packages, a scheme of delegation which manages level of spend and accountability at all levels across the service, benchmarking against national population statistics and regular budget monitoring. The management team also maintains oversight of the sustainability of the care provider market including impact of changes in demand for care homes and home care. All these actions aim to validate and mitigate future growth requirements.

19. The total growth required is £3.5m for 2021/22 and £12.8m over the next four years in total. The budget increases are outlined below and summarised in Appendix B to the report.

**G7 Older People demand – £2,070,000 2021/22 rising to £8,010,000 by 2024/25

20. People aged over 65 account for the majority of the Department's care expenditure. This financial growth is required to meet the increasing numbers of older people with eligible needs as well as the increasing acuity of service users. Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. During 2020/21, there have been significant changes in demand due to the impacts of the Covid-19 pandemic, for example there has been an increase to the average number of home care hours provided and changes to the hospital discharge guidance and process which have caused an increase in the number of funded service users, some of whom would normally pay for their own care. The NHS has been funding all service users discharged from hospital since March. However, from September this arrangement only covers up to the first six weeks. The ongoing review of 1,500 service users and a lack of policy direction from the end of March 2021 makes it difficult to identify any ongoing costs that the Council will need to cover. It is anticipated that the increase in additional needs will continue. This growth is primarily to meet the expected increase in service users based on the projected national demographic growth in future years which is around 2%.

**G8 Learning Disability demand – £500,000 2021/22 rising to £2,250,000 by 2024/25

21. The level of Learning Disability support required is growing mainly due to costs of care packages for known service users transferring from Children's services to Adult's services (around 100 per annum), increasing levels of additional needs, and high cost placements. Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. Due to the Covid-19 pandemic, the baseline number of service users is based on the month of February 2020 and costs based on the prices in

August 2020. The transfer of people from hospital placements to the community continues to take place, however the exact cost to the Authority of these Transforming Care clients is difficult to predict. There is currently a significant increase in the numbers of social care placements in Children's services which may impact on Adult's services in the long term, but this cannot be quantified. This assumes the continuation of the Independent Living Fund of £1.1m.

** G9 Mental Health demand – £350,000 2021/22 rising to £1,505,000 by 2024/25

22. It is anticipated that the increase in additional needs will continue after the Covid-19 pandemic and there may be an increase in service users which cannot be quantified yet.   This growth is primarily to meet the expected increase in service users based on the projected national demographic growth in future years.

**G10 Physical Disabilities demand – £280,000 2021/22 rising to £810,000 by 2024/25

23. During 2020/21, the number of service users has slightly increased and this trend is expected to continue.

G11 Market Premia costs – £270,000 2021/22 onwards

24. This has been identified as additional costs due to having to pay market premia to attract key social workers when recruiting and to retain existing workers across all areas of the Department.

Savings

25. Details of proposed savings are set out in Appendix C and total £3.4m in 2021/22 and £8.1m over the next four years in total.

Adult Social Care

**AC1 (Inc) Increased Income - £100,000 saving 2021/22 rising to £400,000 in 2024/25

26. Department for Work and Pensions increases in benefits payments should provide additional chargeable income. It is anticipated that income from older people will rise faster than inflation as a result of the protection of over 65s benefits by the Government. This should help to maintain income levels in line with the target and will mitigate the impact of potential reductions in the income from under 65s. Monitoring of income levels continue, with levels for 2020/21 being below target due to the impact of the Covid-19 pandemic but the annual benefit increases were applied for 2020/21.

**AC2(Eff) Social Care Investment Plan - reduced cost of care – £25,000 saving 2021/22 rising to £275,000 2024/25 onwards

27. The first 'Place to Live/Social Care Investment Plan' (SCIP) project is the development of properties which will deliver annual social care savings of £275,000 pa plus net rental income (included in Corporate Resources property savings). It is anticipated that the SCIP will deliver 68 supported living units per year from 2020/21 to 2022/23. However, the savings for the first 180 supported living accommodation moves delivered by SCIP schemes or able to be otherwise commissioned from the

private sector (up to £860k annual saving/cost avoidance) have already been included within the Target Operating Model (TOM) Working Age Adult (WAA) accommodation savings. In order to ensure no double-counting of these savings, it appears prudent not to build in any savings for supported living schemes at this time. At present, savings delivered by SCIP supported living schemes are achieving higher per-week cost avoidance than has been modelled through the TOM accommodation targets (£130 per week actual against £92 per week modelled) but this may be accounted for as TOM over-delivery. Additional savings are expected to be added to this savings line in future years as development of a specialist dementia facility and extra care schemes are progressed. Subject to scheme approval, these savings are anticipated towards the back end of the MTFS (probably full year from 2024/25 onwards).

**AC3 (Inc) – Increased Better Care Fund Income - £500,000 saving 2021/22 onwards

28. Additional income from the annual uplift on the protected social care element of the Better Care Fund (BCF).

**AC4 (Eff) - Implementation of revised operating model (TOM) - £2,000,000 saving 2021/22 rising to £3,000,000 in 2024/25

29. The TOM programme has been successfully implemented across the Department and approved as delivering the anticipated financial benefits by formally measuring the results achieved prior to the Covid-19 pandemic. This was achieved by working in partnership with external partner Newton Europe. These financial benefits fall between the "Target" and "Stretch" ranges proposed during the original Diagnostic. The TOM Programme is on track to deliver in the region of £9m cashable savings £5m of which is on track to be delivered in 2020 despite the impact of the Covid-19 pandemic on working practices. The remaining £4m of savings will be delivered through £3m of further new ways of working savings identified here and £600k of establishment savings. Further work is being undertaken following on from the implementation of the TOM to deliver the final savings over the next four years such as further reducing double handed care, moves into lower cost accommodation and capacity requirements. This will be supported by an ongoing focus on continuous improvement across the Care Pathway, built into TOM ways of working.

New AC5 (Eff) - Implementation of Digital Assistive Technology to Service Users (Technology Enabled Care -TEC) – £250,000 saving 2021/22 rising to £2,000,000 in 2024/25

30. Savings in the size of care and support packages by developing a range of IT and digital solutions that can be used to support service user outcomes across the care pathway. It includes assistive technology, aids and adaptations, telecare and telehealth. Implementation is expected to include the commissioning of a strategic partner to transform and deliver a new approach to care technology, expected to commence in 2021/22. A Diagnostic has been commissioned through Hampshire County Council to understand the potential benefits of increasing the use of care technology in the Care Pathway. This looked at the Invest to Save financial business case and found a positive financial benefit to increasing the use of care technology through expected reductions in the overall cost of care and support packages for existing and new service users. The Diagnostic suggests a net benefit over five years of between £2-5m (majority expected in the form of cost avoidance) from an

incremental cost of £4.1 million. Additional staffing is likely to be required to drive forward work across the Department in order to maximise pace and subsequent benefits. Costs for this staffing to support implementation will be in addition to incremental costs included in the Diagnostic. Based on similar structures at Hampshire County Council this may require a team costing up to £400k per annum as the programme expands.

31. A saving at the lower end of the diagnostic findings has been assumed in the interests of prudency. A full business case is expected to be presented to the Cabinet in February 2021 seeking a decision to progress with the commissioning of a strategic partner to provide a managed technology service.

**AC6 (Eff) - Review of High Cost Placements (Working Age Adults) £50,000 saving 2021/22 rising to £300,000 in 2024/25

32. The review of the placements is also looking at the remaining savings being delivered through reducing accommodation costs, setting clear goals as part of a progression model to reduce staffing costs and ensuring that Assistive Technology equipment is integral to the placement.

AC7(Eff) - Establishment Review – £400,000 saving 2021/22 rising to £600,000 in 2024/25

33. A review of the Department's staffing establishment following the implementation of the TOM programme, new ways of working, and the learning from the Covid-19 pandemic, commencing with the Home Care Assessment and Reablement Team (HART) service during 2020 and 2021. HART savings of approximately £400k anticipated from April 2021 following implementation of a HR Action Plan.

AC8 (Eff) - Digital Self-Serve Financial Assessments – £100,000 saving 2022/23 onwards

34. A review of the service user financial assessments process with the aim of digitalising and improving service user assessment processes. The savings is an estimate of reduced transactional and staffing costs, together with potential increased income. Work is underway to investigate opportunities for digitising existing processes which aims to implement new ways of working during 2021/22.

AC9 (Eff) - Review of Mental Health Pathway – £500,000 saving 2022/23 onwards

35. A review of the mental health care pathway including a progression model to reduce residential costs and other support. Many working age adults with mental health as their primary need are being placed in residential care due to a lack of alternatives. Evidence suggests there is a cohort of mental health clients waiting for suitable accommodation options that will enable them to step down from residential care placements and hospital stays. At the end of June 2020, there were circa 120 mental health clients assessed to be suitable for their own accommodation or supported living, and a very small number of available placements. Increasing the provision of floating support (support provided in people's own homes and only in place for as long as needed, in other provision the support is linked to specific accommodation and therefore the person has to move once they no longer need the support) to assist in facilitating step down from hospitals and residential care into supported living and own tenancies is expected to save in the region of £500k through reduced

residential costs. Initial investment in year one to develop floating support capacity will offset any savings achieved in 2021/22.

AC10 (Eff) - Review of Transitions Placements – £120,000 saving 2022/23 rising to £240,000 in 2024/25

36. As part of the Defining Children's Services for the Future Programme with an external partner there will be a review of the decision making on transitions placements which in the longer term will reduce the size of packages as children transfer to adult services.

Communities and Wellbeing

** AC11 (Eff/SR) Implementation of revised service for communities and wellbeing - £70,000 saving 2021/22 rising to £140,000 in 2022/23

37. Implementation of a revised service for Communities and Wellbeing. The new structure for the Communities and Wellbeing Service became operational in July 2020. The remainder of the savings will be found through efficiencies and through reducing operating costs.

Savings under development

38. The following area is being developed to meet future savings targets.

Social Care Investment Plan (SCIP) [formerly 'Place to Live']

39. The most significant cost in adult social care is for residential placements. The overall strategic goal is to reduce the numbers of people placed in residential care and increase the number supported in community settings. Part of the solution to increasing the supply of community accommodation is by implementing the SCIP.

40. Since October 2019, eight properties have been secured which will offer 56 units of accommodation to working age adults who have mental health needs and/or a learning disability or young people in transition from Children and Family Services to Adults and Communities. Three sites are operational at the time of writing – Brookfield in Great Glen where 20 individual flats have been developed, a two-bedroom house for two individuals and a three-bedroom house for two individuals, one of whom requires overnight support. The remaining five properties are having minor or major works completed on them and all will be brought into occupation between January and mid-April 2021. The properties developed are enabling individuals to move on from residential care settings or avoid entering these environments and reducing out of area placements, typically high cost, for the Transitions cohort.

41. Investment options being investigated include:

- Direct financial/asset investment by the Council to develop more accommodation with support capacity , for example, extra care housing, supported living or residential care services.

- A partnership with a care and/or accommodation provider could both increase capacity to deliver a more sustainable market whilst at the same time reduce average care costs.

42. For the majority of provision, the Council proposes to use a range of flexible frameworks to identify the most suitable provider to deliver the care and support but will consider delivering the care directly as an option when developing outline business cases for new schemes.

43. This £10m capital was made available on an invest to save basis as it will generate significant revenue savings in care and support costs in the medium to long term. The details of the mechanism for linking the capital investment and revenue saving elements are currently being worked through.

Health and Social Care Integration

National Policy Context

44. Health and social care integration continues to be a top priority for both the County Council and its NHS partners. Developing effective ways to co-ordinate care and integrate services around the person and provide more of this care in community settings are seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.

Better Care Fund (BCF)

45. The Council has received funding from the NHS through the BCF since 2014/15 in line with levels determined by the Government. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.

46. The Leicestershire BCF pooled budget is comprised of a number of sources of funds (see table below), with the largest component sourced from Clinical Commissioning Groups (CCGs) budgets. The amount each CCG contributes to its local BCF pooled budget is mandated by NHS England and known as the annual "minimum allocation".

47. In the Spring budget of 2017, the Government made a non-recurrent, national grant allocation of £2bn, covering the three-year period 2017/18–2019/20. This along with ongoing funding announced in the Autumn 2015 spending review, is known as the improved Better Care Fund (iBCF). The iBCF is allocated to local authorities, specifically to meet social care need, assist with alleviating pressures on the NHS, with emphasis on improving hospital discharge, and stabilising the social care provider market.

48. In the Autumn Budget 2018 an announcement was made that additional funding of £240m nationally for Winter Pressures funding would be available. From 2019/20 this has been incorporated into the BCF Plan.

49. Better Care Fund Policy and Guidance is issued during each planning period, setting out the national conditions and requiring a detailed submission of spending plans to NHS England and NHS Improvement. BCF Plans may be for one year or multiple years.

Better Care Fund Plan 2020/21 and 2021/22- 2023/24

50. Given the pressures due to the pandemic, the BCF 2020/21 Policy and Guidance was initially delayed allowing priority to be given to continuity of provision, social care capacity and system resilience. On 3 December 2020, the Government issued a BCF Policy Statement to confirm that formal BCF plans would not have to be submitted to NHS England and NHS Improvement for approval in 2020-21. Health and Wellbeing Boards, however, are required to ensure that use of the mandatory funding contributions (CCG minimum contribution, iBCF grant and the Disabled Facilities Grant) has been agreed in writing, and that the national conditions are met.

51. As part of the Spending Review 2020 it was confirmed that the Government remains committed to the integration of health and social care and that the BCF will continue into 2021/22. The NHS contribution to adult social care will increase by 5.3% in line with the NHS Long Term Plan Settlement. The Better Care Fund Policy Framework and Planning Requirements for 2021/22 will be published in early 2021.

52. The Review also confirmed that the iBCF grant and Disabled Facilities Grant will continue in 2021/22 and be maintained at its current levels.

53. The Government has indicated that the BCF policy is likely to continue for a further three years through to 2023/24, although the content of the policy framework over this period is not yet determined.

54. The national conditions set by the Government for 2020/21 are:

- Plans covering all mandatory funding contributions have been agreed by Health and Wellbeing Board areas and minimum contributions are pooled in a Section 75 agreement (an agreement made under Section 75 of the NHS Act 2006).
- The contribution to social care from the CCG via the BCF is agreed and meets or exceeds the minimum expectation.
- Spend on CCG commissioned out of hospital services meets or exceeds the minimum ringfence.
- CCGs and local authorities confirm compliance with the above conditions to their Health and Wellbeing Boards.

55. Due to the cancellation of several meetings of the Health and Wellbeing Board (HWB) as a result of the Covid-19 pandemic, members were provided with a report which sought approval for the interim BCF Expenditure Plan for 2020/21. Those who responded supported the plans and therefore the Chief Executive of the County Council, under delegated powers, approved the interim 2020/21 Expenditure Plan. The final BCF expenditure plan for 2020/21 will be taken to the HWB on 28 January 2021 in accordance with the national conditions.

56. BCF funding for Leicestershire in 2020/21 is summarised in the table below:

	2020/21 £m
CCG Minimum Allocation	41.4
IBCF - Autumn 2015 review	11.4
IBCF (additional adult social care allocation) - Spring 2017 Budget	3.4
IBCF (Winter Pressures)	2.4
Disabled Facilities Grant	4.4
Total BCF Plan	62.9

57. £19m of the CCG minimum allocation into the BCF is used to sustain adult social care services. The national conditions of the BCF require a certain level of expenditure to be allocated for this purpose. This funding has been crucial in ensuring the Council can maintain a balanced budget, while ensuring that some of its most vulnerable users are protected; unnecessary hospital admissions are avoided; and the good performance on delayed transfers of care from hospital is maintained.

58. In addition to the required level of funding for sustaining social care service provision, a further £6m of Leicestershire's BCF funding has been allocated for social care commissioned services in 2020/21. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support and crisis response.

59. Any reduction in this funding would place additional pressure on the Council's MTFS, and without BCF funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda. This is also a key consideration for senior officers when negotiating with CCG colleagues as part of the BCF Refresh.

Other External Influences

60. There are a number of areas of funding that influence the achievability of the MTFS for the Department. For example:

- There will be an ongoing impact of the Covid-19 pandemic into the 2021/22 financial year, although the exact nature of this is difficult to predict with any certainty. It is likely that both the demand on services and the costs of services will remain higher over the next 12 months, and there is currently no indication from the Government of future policy or funding direction in respect to additional Covid-19 related activity.

- The Government has committed to further reform of adult social care policy and the future sustainability of adult social care funding. However, as yet there is no indication of when this will take place or what the outcome may be.

- Increasing costs of care mainly due to increases in the National Living Wage and shortages of workforce in the care sector in certain rural areas.

Other Funding Sources

61. For 2021/22, the following other funding is expected to be received:

- Adult Social Care Winter Pressures Grant of £2.4m to support winter pressures in adult social care and the NHS. The grant determination states that the funding may only be used for supporting the local health and social care system to manage pressures that are in addition to existing budgets.
- Former Independent Living Fund grant of £1.1m is to be paid to the County Council in 2020/21 which provides support packages, usually alongside local authority funding, to help disabled people live independently in the community;
- Service users eligible for Continuing Health Care - £7.0m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users (£9.9m);
- Social Care in Prisons Grant - £102,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £51,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £103,000;
- Funding to support Adult Learning from Skills Funding Agency estimated to be £4.1m and Education Funding Agency £46,000.

Capital Programme

62. The proposed Adults and Communities capital programme totals £24.9m (see Appendix D). The main source of external funding for the programme is the BCF grant programme (£15.7m), which is pass-ported to District Councils to fund major housing adaptations in the County. The balance of the programme (£9.2m) is discretionary funding.

63. The capital programme for the Department has traditionally been relatively small. However, there are a number of future projects being developed with a focus on delivering long term revenue savings/operational improvements:

a) *Development of Hamilton Court/Smith Crescent site in North West Leicestershire £2.130m (£3.381m total project cost)* - The project involves moving existing tenants and residents to alternative properties / services, demolishing the existing buildings, and redeveloping the site.

b) *Social Care Investment Plan £7.0m (£10.0m total project cost)* – The Social Care Investment Plan (SCIP) involves the purchase and development of properties to meet the needs identified within the Social Care Accommodation Development Plan, which was approved by the Cabinet on 25 June 2019. The programme specifically includes £5.4m for the development of a specialist dementia care facility in Coalville. The remainder will be used to increase the supply of community-based accommodation options, for example in the form of extra care and supported living, subject to business cases.

Future Developments

64. A summary of provisional capital bids expected to be made by the Department are below. These have yet to be formally approved and are subject to business cases:

   a) *Collections and Learning Hub (Phase 2)* – To co-locate the Council's museums and learning collections into a single facility at the Eastern Annexe. This forms part of the Communities and Wellbeing Strategy to reduce the number of collection locations.

   b) *SCIP* – Other potential accommodation opportunities are being investigated which may require capital investment.

   c) *Digital for Adults and Communities* – To consider how access to assessment, review and other services can be facilitated on a self-serve basis using digital technology and modern access methods.

Background Papers

None.

Circulation under local issues alert procedure

None

Equality and Human Rights Implications

65. Public authorities are required by law to have due regard to the need to:

   - Eliminate unlawful discrimination, harassment and victimisation;
   - Advance equality of opportunity between people who share protected characteristics and those who do not;
   - Foster good relations between people who share protected characteristics and those who do not.

66. Many aspects of the County Council's MTFS may affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those assessments will be revised as the proposals are developed to ensure decision makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

67. Proposals in relation to savings arising out of a reduction in posts will be subject to the County Council Organisational Change policy which requires an Equality Impact Assessment to be undertaken as part of the action plan.

Officers to Contact

Jon Wilson, Director of Adults and Communities
Tel: 0116 305 7454
E-mail: jon.wilson@leics.gov.uk

Chris Tambini, Director of Corporate Resources
Tel: 0116 305 6199
E-mail: chris.tambini@leics.gov.uk
Judith Spence, Finance Business Partner, Corporate Resources Department
Tel: 0116 305 5998
E-mail: judith.spence@leics.gov.uk

<u>Appendices</u>

Appendix A – Revenue Budget 2021/22
Appendix B – Growth
Appendix C – Savings
Appendix D – Capital Programme 2021/22 to 2024/25

This page is intentionally left blank

ADULTS AND COMMUNITIES DEPARTMENT
REVENUE BUDGET 2021/22

Previous Budget 2020/21 £		Employees £	Running Expenses £	Internal Income £	Gross Budget £	External Income £	Net Budget 2021/22 £
	Care Pathway - Older Adults/Mental Health						
-190,751	Heads of Service & Lead Practitioners (OA/MH)	396,831	281,550	0	678,381	-799,866	-121,485
4,847,351	Older Adults Team	5,738,874	130,921	0	5,869,795	-1,067,439	4,802,356
2,518,805	Working Age Adults Team (Mental Health)	2,717,662	122,050	0	2,839,712	-173,122	2,666,590
5,589,888	Countywide Team (OA/MH)	5,333,084	1,745,450	-126,900	6,951,634	-1,404,218	5,547,416
		0	0	0	0	0	0
		0	0	0	0	0	0
12,765,293	**TOTAL**	**14,186,451**	**2,279,971**	**-126,900**	**16,339,522**	**-3,444,645**	**12,894,877**
	Care Pathway - Learning Disabilities						
540,054	Heads of Service & Lead Practitioners (LD)	429,597	95,400	-42,000	482,997	0	482,997
3,004,166	Working Age Adults Team (Learning Disabilities)	3,260,832	92,280	0	3,353,112	-180,572	3,172,540
688,221	Countywide Team (LD)	878,428	27,830	0	906,258	-207,000	699,258
		0	0	0	0	0	0
4,232,441	**TOTAL**	**4,568,857**	**215,510**	**-42,000**	**4,742,367**	**-387,572**	**4,354,795**
	Direct Services						
585,860	Direct Services Managers	709,533	5,850	0	715,383	-86,790	628,593
4,909,098	Supported Living, Residential and Short Breaks	4,552,732	224,384	0	4,777,116	-4,000	4,773,116
2,610,306	CLC / Day Services	2,356,459	183,647	-73,300	2,466,806	-56,500	2,410,306
352,965	Shared Lives Team	274,001	43,000	0	317,001	0	317,001
4,881,914	Reablement (HART) & Crisis Response	5,800,596	648,270	0	6,448,866	-1,821,807	4,627,059
1,530,248	Occupational Therapy	1,537,012	55,240	0	1,592,252	-42,187	1,550,065
1,668,968	Aids, Adaptations and Assistive Technology	538,209	1,881,360	0	2,419,569	-750,600	1,668,969
149,835	Direct Services Review	0	206,829	0	206,829	-6,000	200,829
16,689,194	**TOTAL**	**15,768,540**	**3,248,580**	**-73,300**	**18,943,820**	**-2,767,884**	**16,175,936**
	Early Intervention & Prevention						
838,201	Extra Care	0	838,201	0	838,201	0	838,201
96,000	Eligible Services	0	96,000	0	96,000	0	96,000
299,023	Secondary (e.g. Carers & Community Assessments)	0	1,482,774	0	1,482,774	-668,580	814,194
214,610	Tertiary (e.g. Advocacy)	0	730,009	-54,000	676,009	-295,399	380,610
0	Housing Related Support Income	0	0	0	0	0	0
1,447,834	**TOTAL**	**0**	**3,146,984**	**-54,000**	**3,092,984**	**-963,979**	**2,129,005**
	Strategic Services						
186,720	Heads of Strategic Services	268,364	1,676	-83,320	186,720	0	186,720
1,875,341	Business Support	1,628,432	281,950	-22,513	1,887,869	-12,365	1,875,504
1,146,669	Adult Social Care Finance	1,305,632	77,067	-13,000	1,369,699	-235,000	1,134,699
433,635	IT & Information Support	365,944	69,000	0	434,944	0	434,944
1,674,100	Commissioning & Quality	2,282,268	173,300	-103,022	2,352,546	-753,335	1,599,211
5,316,465	**TOTAL**	**5,850,640**	**602,993**	**-221,855**	**6,231,778**	**-1,000,700**	**5,231,078**

	Demand Led Commissioned Services						
58,683,952	Residential & Nursing Care	0	94,938,705	0	94,938,705	-37,653,433	57,285,272
1,631,675	Shared Lives Residential	0	1,631,675	0	1,631,675	0	1,631,675
19,208,818	Supported Living	0	20,087,818	0	20,087,818	0	20,087,818
20,595,038	Home Care	0	21,072,038	0	21,072,038	0	21,072,038
38,012,064	Direct Cash Payments	0	39,974,062	0	39,974,062	-1,161,998	38,812,064
5,475,458	Community Life Choices (CLC)	0	5,780,458	0	5,780,458	0	5,780,458
535,750	Shared Lives - CLC	0	535,750	0	535,750	0	535,750
-21,815,614	Community Income	0	0	0	0	-21,449,934	-21,449,934
122,327,141	**TOTAL**	**0**	**184,020,506**	**0**	**184,020,506**	**-60,265,364**	**123,755,142**
-18,154,804	**Better Care Fund (Balance)**	483,712	6,049,678	0	6,533,390	-25,723,421	-19,190,031
835,185	**Department Senior Management**	727,533	365,394	-178,728	914,198	-83,000	831,198
145,458,749	**TOTAL ASC**	**41,585,733 0**	**199,929,616 0**	**-696,783 0**	**240,818,566 0**	**-94,636,565 0**	**146,182,001**
	Communities and Wellbeing						
388,840	C&W Senior Management	395,947	9,000	-8,000	396,947	-29,157	367,790
1,761,794	Libraries Operational	1,933,207	313,890	-6,700	2,240,397	-530,749	1,709,648
1,075,397	Libraries Resources	249,836	855,950	0	1,105,786	-5,700	1,100,086
768,436	Museums & Heritage	834,075	326,577	0	1,160,652	-333,460	827,192
418,337	Participation	432,847	148,996	0	581,843	-143,328	438,515
901,012	Collections & Learning	1,187,692	351,979	0	1,539,671	-691,500	848,171
-1	Externally Funded Projects	186,330	191,752	0	378,082	-378,082	0
0	Adult Learning	4,278,211	819,633	-408,450	4,689,394	-4,689,394	0
6,000	C&W Efficiencies	0	-41,588	0	-41,588	0	-41,588
5,319,815	**TOTAL C&W**	**9,498,146**	**2,976,189**	**-423,150**	**12,051,185**	**-6,801,370**	**5,249,815**
150,778,564	**TOTAL ADULTS & COMMUNITIES**	**51,083,879**	**202,905,805**	**-1,119,933**	**252,869,751**	**-101,437,935**	**151,431,815**

References	GROWTH	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000
	ADULTS & COMMUNITIES				
	Demand & cost increases				
** G7	Older people - new entrants and increasing needs in community based services and residential admissions	2,070	3,810	5,770	8,010
** G8	Learning Disabilities - new entrants including children transitions and people with complex needs	500	1,075	1,585	2,250
** G9	Mental Health - new entrants in community based services and residential admissions	350	720	1,110	1,505
** G10	Physical Disabilities - new entrants in community based services	280	510	630	810
	Other increases				
G11	Market Premia - to recruit and retain key social workers	270	270	270	270
	TOTAL GROWTH	**3,470**	**6,385**	**9,365**	**12,845**

* items unchanged from previous Medium Term Financial Strategy
** items included in the previous Medium Term Financial Strategy which have been amended

This page is intentionally left blank

APPENDIX C

References	SAVINGS	2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000

References used in the following tables

* items unchanged from previous Medium Term Financial Strategy
** items included in the previous Medium Term Financial Strategy which have been amended
Eff - Efficiency saving
SR - Service reduction
Inc - Income

ADULTS & COMMUNITIES

Adult Social Care

	Ref	Type	Description	2021/22	2022/23	2023/24	2024/25
**	AC1	Inc	Increased income from fairer charging and removal of subsidy / aligning increases	-100	-200	-300	-400
**	AC2	Eff	Social Care Investment Plan - reduced cost of care	-25	-25	-25	-275
**	AC3	Inc	Additional BCF/Health income	-500	-500	-500	-500
**	AC4	Eff	Implementation of Target Operating Model (TOM)	-2,000	-2,500	-3,000	-3,000
	AC5	Eff	Implementation of digital assistive technology to service users	-250	-750	-1,100	-2,000
**	AC6	Eff	Review of high cost placements (working age adults)	-50	-150	-300	-300
	AC7	Eff	Establishment Review following implementation of TOM programme	-400	-600	-600	-600
	AC8	Eff	Digital Self Serve financial assessments	0	-100	-100	-100
	AC9	Eff	Review of Mental Health pathway and placements	0	-500	-500	-500
	AC10	Eff	Review of Transitions placements	0	-120	-180	-240
			Total ASC	**-3,325**	**-5,445**	**-6,605**	**-7,915**

Communities and Wellbeing

	Ref	Type	Description	2021/22	2022/23	2023/24	2024/25
**	AC11	Eff/SR	Implementation of revised service for communities and wellbeing	-70	-140	-140	-140
			Total C&W	**-70**	**-140**	**-140**	**-140**
			TOTAL A&C	**-3,395**	**-5,585**	**-6,745**	**-8,055**

This page is intentionally left blank

ADULTS & COMMUNITIES - CAPITAL PROGRAMME 2021-25 - Draft

Estimated Completion Date	Gross Cost of Project £000		2021/22 £000	2022/23 £000	2023/24 £000	2024/25 £000	Total £000
Mar-22	3,730	Hamilton Court/Smith Crescent - NWL Development - Improved Service User Accommodation	2,130				2,130
Mar-25	15,680	Disabled Facilities Grant (DFG)	3,920	3,920	3,920	3,920	15,680
		Changing Places/Toilets (Personal Assistance)	30	30			60
							0
			6,080	**3,950**	**3,920**	**3,920**	**17,870**
		Social Care Investment Plan (SCIP):					
Mar-25	5,500	Specialist Dementia Facility - Coalville	1,900	2,550	600	350	5,400
Mar-22	4,500	SCIP - Additional Schemes to be confirmed - balance	1,619				1,619
							0
		Sub-Total SCIP	**3,519**	**2,550**	**600**	**350**	**7,019**
		Total A&C	**9,599**	**6,500**	**4,520**	**4,270**	**24,889**

Future Developments - subject to further detail and approved business cases					
Records Office					
Heritage and Learning Collections Hub					
Adult Accommodation Strategy (Social Care Investment Plan)					
Digital for A&C					

This page is intentionally left blank

Leicestershire County Council

96

ADULT AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
18 JANUARY 2021

OVERVIEW OF ADULT SAFEGUARDING ACTIVITY PRE AND DURING THE COVID PANDEMIC

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1.　The purpose of this report is to provide Committee members with an overview of adult safeguarding activity pre and during the Covid-19 pandemic.

Policy Framework and Previous Decisions

2.　The 'No Secrets' Guidance was replaced by the Care Act 2014 which created a legislative framework for safeguarding. The Act defines safeguarding adults as protecting an adult's right to live in safety and free from abuse and neglect and provides a legislative framework for those working in adult safeguarding stipulating that each local authority must:

- make enquiries, or ensure others do so, if it believes an adult is experiencing or is at risk of abuse or neglect; abuse or neglect can be viewed in terms of the categories defined in the Care Act;
- set up a Safeguarding Adults Board (SAB);
- arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or safeguarding adults review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them;
- co-operate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.

3.　The aims of adult safeguarding are to:

- prevent harm and reduce the risk of abuse or neglect to adults with care and support needs;
- stop abuse or neglect, wherever possible;
- safeguard adults in a way that supports them in making choices and having control about how they want to live;
- promote an approach that concentrates on improving life for the adults concerned;
- raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying and responding to abuse and neglect;

- provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult;
- address what has caused the abuse or neglect.

4. Before the introduction of the Care Act, the initiative Making Safeguarding Personal (MSP) was introduced which aims to make safeguarding person-centred and outcomes focussed, moving away from process driven approaches to safeguarding. MSP was a sector wide initiative, which continues to aim to imbed this approach and a range of responses to support people to improve or resolve their circumstances.

5. This approach was reaffirmed by the Care Act 2014 and is now underpinned by the Leicestershire, Leicester City and Rutland (LLR) Multi-Agency Policies and Procedures (MAPP) which aim to make sure that:

- the needs and interests of adults are always respected and upheld;
- the human rights of adults are respected and upheld;
- a proportionate, timely, professional and ethical response is made to any adult who may be experiencing abuse;
- all decisions and actions are taken in line with the Mental Capacity Act 2005, where relevant/applicable;
- that each adult maintains choice and control, safety, health and wellbeing, quality of life and dignity and respect.

6. The Mental Capacity Act (MCA) 2005 provides a framework to protect and restore power to those who may lack or have reduced capacity to make certain decisions at particular times.

7. The following five principles apply for the purposes of the MCA and should inform all actions when working with, and be evidenced when taking decisions or actions on behalf of, a person who may lack or have reduced capacity:

- A person must be assumed to have capacity unless it is established that they lack capacity;
- A person is not to be treated as unable to make a decision unless all practicable steps to help them to do so have been taken without success;
- A person is not to be treated as unable to make a decision merely because they make an unwise or bad decision;
- An act done or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in their best interests;
- Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of action or self-determination.

Background

8. The purpose of the Safeguarding Adults Team is to ensure that there is a consistent and timely approach to applying safeguarding thresholds, identifying and addressing immediate risk and establishing the outcomes of the person involved, in line with 'Making Safeguarding Personal' principles. The Team in its current form was

introduced in 2018 and comprises of one Service Manager, seven Social Workers and one Community Support Worker.

9. The Safeguarding Adults Team will usually receive their alerts/referrals from the Council's Customer Service Centre (CSC). Cases that require ongoing work in relation to management of abuse or neglect, or cases that require care management are transferred to locality teams, once the Safeguarding Adults Team has addressed the short-term interventions outlined above. Locality Teams are also responsible for the completion of safeguarding enquiries for cases that are allocated to workers within the teams.

10. The Safeguarding Adults Team will provide short term intervention when issues relating to abuse or harm are indicated for an individual (usually within three working days), during which time it will aim to make enquiries to enable it to:

    - apply safeguarding thresholds;
    - identify and take steps to address any immediate risk;
    - meet or discuss with the person involved to establish what their outcomes are in relation to the safeguarding enquiry. Where there are any doubts about the person's capacity to consent to the enquiry and advise of their outcomes, a mental capacity assessment and if necessary best interest decision in relation to this will be undertaken;
    - establish who is involved with the person's care and who needs to be involved in the enquiry;
    - hold a strategy meeting or discussion at a multi-agency level with relevant partners, e.g. Police, Care Provider GP.

Safeguarding during the Covid 19 Pandemic

11. During the initial phase of the Covid-19 pandemic, the Safeguarding Adults Team was required to adapt the way safeguarding enquiries were carried out in order to ensure compliance with the national restrictions that were in force. Prior to the pandemic, the Team would usually visit the adult at risk or discuss their concerns over the phone. However, during the initial Covid-19 period, the Team was required to gather a person's views and outcomes they wanted to achieve in different ways.

12. The majority of safeguarding enquiries were completed over the phone by either talking directly to the person or, if there were issues around communication, speaking to a family member, carer or other professional, who would ask the person the questions related to the enquiry and the Social Worker or Community Support Worker would listen to their response. However, where the information could not be gathered over the phone and the person was deemed to have capacity, the safeguarding worker arranged to meet with them either by following social distancing rules or using the correct Personal Protective Equipment (PPE). Since the restrictions have eased the Safeguarding Adults Team is carrying out many more visits in line with usual practices.

13. When a safeguarding enquiry is received by the Team regarding a person that lacks mental capacity e.g. based on previous assessments or under a Deprivation of Liberty Safeguard (DoLS), a visit is usually arranged. However, during the initial stage of the pandemic, for this type of enquiry it was necessary for an individual risk assessment to be undertaken with the Service Manager to assess the risks of Covid-

19 and the type of abuse being experienced to determine whether a visit was appropriate. This remains the approach at the time of this report subject to continuous review in light of revised advice and guidance.

14. Each case continues to be reviewed on an individual basis, to determine whether a visit should be carried out or not. Examples of when a visit has been completed would be where there have been allegations of neglect in a nursing/residential home, or allegations of sexual or domestic abuse. An example of when a visit would not be carried out may be when there has been a medication error and no harm has been caused or the issue is a one off, or where harm occurred but the care provider took appropriate action. If a visit was not carried out, the Social Worker or Community Support Worker would talk to the family member or individual to gather their views.

15. In line with the Care Act, when safeguarding concerns are raised about providers, the team instructs the provider to complete their internal investigation, or cause enquiries to be made by others when it was/is safe to do so. However, if concerns are raised from the internal investigation, or if it is felt that the risks are too high from the original referral, then the Team has continued to carry out unannounced visits using the correct PPE.

16. Since the pandemic, there have been a number of whistle blower reports about nursing/residential homes where unannounced visits have been required. The Safeguarding Adults Team has worked jointly with the Quality and Contracts Team and locality teams in these cases.
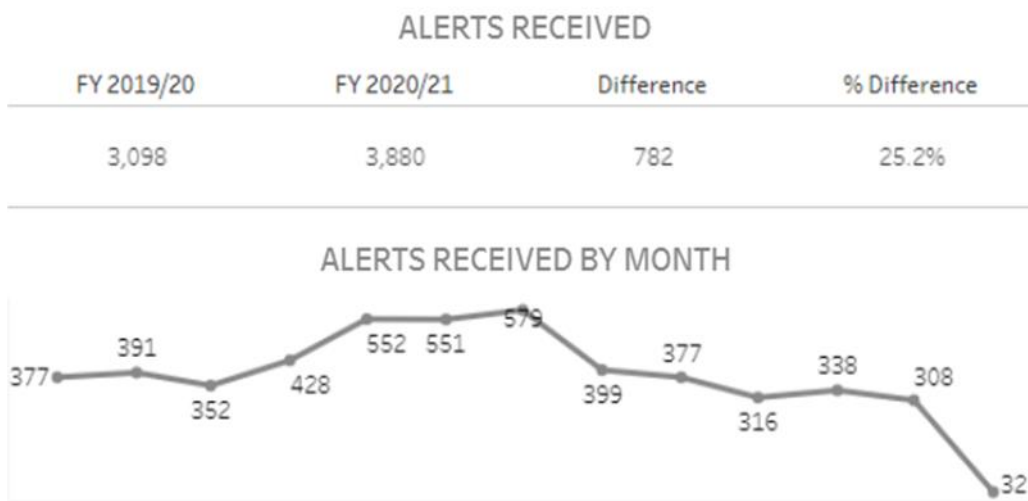
Safeguarding data

17. Data and information detailed within this report is taken from four sources as set out below. This includes the data for the past 12 months from January to December 2020 from Tableau dashboards, current trend data from Tableau, data from reports compiled from records of the Safeguarding Adults Team for 2020 and NHS digital data for 2019-20.

   - Tableau dashboards, produced from the County Council's Data and Business Intelligence Team; This data includes year to date (data for the last 12 months), data and current trend data;
   - Data produced by the Service Manager for the Safeguarding Adults Team;
   - Records of SAR's held by the Safeguarding Adults Board Office;
   - NHS Digital Safeguarding Adults England, 2019-20. (1) This publication provides the findings from the Safeguarding Adults Collection (SAC) for the period 1 April 2019 to 31 March 2020.

18. Trend data from Tableau dashboards provides information on a range of safeguarding activity and is set out within paragraphs 20 and 23 in relation to alerts and Enquiries.

19. In relation to national data, the NHS Digital Safeguarding Adults England 2019-20 report sets out data from local authorities and shows a total of 475,560 alerts (an increase of 14.6% on the previous year) were recorded during this period. It should be noted, however, the report authors have indicated that as this data was gathered pre-March 2020, the impact of the Covid-19 pandemic has not been a material factor in this increase as the pandemic only took hold at the end of the annual reporting

period. This makes understanding the impact of the virus at a national level difficult. It is also difficult therefore to make direct comparisons with the local data, as set out below, which includes data up to December 2020. A useful overall comparison can still, however, be made.

Local Alerts

20.	Alert volumes for the year to date stand at 3,880 and is set out in the table below. Numbers per month vary from a high in July 2020 of 579, to a low of 308 in December 2020. On average there were 94 alerts per week. This is an increase of 782 or 25% on the previous year which is higher than that reported nationally for the previous 12 months (an increase of 14.6% on the previous year), though it is important to note that there remain three months of local data to report on for the year 2020-21.

ALERTS RECEIVED

FY 2019/20	FY 2020/21	Difference	% Difference
3,098	3,880	782	25.2%

ALERTS RECEIVED BY MONTH

Trend data: Alerts starting
4,808 enquiries commenced in total during the last 12 months

21.	An alert is defined as the passing on of a concern that someone may be being abused to an appropriate person. As highlighted this information is usually received into the CSC - the CSC received the highest number of alerts (3,578 or 74% of the total alerts received during 2020). Many (59%) of the current open alerts have been open for a duration of less than two weeks. It should be noted that an alert can include any concern for welfare and will often require a response from the Authority, but not necessarily in relation to safeguarding.
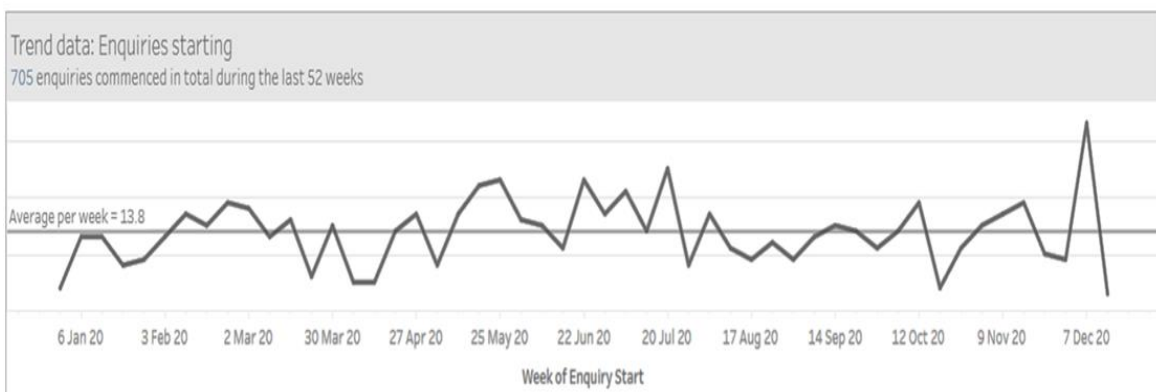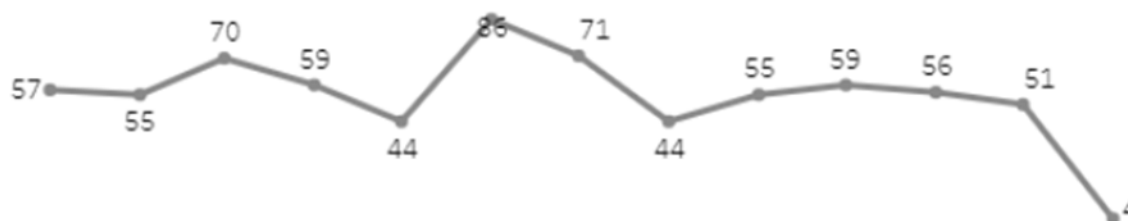
Section 42 Enquiries

22. When the Safeguarding Adults Team receive an alert, officers from the Team will establish if safeguarding thresholds are met and will evidence this in case records before commencing an Enquiry or transferring the case to the appropriate locality team where the case will be allocated to a worker or team for them to commence the Enquiry. The thresholds guidance was developed across LLR and seeks to provide practitioners with support in making a decision about whether a referral regarding an adult who may be experiencing abuse or neglect, may require further Safeguarding Adults Enquiry. Consistent threshold decisions play a crucial role in ensuring that safeguarding enquiries are undertaken for adults at risk who may be unable to protect themselves, and for identifying that alternative means of addressing risk can be considered where this is not the case.

23. Year to date data indicates that for 2020-21 there have been 529 completed enquiries whereas for the full year 2019/20 there were 703 completed enquiries. The year to date figures are therefore consistent with previous years. The highest number of enquiries concluded for this year to date was in June 2020 a figure of 86 with the lowest numbers being 44 in the months of May and August. It is important to remember that some of the enquiries will be currently ongoing hence the figure of four for the month of January 2021. The full year's data will not be available until after March 2021.

ENQUIRIES COMPLETED

FY 2019/20	FY 2020/21	Difference	% Change
703	529	-174	-24.8%

ENQUIRIES COMPLETED BY MONTH

Trend data: Enquiries starting
705 enquiries commenced in total during the last 52 weeks

Average per week = 13.8

6 Jan 20   3 Feb 20   2 Mar 20   30 Mar 20   27 Apr 20   25 May 20   22 Jun 20   20 Jul 20   17 Aug 20   14 Sep 20   12 Oct 20   9 Nov 20   7 Dec 20

Week of Enquiry Start

24. Neglect remains the most reported type of abuse. During 2018/19, neglect made up 34% of risks whilst in 2019/20, it constituted 30% followed by psychological abuse,

financial abuse and physical abuse. Again, comparing with NHS Digital data nationally the most common type of risk in Section 42 Enquiries that concluded in the year was Neglect and Acts of Omission, which accounted for 31.8% of risks. This indicates that the Department's reporting is in line with national trends regarding neglect in relation to previous years.

25. Based on current local trend data from Tableau dashboards for the year 2020-21, neglect is the joint highest reported form of abuse at 22%, however psychological abuse is also standing at 22%. This shows a reduction in the proportion of safeguarding reports indicating neglect and an increase in other forms of abuse.

Outcomes

26. From the NHS Digital Safeguarding Adults England 2019-20 report, 89.5% of concluded Section 42 enquiries where a risk was identified, the reported outcome was that risk was reduced or removed.

27. In relation to the recording of outcomes, the Department has adopted the above recording process during 2020/21, therefore in future years the Department will be able to compare these outcomes with national data.

Data regarding activity generated by the Safeguarding Adults Team

28. The tables below show cases that have been transferred to the Safeguarding Adults Team during the last year and variances in these figures. These have been broken down to community cases and Organisational Safeguarding Adult (OSA) cases.

29. During the pandemic, officers in the Safeguarding Adults Team and localities have undertaken several large scale enquiries relating to externally contracted care homes and more recently supported living accommodation. Large scale organisational enquiries will involve management of concerns with the Care Quality Commission and the Department's Strategy and Commissioning function, who are responsible for managing contractual arrangements with external providers. When comparing the financial years 2019/20 and 2020/21 the figures for organisational safeguarding enquiries are very similar (42% and 41%).

30. An OSA relates to alerts that are received regarding a care provider, individual alerts are added to a record against the provider. The highest number of cases received regarding OSAs being in June and July at 65 and the lowest in April at 30. These cases relate to referrals received where services are delivered through external contractual arrangements. The lowest number of referrals is at the point following the national lockdown being implemented.

31. Tables 1 and 2 overleaf show the number of alerts that have been managed by the Safeguarding Adults Team and the outcome in relation to how the alerts have been addressed.

32. As the data indicates, there was a large reduction in the number of alerts/referrals received in March and April for community cases and in April for OSA cases.

Table 1 – shows the number of cases that are linked to regulated activity

OSA CASES (2020)	Cases received	Safeguarding Closed by Safeguarding Adults Team	Did not meet the threshold	Cases linked to OSA's transferred to Locality	Cases not closed on the system
January	50	16 (32%)	32 (64%)	2 (4%)	0
February	51	19 (37%)	27 (52%)	5 (10%)	0
March	56	25 (44%)	24 (42%)	9 (14%)	0
April	30	14 (49%)	16 (51%)	0	0
May	62	20 (32%)	33 (40%)	9 (14%)	0
June	65	18 (27.7%)	45 (65%)	2 (3%)	0
July	65	6 (9%)	52 (80%)	6 (9%)	1
August	49	6 (12.2%)	35 (71.5%)	8 (16.3%)	0
September	44	5 (11.3%)	32 (72.27%)	8 (18.1%)	0
October	34	6 (17.6%)	17 (50%)	10 (29.4%)	2
November	42	4 (9.5%)	26 (62%)	2 (4.7%)	10
Total	**548**	**139 (25.3%)**	**339 (61.8%)**	**61 (11.1%)**	**13**

Table 2 – shows the number of cases that are linked to safeguarding referrals received by the team for those people living in the community where allegations of abuse are not linked to the provision of regulated activities, for example domestic abuse, financial abuse by family etc.

COMMUNITY CASES (2020)	Cases received	Safeguarding Closed	Did not meet the threshold	Community cases transferred to Locality	Cases not closed on the system
January	61	23 (37%)	32 (52%)	6 (10%)	0
February	44	21 (48%)	20 (46%)	2 (4%)	0
March	23	8 (34%)	12 (52%)	3 (13%)	0
April	15	5 (36%)	6 (39%)	3 (21%)	0
May	38	4 (10%)	24 (63%)	10 (26%)	0
June	85	21 (24.7%)	52 (61.1%)	16 (18.8%)	0
July	97	10 (10.3%)	70 (72.1%)	17 (17.5%)	0
August	76	9 (11.8%)	53 (69.7%)	14 (18.4%)	0
September	59	5 (8.4%)	38 (64.4%)	15 (25.4%)	0
October	48	1 (2%)	35 72.9%	11 (22.9%)	1
November	54	1 (1.8%)	42 (77.7%)	6 (11.1%)	5
Total	**600**	**100 (16.6%)**	**384 (64%)**	**100 (16.6%)**	**6**

SAR Reviews

33. The Care Act 2014 states that SABs must arrange for a SAR to be conducted when either an adult in its area with needs for care and support dies as a result of abuse or neglect (which is either known or suspected) and there is reasonable cause for concern that partner agencies could have worked more effectively to protect the adult or when an adult in its area has not died, but the SAB knows or suspects that the adult has experienced serious abuse or neglect. In the context of a SAR it would be considered that there was serious abuse or neglect where, for example:

- the individual would have been likely to have died but for an intervention;
- suffered permanent harm;
- has reduced capacity or quality of life (whether because of physical or psychological effects).

34. From March 2020, 11 referrals have been received for potential SARs. Themes include concerns of self-neglect, substance misuse and or self-harm. There is no comparable data at the time of writing the report for SAR referrals for other Local Authorities for volumes of SAR referrals during the pandemic.

35. Details of SAR referrals, SAR's commenced and completed SAR's can be found in Table 3 below:

Table 3 - date pertaining to referrals commencement

	2018/19	2019/20	2020/21*
SAR referrals	2	4	13
SARs commenced**	2	2	5
SARs completed***	2	1	4

*As at 11 Dec 2020
**may have been referred in previous years
***almost all commenced in previous years

36. Two further SARs will be completed by January 2021 leaving four SARs in progress, all of which have only just commenced.

37. Themes relating to SAR's over the past two years are highlighted below. There are seven key themes. The themes relate to SAR referrals pre and during the pandemic.

   a. *Theme 1 – Understanding Mental Capacity -* In cases reviewed evidence of application of the MCA was not always available. Staff should have knowledge of the MCA relevant to their role; however, in practice, staff are supporting decision making all the time, so need to assume capacity unless there are indicators to the contrary for that individual. Staff should be clear who is assessing capacity and what the impact of lack of capacity is on daily living and should make good records of decision making.

   b. *Theme 2 – Join up across different multi-agency processes -* In complex cases many different multi-agency processes may be underway regarding the case, such as community safety, domestic abuse, care plan approach, child safeguarding and adult safeguarding. It was identified that there is a need to improve awareness and operation of multi-agency meetings and assessment

processes to support understanding of the full picture of needs and risks for an individual and support joined up of activity.

c.   ***Theme 3 – Understanding Domestic Abuse-*** Staff to be reminded that in assessing Domestic Abuse situations they have a good understanding of aspects and impact of domestic abuse and consider specific vulnerabilities and relationship dynamics for individuals.

d.   ***Theme 4 – The impact of Substance and Alcohol misuse -*** Supporting people who misuse drugs and alcohol can be challenging, complex and unpredictable. Staff should additionally consider resources and expert advice available and how they may be accessed, including information for children of parents who misuse alcohol.

e.   ***Theme 5 – Clear plans -*** The need for clear 'end of life' care plans, understood by all concerned.

f.   ***Theme 6 – Focus on individuals -*** The needs of individuals for care, support and safeguarding can be 'lost' through a focus on their presenting issues, or an approach based upon the structure of services.

g.   ***Theme 7 – Autistic Spectrum Disorder -*** An understanding of additional needs and risks relating to Autistic Spectrum Disorder is required broadly across the workforce to effectively support and safeguard individuals.

Resource Implications

38.   In the past three years, the County Council has received 19 referrals to be considered under the criteria for a SAR. These cases are considered by the Case Review Group (CRG) who will then make recommendations to the SAB as to whether the criteria is met and that a review should take place. It is the Chair of the SAB that will ultimately agree that a SAR should be commenced.

39.   The cost to the County Council over the last three years is £28,436. This figure does not include the costs of some of the SARs that are in progress for 2020/21 and does not include Safeguarding Board Officer time, nor the time or costs associated with those that sit on the CRG and/or officer time to assist with the SAR process. The costs for 2018/19, 2019/20 and 2020/21 are as follows:

Table 4 – Costs of Independent SAR's

Year	2018/19	2019/20	2020/21*
Amount spent on SAR independent reviewers	£15,505	£8,256	£4,675

40.   The staffing costs per annum for the Safeguarding Adults Team is £148,585. It is not possible to provide estimates of the costs of safeguarding work in locality teams, because each team undertakes a range of activities on behalf of the Department, not just safeguarding activity. Such work may make up between 0 to 25% of their workload at any one time, making it difficult to separate and apportion.

Background papers

NHS Digital report November 2020
https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/2019-20

Circulation under the Local Issues Alert Procedure

None

Equality and Human Rights Implications

41. The Coronavirus Act 2020 made easements to the Care Act 2014 in England and the Social Services and Well-being (Wales) Act 2014 to enable local authorities to prioritise the services they offer to ensure the most urgent and serious care needs are met. Safeguarding duties are not affected by the Care Act Easements and any changes in service must not lead to a breach in human rights. Any impact in relation to the impact of the Covid-19 pandemic on safeguarding will be considered in line with the Department's Covid Equality and Human Rights Impact Assessment.

Officers to Contact

Jon Wilson, Director of Adults and Communities
Telephone: 0116 305 7454
Email: jon.wilson@leics.gov.uk

Tracy Ward, Head of Service/Assistant Director
Telephone: 0116 305 7563
Email: tracy.ward@leics.gov.uk

This page is intentionally left blank

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
18 JANUARY 2021

COMMISSIONING AND PROCUREMENT OF THE HOME CARE SERVICE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to seek comments from the Committee on progress made with the procurement of home care services following a pause in activity and re-profiling of timelines due to the Covid-19 pandemic.

2. In particular, attention is drawn to paragraphs 30-34 of the report which details a potential amendment to the model of care delivery which was previously presented to the Committee on 20 January 2020.

Policy Framework and Previous Decisions

3. The activities described within this report are underpinned by the Council's Strategic Plan and the new Adults and Communities Department Strategy 2020-24, the latter of which was approved by the Cabinet at its meeting of 18 September 2020. The Strategy sets out the aim to ensure that the services delivered meet the eligible needs of the citizens of Leicestershire to maximise their opportunities and wellbeing.

4. The Committee previously received a report on 20 January 2020 detailing recommendations for re-commissioning home care in Leicestershire. This included the key findings from an independent analysis of the local market and current Help to Live at Home (HTLAH) service, the detail of the key objectives and principles of the new Service model, and an outline of the proposed four pricing levels in the new service aligned to providers' costs. The Committee was asked to comment on these proposals prior to them being presented to the Cabinet in February 2020.

5. The Cabinet approved the procurement of a new Home Care Service for Leicestershire at its meeting on 7 February 2020.

6. Due to the impact of the Covid-19 pandemic upon business continuity within the health and social care market all activity was paused from April 2020.

7. On 23 June 2020, the Cabinet approved a proposal that the procurement of a new Home Care Service for Leicestershire be deferred for 12 months.

8. On 13 October 2020, the project activity recommenced in line with the deferred procurement timeline.

9. On 2 December 2020, Home Care was raised at the full County Council meeting. The County Council noted the tremendous efforts of the care workforce in meeting

the challenges of the Covid-19 pandemic and extended its appreciation to both workers and providers.

10. The County Council meeting also noted that all providers of social care are required by law to pay their staff the National Living Wage and National Minimum Wage (NLW and NMW), depending on their age and that the regulations also require employers to pay for all working time and for their travel time between care calls, excluding commuting time. With regard to contractual arrangements, the County Council noted that the Council's contracts and tenders stipulate that employers are responsible for ensuring that they are legally compliant and that its care rates enable providers to pay their staff the NLW and NMW.

11. The County Council further noted that officers are looking at the implications of signing up to the Unison's Ethical Care Charter and setting out to members at a future date the viability of signing up to the Charter.

Background

12. Key findings from the independent analysis of the local care market and current HTLAH service suggested that:

- The Lead Provider model has not worked consistently and/or effectively in meeting local demand (especially in more rural areas);
- The current geographical 'Lots' break up natural operating areas;
- Pricing should align to providers' actual costs (based on geographical constraints, travel time/costs and workforce factors);
- Urban/rural pricing is needed across Leicestershire to ensure full county-wide coverage.

13. The detail of the key objectives and principles of the new Service model were proposed as:

a) **The Provider model** – The two forms of provider:

   i. Prime – Providers who will be expected to pick up the majority of the packages of care available in their appointed zone(s). Appointed at fixed hourly zone rates and enhancements, with packages of care allocated via the Brokerage Team on a priority basis, based on quality ratings to be set out in the framework agreement.

   ii. Supplementary – Providers offered packages of care that cannot be placed with the prime providers except in the Rural Free Zone where no prime provider role will exist.

b) **External workforce issues -** Successful bidders will need to provide assurance that they either have a local workforce in place or a realistic and workable plan to recruit and train additional staff where this might be needed to meet local demand by the contract start date and over the lifetime of the contract.

c) **The Zoning model** - In the proposed service, there will be a total of 14 zones each having at least two providers but no upper limit of providers on a countywide list, as follows:

i. Six Large Zones
- Coalville and Ashby (including Ibstock, Measham, Ravenstone and Ellistown);
- Charnwood North (Loughborough, Shepshed and Kegworth);
- Charnwood South (Quorn, Barrow upon Soar, Mountsorrel, Birstall and Syston);
- West Leicester (Braunstone, Markfield, Anstey, Ratby and Groby);
- Oadby and Wigston (including Great Glen, Fleckney and Kibworth Harcourt);
- Hinckley (including Earl Shilton, Sapcote, Stoney Stanton and Broughton Astley).

ii. Three Medium Zones
- Melton (including Asfordby and Harby);
- South Leicestershire (including Narborough, Blaby, Countesthorpe and Whetstone);
- Market Harborough.

iii. Three Small Town Zones
- Castle Donington, Lutterworth and Bottesford.

iv. One Small Rural Zone
- West Leicestershire rural (Market Bosworth, Desford, Newbold Verdon and Bagworth).

v. One Rural Free Zone
- Harborough.

14. The proposed service model outlined four pricing levels in the new service aligned to providers' costs to ensure a good supply and timely responses to all requests for care, regardless of whether care was required in rural, small town or urban settings. The indicative recommended prices for 2020-21 are stated below and are based on providers paying the Real Living Wage of £9.30 per hour and include a mileage rate of 45p based on HMRC approved levels:

- Urban   -   £18.75
- Fringe   -   £19.95
- Rural   -   £22.95
- Isolated   -   £26.15

15. The transparent pricing approach was proposed to be based on developing a sustainable local market and take into account: travel time and enhancements for fringe, rural and isolated visits. It will reflect not only the requirement to pay national minimum wages, which are a statutory requirement, but will also be sufficient for providers to pay their workforce real living wage.

Covid-19

16. Due to the business continuity pressures arising from the pandemic from early March 2020, it was deemed highly unlikely that an Invitation to Tender (ITT) for a new Home Care Service would elicit a positive or significant response from the care market and

attempting a procurement exercise might destabilise an already fragile market. All activity was therefore paused from April 2020.

17. In view of this, a further report was taken to Cabinet on 23 June 2020 to recommend that procurement of the new Home Care Service for Leicestershire be deferred for 12 months. This means in effect that the project timeline has been pushed back in its entirety by 12 months with the start of procurement projected to commence in Spring 2021. As the new service is being commissioned jointly with the West Leicestershire and East Leicestershire and Rutland Clinical Commissioning Groups (CCGs), a report was also received by the CCG's Governing Bodies on 14 July 2020 to this effect.

18. Partner organisations formally agreed to re-start project activity from 13 October 2020.

19. Procurement, Service Specification, Implementation and Communications Task and Finish groups have been reconvened. The groups were given the task of reviewing the status of deliverables against the current operating environment, including the risks associated with the pandemic and potential changes to the home care market. Whilst work is ongoing in respect of this, the project is currently aligned to the revised indicative timeline as outlined in Appendix A.

Market risks and Covid-19 impact

20. Since March 2020 there have been increases in demand for home care from individuals. This increase in demand has seen home care weekly starts increase by 70% during the summer and although reduced, are still 20% higher at the end of 2020 than in March of last year. Overall, there has been a 25% increase in the number of people receiving home care on 1 December 2020 compared with 1 March, and a 14% increase in the average number of hours being delivered to each individual.

21. It is the Council's strategic intention to provide people with the right support as early as possible to avoid permanent placements in care homes and to delay dependency as much as possible. The impact of the pandemic on the care home sector has meant that care at home has been the preferred option for an increasing proportion of those requiring support. Whilst this is in line with the local health and social care Home First Programme's focus to provide people with the right support to remain in their own homes, there is a need to manage these changes to the local health and social care economies throughout this procurement to ensure the Council has the right types, levels and quality of care available going forward.

22. Trends of new packages of care in recent months have demonstrated the resilience of the local home care market despite the ongoing risk of community spread of infections. In terms of retaining and building workforce capacity, there has been a positive response to the Authority's social care recruitment campaigns, although the longer-term impact and sustainability of this campaign has yet to be assessed.

23. Prior to the pandemic, a number of market engagement events had been undertaken (in the latter part of 2019/20) to feedback on Care Analytics' findings and outline the recommended lot changes and price benchmarks for the planned re-procurement of home care by November 2020.

24. With the introduction of regular tracker tools and surveys and weekly conference calls with providers to discuss issues such as financial and recruitment support, PPE and infection prevention and control, the level of engagement with providers has, of necessity, increased. This gives a potentially stronger foundation to recommence engagement regarding the procurement of the proposed new home care service.

25. The impact of Covid-19 on workforce and capacity will need to be monitored on an ongoing basis until such time as a widescale vaccination programme takes effect across Leicestershire, Leicester and Rutland.

Financial pressures on home care providers

26. The impact of temporary financial support (e.g. infection control fund payments, support with exceptional costs, increased hourly rates) for the care sector will need to be reviewed to check the likely short and longer-term impact on hourly rates for home care. Pricing will also be driven by other structural factors like the National Living Wage and general wage and CPI inflation.

Next steps

27. Demand modelling is being reviewed prior to the re-procurement of the home care contract, to consider the changes outlined in paragraphs 20-22.

28. Aligned to this, the Care Analytics analysis of care volumes, the prime provider model, zoning and pricing approach are scheduled for review in early January 2021, followed by further market engagement to test the revised price benchmarks with current and potential providers prior to publication of the Invitation to Tender (ITT)

29. Work will be undertaken with Care Analytics to appraise the provider model, to review and update price benchmarking and zones to ensure lessons are learned from the recent changes to brokerage processes, linked to the development of the local Home First model over the last 12 months.

30. Having reviewed the current brokerage process, before and during the pandemic, to ensure waits for packages of care are minimised, there is an option to tender for an open framework consisting of any providers that meet our quality standards and demonstrate their willingness and competence to deliver care in specified areas of the County, rather than specifying a Prime or Supplementary provider.

31. The rationale for the potential change to the model is that, by offering all packages of care via the County Council brokers, as has been tested for the last six to nine months, Prime and Supplementary providers will naturally emerge, based on the levels of business they are able to deliver. This model would remove the need for providers to bid as particular provider types, which may act as a deterrent for some to bid. The removal of any unnecessary, artificial barriers to small, medium or larger home care agencies doing business with the Authority is likely to be favoured by existing and new agencies in the local market.

32. The potential benefits of a Prime provider model are that the Authority would have lesser transactional cost and resource, whilst providers would be able to invest in workforce development due to certainty of business, and to economies of scale. In theory this may also bring reduced pricing. However, given that hourly rates are

intrinsically linked to staff pay rates which are largely based on Living Wage rates this may not be achievable in practice.

33. The potential drawbacks of Prime provider models are that monopolies of support can develop in areas, and where one or two providers are given first refusal on care packages it may be that more attractive care packages are taken first by Prime providers leaving less attractive work for supplementary businesses.

34. Opening the market to any willing provider who meets the quality standard, could incentivise local provision, allow new market entrants throughout the lifetime of the contract and encourage small and medium enterprise providers. However, there is a risk that the workforce becomes more disparate, pricing is more difficult to manage, and the process of allocating work and monitoring of contracts becomes more complex.

35. The departmental external workforce lead is continuing to highlight support available to care providers in terms of recruitment and training resources to assist them in maintaining and growing their workforce to meet the increasing demand for, and changing needs of, Leicestershire residents.

36. It is currently proposed that procurement will commence from February 2021, subject to a Gateway review to ensure that all the procurement requirements have been met satisfactorily and that resources remain in place to manage the bid process.

37. The ITT will need to include an outline of the proposed implementation process and timeline. Work is currently being undertaken to develop proposals for this and to provide assurance that implementation can be completed, with sufficient time and resource by 6 November 2021 when the current contract term comes to an end. If there is insufficient time and resource to complete the implementation activity required, there is a risk that the existing contract will need to be extended via an exception to the Contract Procedure Rules to ensure the ongoing provision of services.

Resource Implications

38. The core project team is resourced from within the Department and the Transformation Unit (Corporate Resources). Relevant subject matter expertise is resourced jointly between the County Council and the CCGs from the following areas:

- Care Pathway;
- Strategic Commissioning and Contracting;
- Finance;
- Social Care Systems (LAS and ContrOCC);
- Legal;
- Commissioning Support;
- Communications;
- Review.

Timetable for Decisions

39. The following indicative milestones set out the revised timetable (12-month delay) for implementing the new service. The phasing of the implementation will be finalised

after completion of the procurement process, as the outcome of that exercise may change the planned order of phasing in the new providers e.g. if an existing provider does not bid or is unsuccessful in bidding and intends to withdraw from the market at the end of the current contract, the transition of their service users will become a priority.

Active Milestones	Date
ELRCCG Governance Committee	12 January 2021
County Council's Adults and Communities Overview and Scrutiny Committee	18 January 2021
Specification Finalised	29 January 2021
Contract Finalised	29 January 2021
Section 75 Finalised	29 January 2021
Gateway Review	1 February 2021
WLCCG Governance Committee	9 February 2021
ITT Documentation Finalised	10 February 2021
Departmental Sign Off Procurement and Governance	17 February 2021
ITT Published	22 February 2021
County Council's Adults and Communities Overview and Scrutiny Committee	March 2021
Gateway Review	2 April 2021
ITT Closes	12 April 2021
Evaluation period	4 April 2021 to 1 June 2021
Gateway Review	18 May 2021
Award Finalised/Published	28 June 2021
Provider Mobilisation Starts	28 June 2021
Gateway Review	19 July 2021
Transition of first Providers to new Framework	3 August 2021
Transition complete	6 November 2021
Stabilisation phase starts	6 November 2021

40. At the time of writing this report additional Covid-19 restrictions have been announced. The Department will be considering the impact of these, along with emerging intelligence from the work being undertaken by Care Analytics. If necessary alternative scheduling of milestones to those outlined above will be considered, whilst aiming for completion of transition to the new contract by 6 November 2021.

41. The length of contract will be set at 3+1+1 years, but the framework will remain open to allow for new providers to be added to, subject to quality and due diligence checks, as and when supply and demand requires.

Conclusions

42. This report describes the impact of the Covid-19 pandemic upon the procurement of the new Home Care Service approved by Cabinet in February 2020, leading to a 12-month deferment. This report provides assurance of the steps taken to recover the procurement in line with the active milestones outlined above.

43.   Further analysis is being undertaken to ensure that market data continues to support the proposed Provider, Zone and Pricing models post-pandemic.

44.   The Committee is invited to comment on the report and in particular on the options outlined in paragraphs 27-34 on the potential delivery models.

Background papers

- Reports to Adults and Communities Overview and Scrutiny Committee – Domiciliary/Home Care Service: Post November:
  - 2 September 2019 https://bit.ly/2QxFsAy
  - 11 November 2019 https://bit.ly/2QBr0Yd
  - 20 January 2020 https://bit.ly/3oAaCpe
- Report to Cabinet: 7 February 2020 – Commissioning and Procurement of Home Care Service Post November 2020
  http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5992&Ver=4
- Report to Cabinet: 23 June 2020 - Commissioning and Procurement of Home Care Service Post-November 2020 - Proposed Deferral Arising From Covid-19
  http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5996&Ver=4

Circulation under the Local Issues Alert Procedure

45.   None.

Equality and Human Rights Implications

46.   A draft Equality and Human Rights Impact Assessment (EHRIA) has been undertaken in tandem with the design process and this was shared with the report considered by the Committee in January 2020. This will allow integration of actions to mitigate any potential equalities issue throughout the process (including during workshops and co-production). The main findings from this assessment are:

- There will be no negative impact on protected groups;
- The proposed service model will address current geographical issues, improving the quality, sustainability, responsiveness and consistency of the service and improving service user outcomes;
- The proposed service model will ensure that service users' will receive the right level of support and maximise their independence;
- A focus on achieving individual outcomes will support the equality of the service delivery.

Other Relevant Impact Assessments

Environmental Implications

47.   Following the declaration of a climate emergency at the full County Council meeting in May 2019, targets for carbon reductions have been set, which the Department will need to meet during the period of the new homecare service. Potential impacts on the environment and climate, will come from the activities of both the Department and its service providers. Whilst this impact is largely unknown at present, it is likely to be significant given the number of journeys made on a day to day basis. The work described above to realign and optimise the delivery lots and zones, across

geographical operational areas, will play a key part in reducing this impact.

48. The Department is developing an action plan which includes actions aimed at:

- Reducing the amount of waste produced;
- Increasing the level of recycling across County and departmental sites;
- Reducing the amount of paper used within the Department;
- Reducing the amount of business mileage;
- Working with providers to reduce their environmental impact;
- Increasing the number of staff that have completed Environmental Awareness E-Learning and implementing any mitigation measures identified in the Corporate Climate Change Risk Register;
- Providers attending the provider engagement events have been made aware of the Council's service requirements and strategic aims, which will form part of the ITT required response.

Partnership Working and Associated Issues

49. Health colleagues from East and West CCGs continue to be fully engaged with the project to ensure that both health and social care needs of service users living in Leicestershire are met.

Appendices

Appendix A – Revised timeline

Officer to Contact

Nigel Thomas, Assistant Director (Strategic Services)
Telephone: 0116 305 7379
Email: nigel.thomas@leics.gov.uk

This page is intentionally left blank

Home Care for Leicestershire Provisional timeline

	December	January	February	March	April	May	June	July	August	September	October	November

Procurement and Governance

- Review and finalise Service specification
- Review and update Financial Model
- Review and finalise Service contract
- Review and finalise Section 75 agreement
- Finalise and sign-off Procurement documentation

22/02/21 ITT Publication — ITT open for bids — **12/04/21 ITT Closes**

Evaluation of bids: Paper exercise and

Contract award

28/06/21 Finalise Award

01/02/21 Gateway Review

02/04/21 Gateway Review

18/05/21 Gateway Review

LCC and CCG Governance process

- **ELRCCG 12/01/21**
- **Scrutiny**
- **WLCCG**

Implementation planning, design and delivery

- Front Office Service design
- Front Office change and test
- Back Office & Systems Service design
- Back office & systems change and test
- Transition Planning
- Provider mobilisation/preparation
- Providers transition to new Framework.
- Stabilsation period (6 months)

19/07/2021 Gateway Review (TBC)

	December	January	February	March	April	May	June	July	August	September	October	November

This page is intentionally left blank

Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
18 JANUARY 2021

NATIONAL PERFORMANCE BENCHMARKING 2019/20 AND PERFORMANCE REPORT 2020/21 – POSITION AT NOVEMBER 2020

JOINT REPORT OF THE CHIEF EXECUTIVE AND DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

1. The purpose of this report is twofold: firstly, to highlight the comparative performance position in 2019/20 through national benchmarking, and secondly to present the Committee with an update of the Adults and Communities Department's performance at the end of November 2020.

Policy Framework and Previous Decisions

2. The Adults and Communities Department's performance is reported to the Committee in accordance with the Council's corporate performance management arrangements.

Background

3. At a national level adult social care performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). This set of indicators is reported annually, and NHS Digital published the 2019/20 position in December 2020. For library services the Chartered Institute of Public Finance and Accountancy (CIPFA) releases data over a range of metrics and compares counties that have a similar size and make up.

4. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2020/21. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Ambitions and Strategy for the Adult and Communities Department 2020-2024, '*Delivering Wellbeing and Opportunity in Leicestershire*'. This strategic approach is based on a set of principles with the person at the centre, ensuring the support they receive can deliver the right outcomes. Appendix B outlines the 'layered' model designed to maximise independence – Prevent, Reduce, Delay and Meet needs.

5. Appendix A is also structured in line with the Council's Strategic Plan 2018-22 – *Working Together for the Benefit of Everyone*. This sets out the Council's overall policy framework, approach, and includes a high level overview of a number of strategies which provide the detail on how the Authority plans to deliver positive change for Leicestershire.

6. The year (2020/21) is the third and final year of a three-year plan for improving ASCOF performance by setting a target for the final year and milestones for the intervening years (2018/19 and 2019/20). The targets for 2020/21 are based on achieving performance that would either be in the top 25% of councils, or above the average of shire authorities. Targets for heritage, libraries, and adult learning are reviewed annually.

7. Progress against targets is highlighted using a Red/Amber/Green (RAG) system and Appendix C sets out the description of each category.

8. The Covid-19 pandemic has impacted many areas of performance during 2020/21, and this is reflected in the commentary throughout the report. The effect on the previous year, 2019/20, and the focus of comparative benchmarking, was minimal as it affected the final few weeks of the year only.

Benchmarking of 2019/20 Performance

9. There were 24 metrics in the 2019/20 ASCOF, five fewer than the previous year due to the biennial carers' survey not due to take place. A slightly lower proportion of metrics were amongst the top 50% of performing authorities compared to the previous year. However, there was an additional metric in the top quartile – up from four metrics to five, and two less in the bottom quartile – down from eight metrics to six.

10. Performance on the two metrics specifically relating to people with learning disabilities was similar to the previous year, 2018/19. For the proportion in employment (ASCOF 1E), performance was 11% and again in the top quartile. With regard to settled accommodation (1G) there was an improvement of 1.5% points although performance remained in the second quartile - 2.5% points short of the top quartile. Performance, however, was considerably higher than the average of other shire authorities and that of East Midlands authorities.

11. There was a marked reduction in the number of people aged 18-64 admitted to permanent care placements during 2019/20 (ASCOF 2A part i) and as such performance when compared nationally moved back to the top quartile and was considerably lower than the averages for both shire and East Midlands authorities. There was also a reduction during 2019/20 of people aged 65 or over admitted to permanent care (2A part ii). Consequently, performance moved up a quartile. Compared to other authorities, the number of admissions is lower than other shire authorities but higher than the East Midlands average.

12. There was no carers survey in 2019/20 meaning that the eight survey metrics were drawn from the annual survey of service users, which takes place between January and March each year. This is an area where it has been an ongoing challenge to improve performance and 2019/20 was no different. Of the eight metrics, six remained in the bottom quartile. As in previous years, the survey question which asks if social care services help people to feel safe was answered favourably, although performance was just short of the threshold for the top quartile.

13. There are three indicators covering delayed transfers of care in ASCOF (2C parts 1-3) and for *all* delays attributable to NHS or ASC (2C part i), performance remained in the second quartile and better than the comparative averages. For those attributable to *joint working* between the NHS and ASC (2C part iii), performance was also much

better than shire authority and East Midland averages, although compared to the national picture remained in the third quartile. For delays attributable to ASC only (2C part ii), performance was again in the top quartile despite the increase during the year. Performance also remained considerably better than the national, shire, and East Midlands averages.

14. There has be ongoing improvement in the outcomes of reablement services during the past few years and this continued into 2019/20.   For people living at home 91 days post reablement (ASCOF 2B part i) performance was higher than the national position, shire authorities and East Midland authorities, and only slightly missed the top quartile by just 0.5% points. The metric 2D measures the proportion of people with no ongoing needs post reablement. Performance in 2019/20 improved by 3% points taking it into the top quartile, and like the indicator 2B part i, was above the position nationally, other shire authorities, and those in the East Midlands.

15. Comparative performance is commented on in more detail for each of the adult social care metrics reported in the current performance section of the report.

16. Quality standards for contracted services such as community-based services and residential care form part of the core agreement and providers are monitored by the Care Quality Commission (CQC) against these standards. In October 2020, CQC released 2019/20 performance in its publication '*The state of health care and adult social care in England'*. In Leicestershire, 86% of community-based services rated as good or outstanding, similar to the national figure of 87%. Whilst there was a small difference in the proportion needing improvement – 14% in Leicestershire compared to 12% nationally – there were no providers in Leicestershire inspected as inadequate. With regard to providers of residential care, 80% in Leicestershire were classed as good or outstanding following an inspection in 2019/20, slightly lower than 83% nationally. The remainder were rated as requiring improvement or inadequate, although there was a slightly smaller proportion classed as inadequate (1.1%) in Leicestershire than there were nationally (1.4%).

17. Each year CIPFA releases library data over a range of metrics and compares counties that have a similar size and make up. The latest publication reflects 2018/19 actuals and estimates for 2019/20, and the profile used is that of nearest neighbours - authorities of a similar size to Leicestershire. The following paragraphs relate to 2018/19 actuals; the 2019/20 actuals are not released until early 2021.

18. Leicestershire was ranked in the bottom quartile for active borrowers per 1,000 population and physical visits for library purposes per 1,000 population during 2018/19, a similar position to the previous year.

19. The book stock in Leicestershire's libraries was ranked 14th out of 15 nearest neighbour authorities. However, recent strategic investment in children's books has resulted in a higher than average number of children's fiction stock and an average level of non-fiction stock, reflecting the planned strategy in prioritising family friendly libraries.

20. Increased acquisition of audio, visual and electronic items resulted in Leicestershire being highest amongst nearest neighbour authorities in 2018/19 – 9.1 per 1,000 population compared to an average of 4.6 per 1,000 population. The acquisition of

both adult and children's talking books ranked above average whilst for 'other' items - which is primarily made up of e-books - Leicestershire was ranked highest.

21. Leicestershire is ranked the lowest amongst nearest neighbour authorities in terms of staff numbers per 1,000 population. However, with the introduction of SMART libraries across Leicestershire, enabling library members to use their card to gain access to library buildings outside of staffed hours, the total hours open per week in 2018/19 was 986, 62% higher than 609 hours per week in 2017/18.

22. The severity of the financial challenges facing the County is reflected in the revenue expenditure for which in Leicestershire during 2018/19 was £8,989 per 1,000 population; down by 18% since 2015/16. The average revenue expenditure amongst nearest neighbour authorities was £10,059 per 1,000 population during 2018/19, a smaller reduction of 12% since 2015/16.

23. It should be noted that the CIPFA profiles do not reflect the use of libraries for community purposes, as evidenced by the direction taken by community managed libraries, where more work is being undertaken to make libraries community hubs for their local areas.

24. Work has been undertaken to prepare a framework for collecting information on the qualitative impact of the work of libraries. The Covid-19 pandemic has impacted on the collection of this information, and it is hoped to report back on this at future committee meetings.

Performance Update: April to November 2020

25. Appendix A includes four key measures to reflect each of the four layers of the Vision and Strategy. Each of these monitors the proportion of new contacts from people requesting support and what the sequels of these requests were. Between April and November 2020 there were 16,870 new adult social care contacts, of which 54% resulted in a preventative response, such as universal services or signposting. As a result of the pandemic there has been an increase in short-term placements following hospital discharge and the proportion of contacts therefore resulting in a response relative to reducing need has increased from 17% last year to 21% between April and November this year. A response relative to delaying need, i.e. the provision of a reablement service that supports people to relearn the skills required to keep them safe and independent at home has also been impacted by the pandemic with a reduction from 12% to 11% highlighting the complexity and levels of need for people discharged from hospital. Finally, 14% resulted in a long-term service such as a home care, again as a result of increased hospital discharges.

26. Heritage sites were closed from March 2020 during the first national lockdown in response to the pandemic. Although they began to re-open in September, they were again closed in November due to the second national lockdown. The numbers in Appendix A should therefore be considered with this situation in mind. Since the closure of museums and heritage sites significant work has been done to develop new opportunities for audiences to engage with Leicestershire's heritage remotely. This has developed from the provision of information and home learning resources, to on-line events and activities, including elements where people are asked to pay to participate, as they would for an event on site. The free events, which have included opportunities to learn archaeological illustration and talks on subjects such as the

finding of the Hallaton treasure have seen an average of 800 people per event and 1,400 for the Hallaton event. The chargeable activities, which have included talks, Christmas pudding and wreath making workshops are receiving lower levels of engagement with an average of 45 – 50 people per event, but this appears to be growing.

27. As expected, the restrictions on library services since spring 2020 due to the Covid-19 pandemic has meant a considerable reduction in activity such as visits and issues. One of the outcomes of the varying physical access to libraries has been the increase in e-loans. Between April and November 2020 these totalled 520,700, more than double the 250,100 e-loans during the equivalent period of 2019 and reflecting the high ranking of Leicestershire in relation to the acquisition of electronic items noted in paragraph 20.

28. Volunteering programmes are a priority for the Department in relation to libraries, museums and heritage services although the necessary response to the Covid-19 pandemic has meant very little volunteering has been possible during 2020/21. With regard to the pandemic, the Adult Social Care Covid-19 Volunteer Service closed at the end of August with over 130 volunteers supporting 1,100 referrals. The primary focus of the service was safe and well checks in relation to hospital discharge and shielding whilst other requests included mental health support, befriending, and medication collection. A broad exercise to reflect on the experience has resulted in overwhelmingly positive feedback from service users and wider stakeholders alike. Furthermore, the experience and lessons learned were shared with the Department of Health and Social Care following its approach to the Council. Work will continue to look at the strengths, opportunities and challenges of volunteering with potential for a new, more strategic approach in the future.

29. The Leicestershire Adult Learning Service's (LALS) performance relates to the proportion of learning aims due to be completed in a period that were successfully achieved. For the academic year 2019/20 the success rate was 98%, higher than the previous year (96%) and above target. The proportion can vary somewhat during the first term of an academic year as it is during this term that students are more likely to drop out of a course compared to other terms. Furthermore, a greater number of classes are being conducted remotely (online) due to the pandemic which can impact the success rate. As such, at the end of November the success rate was lower at 84%.

30. There is a strong link between employment and appropriate accommodation with enhanced quality of life for people with learning disabilities including health and wellbeing and reduced social exclusion. Performance in 2019/20 was above the national average for both metrics, with the rate of employment being in the top quartile. This high level of performance has continued during the period April to November 2020 (11% in employment, and 84% in settled accommodation).

31. Reducing delayed transfers of care from hospital is a national priority and the high level of performance in Leicestershire during 2019/20 was outlined in paragraph 13. National data publications are the source for delayed transfer of care and were suspended at the outbreak of Covid-19. They are not due to resume until March 2021 at the earliest and as such there is currently no data for the position during the period April to November 2020.

32. Reablement is a short and intensive service to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home. The ASCOF contains two metrics to measure a local authority's performance in this area – the proportion with continued needs post reablement, and where people live 91 days following hospital discharge and reablement. During 2019/20, performance in Leicestershire was above the national average for both metrics. As reported to the Committee in September 2020, the proportion with continued needs following reablement has increased since April highlighting the higher and more complex needs of people discharged from hospital having contracted Covid-19. The whereabouts of people 91 days following discharge has varied somewhat during the year and for hospital discharge between June and August 2020, 90% were living at home; higher than the 88% target.

33. Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency. Research suggests that where possible, people prefer to stay in their own home rather than move into permanent care. For people aged 18-64, performance was in the top quartile in 2019/20, whilst the reduced number of admissions of people aged 65 or over was such that performance improved and was in the second quartile. Between April and November 2020 there were nine admissions of working age adults ensuring performance is on track to meet the 2020/21 target. For people aged 65 or over, there have been 460 admissions during the same period, lower than anticipated due, in part, to a reduced number of admissions through the spring/ summer of 2020 as a result of the initial wave of the Covid-19 pandemic.

34. The County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a direct payment. During 2019/20, the ASCOF measures relating to service users and carers in receipt of a direct payment were above the national average (the proportion of service users in receipt of a direct payment was in the top quartile). The proportion in receipt of a personal budget – 97.2% of service users and 99.8% of carers - was very high and also above the national average. Performance since April has been mixed with the metrics for service user direct payments and carers personal budgets on track to meet the target. Direct payments for carers and service user personal budgets currently fall just short of the targets.

35. During the past 12 months there have been, on average, 94 safeguarding alerts received per week. An alert can include any concern for welfare and will often require a response from the Authority, but not necessarily in relation to safeguarding. During the period April to July 2020 - the first national lockdown - the number of weekly alerts remained above this average, peaking at 190. The numbers have since reduced and have been below average since early September. Once an alert has been investigated into any potential risk of abuse or neglect there maybe need for a more in-depth enquiry under Section 42 of the Care Act. During the past 12 months there have been, on average, 14 enquiries commencing per week, and whilst there was a small increase during the early summer of 2020 (peaking at 25 in the last week of July) the noted increase in alerts did not result in a similar shift in enquiries.

Conclusions

36. This report provides a summary of benchmarked performance in 2019/20 and an update of performance and activity during the more recent period, April to November 2020.

37. Overall, adult social care performance in 2019/20 was not too dissimilar from the previous year. Performance remains strong in areas such as supporting people to gain or regain independence i.e. outcomes of reablement, reduced admissions to residential or nursing care, and employment and accommodation for working age adults with a learning disability. Similar strong performance exists in areas such as effectiveness and efficiency through keeping delayed transfers of care low and having a higher proportion of service users with a direct payment.

38. Service user feedback remains the main area of concern within the ASCOF set of measures. Twelve months ago, a customer experience steering group was set up with a specific improvement plan although aspects of the plan have been delayed due to the outbreak of the Covid-19 pandemic. However, recent development has meant service user feedback will now be collated at all planned service reviews. This feedback includes three questions relating to satisfaction with the service, dealing with the Adults and Communities Department, and support to do things they want to do. This feedback will be monitored, with particular focus on demographic breakdown, service type, and geography.

39. Performance in respect of libraries remains relatively low for certain aspects of the service when compared to nearest neighbour authorities. However, the broader shift to e-loans and developed investment in children and family related book stock have been reflected in higher rankings. It should be noted that current CIPFA methodology has been in place for some time, and although its guidance has attempted to reflect changes to the library landscape over the last five years, it does present some complications in recording. For example, visits do not include those to community managed libraries and issues do not include e-loans.

40. The need to respond to the Covid-19 pandemic continues to have a considerable impact on performance and activity levels, and this is most notable in metrics relating to libraries and heritage sites. Adult social care figures are also affected with the outcomes for people who receive a reablement service a particular concern. Monitoring and analysis continue on a regular basis and include key metrics relating to the pandemic response, along with the more customary performance measures such as those included in ASCOF.

Background papers

- NHS Digital – Measures from the Adult Social Care Outcomes Framework. England, 2019/20

- Care Quality Commission – The State of Health Care and Adult Social Care in England 2018/19

- CIPFA – Public Library Statistics

- Leicestershire County Council Strategic Plan 2018-22

- <u>Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24</u>

Circulation under the Local Issues Alert Procedure

None.

Equality and Human Rights Implications

41. The Adults and Communities Department supports vulnerable people from all diverse communities in Leicestershire. However, there are no specific equal opportunities implications to note as part of this performance report. Data relating to equalities implications of service changes are assessed as part of Equality and Human Rights Impacts Assessments.

Other Relevant Impact Assessments

Partnership Working and Associated Issues

42. Better Care Fund (BCF) measures and associated actions are overseen and considered by the Integration Executive and Health and Wellbeing Board.

Appendices

Appendix A - Adults and Communities Department Performance Dashboard for April to November 2020 and National Comparison 2019/20

Appendix B – Adult Social Care Strategic Approach

Appendix C – Red/Amber/Green (RAG) Rating - Explanation of Thresholds

Officers to Contact

Jon Wilson, Director of Adults and Communities
Adults and Communities Department
Tel: 0116 305 7454
Email: jon.wilson@leics.gov.uk

Matt Williams, Business Partner – Business Intelligence Service
Chief Executive's Department
Tel: 0116 305 7427
Email: matt.williams@leics.gov.uk

Adults and Communities Performance 2020/21
April – November 2020

PREVENT NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20 Performance	Quartile
Local	% of sequels that 'Prevent Need'	Target Band Width	A	56-61%	54.0%	60.9%	N/A
ASCOF 3D pt 1	% of SUs who find it easy to find information	H	N/A	73%	Survey not to be undertaken in 20-21 due to Covid-19	61.5%	Bottom
ASCOF 3D pt 2	% of carers who find it easy to find information	H	N/A	67%	Survey not to be undertaken in 20-21 due to Covid-19	Survey is biennial and not completed in 2019-20	N/A

Leicestershire County Council's Strategic Plan 2018-22	Great Communities
Supporting Outcome	Cultural, historical and natural heritage is enjoyed and conserved

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20 Performance	Quartile
Local	Heritage visits	H	N/A	N/A	84.5k	176.5k (Apr-Nov 2019)	N/A
Local	Hours of Volunteering (Heritage and libraries)	H	N/A	N/A	1.7k	19.0 (Apr-Nov 2019)	N/A

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20 Performance	Quartile
Local	Library visits (inc. website visits)	H	N/A	N/A	160.9k	780.0k (Apr-Nov 2019)	N/A
Local	All library issues	H	N/A	N/A	738.9k	1,373.0k (Apr-Nov 2019)	N/A
Local	Children's issues	H	N/A	N/A	136.4k	568.3k (Apr-Nov 2019)	N/A
Local	E-loans	H	N/A	N/A	520.7k	250.1k (Apr-Nov 2019)	N/A
Local	Total community library issues	N/A	N/A	N/A	44.9k	244.9k (Apr-Nov 2019)	N/A
Local	Community library children's issues.	N/A	N/A	N/A	21.1k	140.0k (Apr-Nov 2019)	N/A

Leicestershire County Council's Strategic Plan 2018-22	Strong Economy
Supporting Outcome	Leicestershire has a highly skilled and employable workforce

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20 Performance	Quartile
Local	LALS Success Rate	H	A	86%	84%	96%	N/A

REDUCE NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20	
						Performance	Quartile
Local	% of sequels that 'Reduce Need'	Target Band Width	G	17-22%	20.6%	16.8%	N/A
ASCOF 1I pt 1	% of SUs who had as much social contact as they would like	H	N/A	49%	Survey not to be undertaken in 20-21 due to Covid-19	41.6%	Bottom
ASCOF 1I pt 2	% of carers who had as much social contact as they would like	H	N/A	36%	Survey not to be undertaken in 20-21 due to Covid-19	Survey is biennial and not completed in 2019-20	N/A
ASCOF 1E	% of people with LD in employment	H	G	>11%	11.0%	11.2%	Top

Leicestershire County Council's Strategic Plan 2018-22	Affordable and Quality Homes
Supporting Outcome	There is enough suitable housing to support independence for those with social care needs.

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20	
						Performance	Quartile
ASCOF 1G	% of people with LD in settled accommodation	H	A	86%	83.7%	82.9%	Second

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20	
						Performance	Quartile
Local	% of sequels that 'Delay Need'	Target Band Width	G	10-15%	11.0%	12.2%	N/A
ASCOF 2C pt 2	Delayed transfers of care attributable to ASC-only	L	N/A	N/A	Not published by NHS Digital during Pandemic	0.9 per 100k pop (163 Ave days/Mth)	Top
ASCOF 2D	% of people who had no need for ongoing services following reablement	H	R	87%	79.7%	87.5%	Top
ASCOF 2B pt 1 *BCF*	Living at home 91 days after hospital discharge and reablement	H	G	88%	89.7%	88.1%	Second
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	G	<8.1 (33 Adm's)	3.1 (13 Adm's) (Full-year Forecast)	5.5 per 100k pop (23 adm's)	Top
ASCOF 2A pt 2 *BCF*	Permanent admissions to care (aged 65+) per 100,000 pop.	L	G	<553 (800 Adm's)	462.0 (669 Adm's) (Full-year Forecast)	616.3 per 100k pop (893 adm's)	Second

MEET NEED

Leicestershire County Council's Strategic Plan 2018-22	Wellbeing and Opportunity
Supporting Outcome	People are cared for at home, in their own community, whenever possible, and for as long as possible.

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20 Performance	Quartile
Local	% of sequels that 'Meet need'	Target Band Width	A	6-11%	14.4%	10.1%	N/A
ASCOF 1C pt 1a	Adults aged 18+ receiving self-directed support	H	A	99%	96.0%	97.2%	Third
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	H	G	>40%	45.6%	47.5%	Top
ASCOF 1C pt 1b	Carers receiving self-directed support	H	G	100%	99.8%	99.8%	Third
ASCOF 1C pt 2b	Carers receiving direct payments	H	A	100%	98.7%	98.4%	Third

Leicestershire County Council's Strategic Plan 2018-22	Keeping People Safe
Supporting Outcome	People at the most risk or in crisis, are protected and supported to keep them safe

Measure and Description		Aim	RAG	2020/21 Target	2020/21 Performance	2019/20	
						Performance	Quartile
Local	Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved	H	N/A	N/A	94.8%	92.4%	N/A
ASCOF 4B	% of service users who say that services have made them feel safe	H	N/A	90%	Survey not to be undertaken in 20-21 due to Covid-19	89.7%	Second

Key to Columns

Measure	ASCOF	A metric within the national performance framework known as Adult Social Care Outcomes Framework (ASCOF)
	Local	A measure defined and calculated for Leicestershire County Council only
Aim	High	The aim of performance is to be high
	Low	The aim of performance is to be low

Delivering Wellbeing and Opportunity in Leicestershire

Adults and Communities Department, Ambitions and Strategy for 2020 – 2024

Prevent need

We will work with our partners to prevent people developing the need for specialist health and social care support. We will achieve this through information and advice to enable people to benefit from services, facilities or resources that are not focused on particular support needs, but which contribute towards wellbeing and are available for the whole population. Examples include libraries, adult learning services, museums, and associated digital services; green spaces, places of worship, community centres, leisure centres, information and advice services. We will promote wellbeing and work together through active citizenship with families and communities (including local voluntary and community groups). We will help people develop confidence to enable them to speak up and share concerns about their safety and wellbeing.

Reduce need

We will identify those people most at risk of needing social care support in the future and intervene early wherever possible to maintain wellbeing and prevent further need for services (for example people with a new diagnosis of dementia; newly-bereaved; people at risk of isolation; low-level mental health problems; and services for carers). Targeted interventions aim to prevent further needs developing and ensure that people do not become dependent on health and social care. Services might include information and advice, minor adaptions to housing which improve accessibility or provide greater assistance for those at risk of a fall, or telecare services.

Delay need

This focuses on support for people who have experienced a crisis, or who have a defined illness or disability, for example, after a fall or a stroke, following an accident or onset of illness and on minimising the effect of disability or deterioration for people with ongoing conditions, complex needs or caring responsibilities. It includes interventions such as reablement, rehabilitation, and recovery from mental health difficulties. We will work together with the individual, their families and communities, health and housing colleagues to ensure people experience the best outcomes through the most cost-effective support.

Meeting need

The need for local authority funded social care support will be determined once personal and community resources and assets have been identified and fully explored. People with social care needs, assessed as being eligible for funding through the local authority, will be supported through provision of a personal budget. The personal budget may be taken as a direct payment or can be managed by the council. Wherever possible the council will work with people to provide a choice of provision which is suitable to meet people's outcomes, however in all cases the council will ensure that the cost of services provides the best value for money. Whilst choice of provision is important in delivering the outcomes that people want, maintaining people's safety, independence and achieving value for money are the priorities.

This page is intentionally left blank

Explanation of RAG Rating

RED	Close monitoring or significant action required. This would normally be triggered by any combination of the following: • Performance is currently not meeting the target or set to miss the target by a significant amount. • Actions in place are not believed to be enough to bring performance fully back on track before the end of the target or reporting period. • The issue requires further attention or action
AMBER	Light touch monitoring required. This would normally be triggered by any combination of the following: • Performance is currently not meeting the target or set to miss the target by a narrow margin. • There are a set of actions in place that is expected to result in performance coming closer to meeting the target by the end of the target or reporting period. • May flag associated issues, risks and actions to be addressed to ensure performance progresses.
GREEN	No action required. This would normally be triggered when performance is currently meeting the target or on track to meet the target, no significant issues are being flagged up and actions to progress performance are in place.

The degree to which performance is missing a target is open to debate. A common way of overcoming this is to use a precise percentage threshold between current performance and the target. However, a blanket approach (such as plus or minus 10%) is not appropriate due to the varying ways that metrics are reported. E.g. small numbers, rates per capita, percentages.

This page is intentionally left blank