



Meeting: **Adults and Communities Overview and Scrutiny Committee**

Date/Time: **Monday, 6 September 2021 at 2.00 pm**

Location: **Sparkenhoe Committee Room, County Hall, Glenfield**

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. R. Hills CC
Mr. B. Champion CC Mr. J. Miah CC
Mr. N. Chapman CC Mrs. A. Wright CC

**Please note: this meeting will be filmed for live or subsequent broadcast via the Council's web site at <http://www.leicestershire.gov.uk>
– Notices will be on display at the meeting explaining the arrangements.**

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 7 June 2021.	(Pages 5 - 10)
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.
8. Commissioning and Procurement of Home Care Services. Director of Adults and Communities (Pages 11 - 18)
9. Care Home Quality. Director of Adults and Communities (Pages 19 - 36)
10. Leicestershire and Rutland Safeguarding Adults Board Annual Report 2020/21. Independent Chair of the Leicestershire and Rutland Local Safeguarding Adults Board (Pages 37 - 48)
11. Annual Adult Social Care Complaints and Compliments Report 2020-21. Director of Adults and Communities (Pages 49 - 72)
12. Performance Report for Quarter One 2021-22 (April - June). Director of Adults and Communities and Chief Executive (Pages 73 - 88)
13. Date of next meeting.

The next meeting of the Committee is scheduled to take place on 1 November 2021 at 2.00pm.
14. 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 Governance and Scrutiny website <https://www.cfgs.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?

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 7 June 2021.

PRESENT

Mr. B. Champion CC
Mr. N. Chapman CC
Mr. R. Hills CC
Mr. M. T. Mullaney CC

Ms. B. Newton CC
Mr. T. J. Richardson CC
Mrs. A. Wright CC

In attendance

Mrs. C. M. Radford CC – Cabinet Lead Member for Adults and Communities
Mr. T. Parton CC – Cabinet Support Member for Adults and Communities
Mr Mukesh Barot – Healthwatch Leicester and Leicestershire

1. Appointment of Chairman.

RESOLVED:

That Mr. T. J. Richardson CC be appointed Chairman for the period ending with the date of the Annual Meeting of the County Council in 2022.

Mr. T. J. Richardson in the Chair

2. Election of Vice Chairman.

RESOLVED:

That Mr. N. Chapman CC be elected Vice Chairman for the period ending with the date of the Annual Meeting of the County Council in 2022.

3. Minutes of the meeting held on 8 March 2021.

The minutes of the meeting held on 8 March 2021 were taken as read, confirmed and signed.

4. Question Time.

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

5. 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).

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

There were no urgent items for consideration.

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

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

Members of the Committee who were also members of district councils in Hinckley and Bosworth and North West Leicestershire declared a personal interest in the report on the Provision of Short Breaks and Supported Living Services (agenda item 10 - minute 10 refers).

Members of the Committee who were also District Councillors declared a personal interest in all matters which affected district councils.

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

There were no declarations of the party whip.

9. Presentation of Petitions under Standing Order 35.

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

10. Provision of Short Breaks and Supported Living Services.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update and to seek the Committee's views and comments on the proposed changes to the provision of in-house short breaks services, pre-consultation engagement undertaken with those who access the Smith Crescent Short Breaks Service based at the Cropston Drive site in Coalville and responses received to date to the formal consultation ahead of a report being presented to the Cabinet on 20 July 2021. A copy of the report marked 'Agenda Item 10', is filed with these minutes.

Arising from discussion the following points arose:

- (i) The Director assured the Committee that the Department had been mindful that service users had been unable to access short breaks services (SBS) throughout the Covid-19 pandemic due to national restrictions being applied. Fortunately, and thanks to the cooperation and input from SBS staff, the Department had been able re-deploy staff throughout the pandemic to some of its other services which provided additional assistance in the areas that had remained open. There continued to be a number of vacancies in some of the Department's in-house services, as well as increased demand in certain areas so efforts would be made to continue to retain and make use of staff in this way should this be necessary and appropriate.

- (ii) A Member who represented electoral divisions in the Hinckley area commented on the importance of the views of former residents of The Trees. Given their unanimous wish to remain in their alternative accommodation and that, so far, the majority of consultees had expressed their support for The Trees facility to be used to provide SBSs, they agreed that the proposal would be a reasonable way forward.
- (iii) Noting that a copy of the report had been circulated to members of the Council that specifically represented those electoral divisions in the Hinckley and North West Leicestershire areas where the services were located, the Committee requested that a copy also be provided to all other members of the Council. This was to alert them to the consultation, should they wish to respond, Given the Service was County-wide, Members felt it important to encourage as many responses as possible.

RESOLVED:

- (a) That the report regarding the provision of short breaks and supported living services be noted and circulated to all members of the Council to alert them to the consultation should they wish to respond.
- (b) That the comments now made by the Committee on the proposals be submitted to the Cabinet for consideration.

11. Unison's Ethical Care (Home Care) and Residential Care Charters.

The Committee considered a report of the Director of Adults and Communities which provided information on the implications of signing up to Unison's Ethical Care (Home Care) and Residential Care Charters for the commissioning of care services. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

Arising from discussion and questions, the following points were raised:

- (i) It was anticipated that, depending on the size and nature of the service provided, some of the requirements of the Ethical Care (Home Care) Charter would be more complex for care providers to implement than others. Details of the requirements had been included in the tender for the recommissioning of the Home Care Service which 142 providers had responded to. The evaluation of those submissions was expected to give a clearer indication of the position with providers and encourage engagement with the Council to determine whether a phased implementation would be realistically achievable for all providers and their workers. It was also hoped knowledge from other areas of the Country implementing the Charters could be obtained which would inform the way forward for Leicestershire. Members noted the intention that an update on progress with the commissioning and procurement of Home Care Services would be reported to the Committee later in the year.
- (ii) The Department planned to discuss those areas of the Charter that related to workers pay with providers, including as part of the process for recommissioning the Home Care Service. A key issue with encouraging providers to implement the Real Living Wage was that a number of workers in Leicestershire also operated in neighbouring areas, so any changes to workers pay in Leicestershire had the ability to create a two-tier workforce which it was thought most providers operating

in this way would be keen to avoid. Some of the implications of the Charters around workers' pay also related to issues expected to be addressed nationally as part of the Government's aims to reform adult social care. A White Paper outlining the Government's proposals was anticipated and discussions about this were underway nationally, which the Department was contributing to. The Paper was expected to include a section specifically related to the Workforce and there was potential for a national living wage specifically for care staff to be introduced.

- (iii) In reference to the cost implications of implementing the Charters, a Member commented on the importance of the Council continuing to lobby Central Government for fairer funding given that Leicestershire was the lowest funded County in the country.
- (iv) The Committee recognised that the implications of the Charters were complex, noted that further work needed to be carried out to determine the way forward for Leicestershire and welcomed further updates in due course. Thanks were extended to staff in the Department who were working with providers to make improvements to standards of care.

RESOLVED:

That the report regarding the Ethical Care (Home Care) and Residential Care Charters be noted, and future updates welcomed.

12. Visual and Sensory Impairment Service.

The Committee considered a report of the Director of Adults and Communities, the purpose of which set out the conclusions of a recent review of the Council's Visual and Sensory Impairment Service, and to seek the Committee's views on the forthcoming procurement for the service ahead of the new contract start date on 1 October 2021. A copy of the report marked 'Agenda Item 12', is filed with these minutes.

Arising from discussion the following points arose:

- (i) The decrease in numbers of people over the age of 18 on the Sight Register was because during the Covid-19 pandemic Vista had made contact with a large number of clients to ensure their needs were being provided for and during the course of that process determined that a number of people had died and could therefore be removed from the Register. A subsequent review had taken place to ensure the Register was fully up to date and to remove the records that were no longer applicable. Members were assured that effort would be made going forward to ensure data cleansing exercises were similarly undertaken for future years.
- (ii) Noting the decline in numbers of people attending appointments at Hospital Ophthalmology Departments where most referrals to the Service originated, Members sought reassurance that people's needs were still being met. The Director confirmed that since the pandemic Vista had adapted its services to respond to people's needs (including to those not listed on the Sight Register) in a more flexible way to ensure people remained supported despite the disruption. The Department did not currently have information on how hospital ophthalmology clinics were currently operating, but it was expected that given the national restrictions around the pandemic had eased clinic service levels would be returning to some level of normality.

RESOLVED:

That the report regarding the Visual and Sensory Impairment Service be noted and the proposed way forward for the forthcoming procurement be supported.

13. Procurement of Community Life Choices Services.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to present the proposals for the future delivery of Community Life Choices (CLC) services in Leicestershire including the timescales for the procurement of commissioned CLC services and proposals for the future delivery of in-house CLC services. A copy of the report marked 'Agenda Item 13', is filed with these minutes.

In reply to a question raised regarding proposals to redesign the future service, the Director confirmed that under the current framework individuals were assessed against the services available but there was opportunity to develop a framework for future years that was less service focussed, and more outcomes focussed for the individual. He clarified that the intention was to use the initial two-year contract framework period proposed to undertake detailed work and engage with service users and providers to inform any plans to re-design the service and that there would also be an option to extend the two year contract framework for a further two years should this be necessary.

The Committee confirmed its support for the proposed way forward and the potential for the Council to move to an approach focussed more closely on outcomes for individuals in future years was particularly welcomed. The Committee requested to be kept informed of future developments.

RESOLVED:

That the report regarding the procurement of Community Life Choices services be noted and the proposed way forward be welcomed and supported.

14. Provisional Performance Report 2020/21.

The Committee considered a report of the Director of Adults and Communities, which provided an update of the Adults and Communities Department's performance for the year 2020/21. A copy of the report marked 'Agenda Item 14', is filed with these minutes.

In response to a query relating to young carers, the Director undertook to confirm to Committee members outside of the meeting the age range of carers, in accordance with national guidance, that could participate in the biennial Carers' Survey which was planned to take place in Autumn 2021.

RESOLVED:

- (a) That the update of the Adults and Communities Department's (provisional) performance for the year 2020/21 be noted.
- (b) That the Director be requested to confirm to members of the Committee after the meeting the age range of carers that can take part in the Carers' Survey.

15. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 6 September 2021 at 2.00pm.

2.00 – 3.15pm
7 June 2021

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 SEPTEMBER 2021

COMMISSIONING AND PROCUREMENT OF HOME CARE SERVICES

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to update the Committee on progress made on the procurement of home care services following notifications to award.
2. The report summarises the outcome of the recent tender for integrated home care services in partnership with the Leicestershire Clinical Commissioning Groups (CCGs) to create a new framework of providers with effect from 1 November 2021. This will replace the current Help to Live at Home (HTLAH) framework that expires on 5 November 2021.

Policy Framework and Previous Decisions

3. The Committee received reports and commented on proposals regarding the re-procurement of home care services (post November 2020) at its meetings in September and November 2019 and January 2020.
4. The Cabinet approved the procurement of a new Home Care Service for Leicestershire at its meeting of 7 February 2020.
5. Due to the impact of the Covid-19 upon business continuity within the health and social care market all activity to procure a new framework was paused from April 2020.
6. 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.
7. The Committee received a report on 18 January 2021 detailing progress made on the procurement of home care services following the pause in procurement activity and re-profiling of timelines due to Covid-19.

Background

8. All existing HTLAH arrangements will be ending 31 October 2021 through a notice to terminate.
9. HTLAH will be replaced by Home Care for Leicestershire (HCfL); a new home care service being jointly commissioned by Leicestershire County Council and the County CCGs. HCfL will provide ongoing care, following reablement by the Homecare

Assessment and Reablement Team (HART), where this is assessed as being appropriate. This service will commence from 1 November 2021 which enables a short transition period before HTLAH ends.

10. The HCfL model of service delivery is based upon an open framework of providers who have bid to work in Leicestershire. The County has been strategically divided into 14 geographic areas of service provision called zones, each requiring at least two providers but having no upper limit. This differs from the existing contract which split the County into 18 lots with a lead provider in each lot, supported by a range of supplementary and contingency providers.
11. As a part of the quality evaluation, providers were asked to identify those areas in Leicestershire that they wanted to operate in (see paragraph 20 below).

Evaluation

12. Invitation to tender (ITT) documents were published on 14 April 2021. At the closing date of 21 May 2021, 142 bids had been received from a range of existing providers (currently contracted to the County Council through HTLAH) and new businesses (not contracted to the County Council).
13. Quality evaluations of seven Method Statements, covering the key elements of the Service Specification, were undertaken by the evaluation and moderation team between 22 May and 7 July 2021. These tested a range of responses against the requirements defined in the Service Specification, from how providers proposed to deliver the service to evaluation of their person-centred support planning and safeguarding process and practices.
14. As part of the due diligence work carried out, the outcome of the financial evaluation was applied to ensure those applicants passed the method statement evaluations. The Department's Senior Quality Manager reviewed the Care Quality Commission's (CQC - the independent regulator of health and social care in England) status of the bids to ensure that there were no concerns with the CQC categories of either Safe or Well Led.
15. General Data Protection Regulation (GDPR) criteria within the standard selection questionnaire were assessed by the Council's Information Governance Team, who confirmed that none of the bids passing the financial evaluations, CQC and method statement quality checks raised sufficient concerns to prevent an award. Those bids identified as failing any of the 14 GDPR checks will be followed up by the Contract Managers as part of the post-award/pre-contract checks.
16. Notification to award/not award letters were sent on 2 August 2021, followed by a 10 day stand still period from 9 August. This was subsequently extended to 19 August 2021 due to queries received during the initial stand still period.

Proposed Award Summary

Home Care Service Only

17. A total of 49 providers passed all the selection criteria and quality of which 32 are existing providers and 17 are new providers. Of the existing providers the initial analysis suggests that all seven of the current lead providers will join the Framework along with eight of the 11 supplementary providers, 16 of the 38 contingency providers and one exception provider.

Continuing Health Care (CHC)

18. CHC packages are commissioned by the Council on behalf of the Leicestershire CCGs via a Section 75 funding agreement. Fifteen agencies have bid successfully to provide these CCG-funded, CHC packages of care for people assessed as having a primary health need.
19. This represents a reduction on the existing number of CHC providers, but we are working with CCG colleagues to determine the standards/checks required for the process of assessing and adding further CHC capacity during the contract mobilisation period. Rather than waiting until the Framework re-opens to add any additional CHC providers, the final HCfL contract will be amended to clarify that, as well as Framework providers being offered the opportunity to demonstrate capacity to move into additional zones, they will also be able to demonstrate their ability to deliver CHC if not successful in the initial tender. This will include 18 care agencies that successfully bid to provide the core Home Care Service on the new framework but did not meet the additional CHC requirements.

Summary of Coverage by Existing and New Provider Type

20. The table below provides a summary of successful bids by existing provider type, new providers and zone:

	Total	Lead Providers	Supplementary Providers	Contingency Providers	Exception Providers	New Providers
Zone						
ASHBY AND COALVILLE	18	2	3	5	0	8
CHARNWOOD NORTH	16	4	3	2	0	7
CHARNWOOD SOUTH	22	5	3	6	0	8
WEST LEICESTER	27	3	4	9	0	11
OADBY AND WIGSTON	26	4	4	8	1	9
HINCKLEY	20	2	2	6	0	10
MELTON	8	2	2	2	0	2
SOUTH LEICESTERSHIRE	24	3	3	7	0	11
MARKET HARBOROUGH	12	1	1	1	0	9
CASTLE DONINGTON	5	0	0	0	0	5
LUTTERWORTH	10	1	1	2	0	6
BOTTESFORD	2	0	0	0	0	2
WEST LEICESTERSHIRE RURAL	13	1	2	5	0	5
HARBOROUGH RURAL	3	0	0	0	0	3

Initial Review of Potential Coverage

21. There is interest of between two and 25 bids in all of the zones: the popular areas being urban zones such as Oadby and Wigston and Loughborough, with lowest levels in Bottesford (2) and Harborough Rural (3).
22. Isolated areas where it is currently difficult to source care from existing contracted providers have attracted interest from new providers in the Bottesford, Castle Donington and rural Harborough areas.
23. Until Contract Managers have mobilisation meetings with new providers, there will not be a precise picture of capacity in these areas, based on any existing work or workers but this will inform provider capacity and readiness ratings. As part of the implementation workstream these zones will be reviewed to ensure current packages with existing providers are covered sufficiently by contract extension arrangements.

Next steps

24. Those service users who are currently receiving packages of care from providers who have not been appointed to HCfL may continue to receive services from those providers where it is in the best interest of the service user to receive continuity of care from their current provider.
25. The HCfL framework has been set up to allow the admission of additional providers after 1 November 2021. The Council will work with providers not on the framework to facilitate the admission of more providers.
26. In conjunction with this, introductory meetings during August and September will include checks on new and existing providers' customer numbers and workforce capability in the zones they have selected to operate in, in order to assess actual capacity rather than capacity referred to in their tenders. This will be combined with a review of growth and recruitment plans and commitments in the tender and local authority reference checks for those operating outside the County as requested in the tender.
27. Key milestones to go-live for the new framework are as follows:

Key Milestone	Start	End
Publish Outcome Issue Intention to Award letters	2 August 2021	2 August 2021
Standstill (10 days from the issue of amended award notifications on 9 August following queries)	2 August 2021	19 August 2021
Post-standstill letters issued to successful and unsuccessful providers	23 August 2021	25 August 2021
Issue Contracts	1 September 2021	8 September 2021
Contract Mobilisation Period	23 August 2021	29 October 2021
New Framework commencement date	1 November 2021	1 November 2021

Resource implications

28. The price bands set for the new contract have been determined to reflect the different operating costs across the County. There are no resource implications for overall spend on home care packages due to the implementation of the new contract prices as the rates were set such that the overall cost would be the same as under HTLAH, should volumes remain the same.
29. However, the authority has had significant growth in demand for home care since the start of the pandemic, in terms of both numbers of new service users and increasing service needs. This has led to home care expenditure under HTLAH being significantly higher than budgeted in 2020/21 and to date in the current financial year.
30. The core project team is resourced from within the Department and the corporate Transformation Unit. 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 and Social Care Systems; Legal; Commissioning Support; Communications; and Review.
31. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Risks and Issues

32. There is risk that current providers who were unsuccessful or who did not bid may seek to hand back packages of care before the new Framework start date, requiring the Council to transfer the care to a new provider before the framework start date. The Council will use existing contractual arrangements to bridge any such gap, and where possible using current providers who have also been appointed to HCfL.
33. Furthermore, there is a risk that exiting providers will leave a gap in market capacity in the event that new providers are unable to sufficiently mobilise by 1 November 2021 and beyond, as well as limiting overall capacity on the Framework. To mitigate this risk, and manage variation to future demand, the Agreement is worded in such a way as to focus on the County Council's discretion in deciding when to invite new bids and enables the Council to consider zone-specific requirements, as well as wider emerging issues, such as providers failing to demonstrate readiness to commence operating at the start of the contract.

Conclusions

34. This report describes the process undertaken to date for the procurement of the new HCfL approved by the Cabinet in February 2020. This report provides assurance of the steps taken to ensure successful implementation and mobilisation of the new Framework.
35. The Project is undertaking further analysis to ensure that there is sufficient market capacity to meet current and future demand across all zones.

Background papers

- Report to Adults and Communities Overview and Scrutiny Committee: 2 September and 11 November 2019 and 20 January 2020 – Domiciliary/Home Care Service: Post November
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5689&Ver=4>
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5690&Ver=4>
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6167&Ver=4>
- 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
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5996&Ver=>
- Report to Adults and Communities Overview and Scrutiny Committee: 18 January 2021 – Commissioning and Procurement of the Home Care Service
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6460&Ver=4>

Circulation under the Local Issues Alert Procedure

36. None.

Equality and Human Rights Implications

37. 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 that went to 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 equalities impact on any particular 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 get the right level of support and maximise their independence;
- A focus on achieving individual outcomes will support equality and inclusivity of the service delivery.

Other Relevant Impact Assessments

Environmental Implications

38. Following the declaration of a climate emergency at the 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 Home Care 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.

39. 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

40. Health colleagues from East Leicestershire and Rutland and West Leicestershire 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.

Officer to Contact

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

Nigel Thomas
Assistant Director, Strategic Services
Adults and Communities Department
Telephone: 0116 305 7379
Email: nigel.thomas@leics.gov.uk

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 SEPTEMBER 2021

CARE HOME QUALITY

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of the report is to provide an overview of quality for care homes in Leicestershire, and to describe how the local authority supports care home providers to sustain safe care, and to develop the quality of care.

Policy Framework and Previous Decisions

2. The activities described within this report are underpinned by the Council's Strategic Plan and the 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.
3. The Medium Term Financial Strategy (MTFS) is also key to ensuring that the support provided to adult social care providers is affordable and minimises any additional financial risk to the Council.

Background

4. The report to Adults and Communities Overview and Scrutiny Committee of 2 November 2020 provided an in-depth description of the pressures that providers were facing as a consequence of the Covid-19 pandemic, and how this may impact on the future supply of care and support available to the County Council and its citizens.
5. A further report to the Committee of 8 March 2021 provided an update on the 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. The report also provided an update on the supply and future plans for building extra care facilities in Leicestershire.
6. The County Council's Care Act responsibilities includes market oversight, including understanding the financial and other issues arising from the circumstances which

may impact on providers. The two reports identified how the Council uses market shaping responsibilities to ensure that there is a vibrant care market.

- The Care Quality Commission (CQC) is the regulator of adult social care. CQC monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. The CQC publishes its findings, including performance ratings to help people choose care.

Context, Pre-Pandemic Position and Current Quality Position

- All providers of adult social care and support have faced significant challenges during the Covid-19 emergency and the sector has shown resilience and dedication in keeping Leicestershire people safe at a time of great change and uncertainty.

Pre-pandemic

- The number of adult social care providers in Leicestershire at 15 March 2020 before the pandemic fully started was as follows:

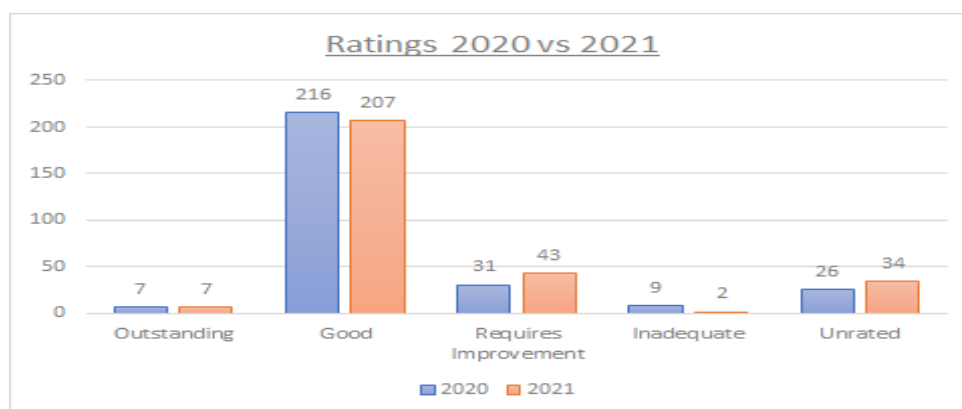
- 296 total registered services;
- 178 care homes - 171 were operational; the figures below relate to operating homes only;
- 118 home care providers, including extra care and supported living.

Current position as at 9 August 2021

- At the time of writing, the equivalent data to that set out in paragraph 9 is:

- 295 registered services – a reduction of one service;
- 176 care homes – 173 were operational - an increase of two homes;
- 119 home care providers – an increase of one.

- The CQC rates the quality of care providers. Outstanding ratings have remained the same as set out in the chart below:



12. There has been a reduction in services rated Good overall by CQC from 75% overall to 71%. This has mainly been in the care home sector where there have been eight fewer homes rated as Good.
13. There has been an increase in providers rated as Requires Improvement. This is as a result of some providers who have moved from Good to Requires Improvement, but also providers moving from Inadequate to Requires Improvement.
14. Leicestershire has seen a significant decrease in homes rated as Inadequate by the CQC from 5% to 1%, which is a decrease of seven homes rated as Inadequate. One of these homes has a CQC 'notice of proposal to remove the location', which in effect means that the home would close; however the provider has appealed this decision to the CQC.

Regional and National Comparison

15. When compared against comparator authorities (Cambridgeshire, Northamptonshire, Derbyshire, Essex) and England, performance of providers in Leicestershire is on average similar in care quality.
16. Leicestershire has fewer Outstanding care homes - 2% in Leicestershire against 5% for comparator authorities and 4% nationally. However, the county also has fewer homes rated Inadequate compared across England as a whole – 1% in Leicestershire against 4% nationally.

Rating	Type of service		Comparator Authorities		England	
	Homes	Community based ASC	Care Home	Community based ASC	Care Home	Community based ASC
Outstanding	2%	4%	5%	3%	4%	4%
Good	73%	67%	73%	57%	75%	62%
Requires Improvement	19%	8%	17%	8%	16%	8%
Inadequate	1%	0%	2%	1%	4%	1%
Unrated	5%	21%	3%	31%	4%	25%

Key Challenges

17. The period since March 2020 has been extremely difficult for adult social care providers given the ongoing pandemic. All provider categories have faced their own set of challenges particular to their mode of service delivery and the support needs of the people who they serve.
18. Care homes have experienced a broad range of issues presented by Covid-19, many of which occur simultaneously. These are:

- *Outbreaks of Covid-19* – the outbreaks in care homes have reduced both in number and severity. At the time of writing this report, there are nine current outbreaks.
- *Increased mortality rates* – during the pandemic there was an increased number of deaths. Due to national media attention on care homes, people are choosing to stay at home where possible instead of going to a home. This has meant providers have higher vacancy levels. In addition there has been an emotional impact on staff who have seen the death of residents who they have worked closely with.
- *Deterioration in health of people who have experienced Covid-19 infection* – people have continued to be unwell following Covid-19, so have more complex needs.
- *Workforce availability, including illness, self-isolation* – Staff have been affected by self-isolation personally and also where children have been unable to go to school.
- *Access to and speed of results of testing* – Testing results should be back within 24 hours from a Polymerase Chain Reaction (PCR) test, but have been taking up to three or four days at times throughout the last year.
- *Reduction in permanent admissions resulting in high vacancies* – This is based on the negative publicity around care homes making people less likely to choose to move into a home.
- *Understanding and applying Government guidance* – The Government guidance has changed on a regular basis. Providers are informed of changes through weekly bulletins and two weekly phone calls, but it has been difficult for providers who have had to change their processes each time the guidance changed, and make sure staff were all aware of and following the changes.
- *Cost pressures relate to sourcing Personal Protective Equipment (PPE) equipment, infection prevention and control, testing, vacancies, staff recruitment, retention and absences, and increased care home insurance premiums* – Providers have been asked to do much more throughout the pandemic. Some of the costs have been financial such as increased PPE costs. They were able to source some PPE from the Government, but have had to supplement it in order to meet the guidance and make sure they have enough PPE. New processes including infection control measures and cleaning, vaccinations and testing all require resource which has a cost to the home. Staff recruitment and retention is impacted by the levels of sickness and also by the vaccinations being mandated by 11 November 2021.

19. The following challenges have made some improvements since the last report in March 2021:

- The availability and price of PPE: the supply of PPE has now steadied, and providers delivering regulated services can order PPE for free for their Covid-19 needs from a national portal until 31 March 2022;
- Fewer, less extensive and less severe outbreaks of Covid-19;
- Fewer deaths from Covid-19;
- Regular and better availability and speed of Covid-19 testing;

- Universal adult eligibility for Covid-19 vaccination.

20. The County Council has provided extensive support to providers to understand and mitigate care homes' challenges, including:

- Financial support through the Government funded Infection Control Fund. Providers were given funds and spent these on measures to isolate residents in their own care homes, actions to restrict staff movement between homes, paying staff full wages while isolating following a positive test, additional staffing, training, and cleaning.
- Support to understand different ways to use the vacant beds they have in their homes or to consider a different type of provision such as supported living for working age adult providers.
- Weekly bulletins including information about Government guidance.
- Two weekly phone calls (initially weekly) with all providers regardless of whether they hold a contract with the County Council. There are separate calls for home care and care homes as they have different topic areas to discuss.
- The County Council has a team to support providers with recruitment and retention best practice. They have offered direct support during the pandemic including recruiting staff for providers. They work directly with providers to improve their procedures and process to help them to recruit staff using values-based recruitment and retain the staff.
- Infection Prevention and Control (IPC) support from a specific team of specialists in this area including visits to the homes to offer support and advice.
- Repayable advance payments have also been made to providers to provide up-front support to mitigate any immediate financial pressures and to stabilise the market.

21. There have been restrictions around movement and access to care homes due to Covid-19. This has presented difficulties for professionals as it has reduced the ability to visit care homes.

22. Increasingly, professionals including the Council's Quality and Contract officers are now able to visit care homes in person to assess and support with quality, with the appropriate PPE, IPC and testing regime in place to reduce risk to the residents, staff and to themselves.

23. On occasion, a care home encounters instability as a result of Covid-19 and other challenges. For example, if the provider was subject to urgent action by CQC so their registration was removed, or if the provider is no longer able to provide the care safely. The County Council has the responsibility to ensure all residents' safety in these circumstances, whether they are funded by the authority or self-funders, and in certain circumstances will deploy its own staff to oversee the quality of care and support in the home whilst alternative arrangements are made for the residents.

Intelligence Gathering and Work of the Quality and Contracts Team

24. The Council has invested in additional Quality and Contract officers which will support the implementation of a new risk management 'RAG' (red-amber-green) system. The RAG reporting system is a project management tool for rating status reports, based on the traffic light colour designations:
- Red: critical;
 - Amber: some concerns;
 - Green: compliant.
25. This includes, but is not limited to the CQC status, safeguarding incidents, complaints and the size of the home. This is then 'RAG' rated to agree on what action is required. The RAG rating will indicate what level of intervention is required which could be either a desktop review or a visit to the home. The implementation of this tool will allow the Council to design a protocol to support care homes at an early stage to avoid them going into crisis. For example, random checks might take place on homes in green and amber, providing support earlier to avoid escalation into the red RAG rating.
26. Contracts Officers review all information which is received about each provider. This includes provider performance monitoring forms, whistle blowing concerns, safeguarding alerts and general feedback on the provider. This is reviewed monthly and escalated whenever risk is growing to senior managers as soon as risk begins to increase.
27. A new monitoring tool has been developed which looks at key areas including IPC, training, staff levels and management within the home. Evidence is gathered virtually and reviewed, and a report is sent to the provider. This monitoring tool identifies if the providers are contractually compliant or if a contract monitoring visit is required to investigate further. This gives further intelligence about a provider to determine the risk status.
28. The Council is reviewing a new risk system which has been made available by Leicester City Council, which has been successful in monitoring providers' progress. The system would be updated monthly and be available for all locality workers and operational staff to review to determine the current status of a provider each month.
29. As people have started visiting services more, the Council has seen more information being shared which gives a better oversight of the provider. This allows a more up to date picture of the current quality status of a service and enables prioritisation of work with identified providers where concerns have been raised.
30. Although the number of official outbreaks has reduced, the Council continues to monitor the position and discuss with a provider if there are concerns about how they are managing the outbreak. IPC officers support homes in the event of an outbreak.

CQC Strategy and Future Approach to Inspection

31. The CQC has recently published 'A New Strategy for the Changing World of Health and Social Care'.
32. The new CQC strategy seeks to make regulation more relevant to the way that care is now delivered, being more flexible to manage risk and uncertainty. It aims to enable CQC to respond in a quicker and more proportionate way as the health and care environment continues to evolve. CQC's purpose remains to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve.
33. The four themes of the new CQC ambitions are:
- *People and communities*: Regulation that is driven by people's needs and experiences, focusing on what is important to people and communities when they access, use and move between services.
 - *Smarter regulation*: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with CQC and a more proportionate response.
 - *Safety through learning*: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives.
 - *Accelerating improvement*: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.
34. Their stated core ambitions are:
- *Assessing local systems*: Providing independent assurance to the public of the quality of care in their area;
 - *Tackling inequalities in health and care*: Pushing for equality of access, experiences and outcomes from health and social care services.
35. County Council officers regularly meet CQC managers to discuss day-to-day and strategic matters, and the Council will continue to work with the regulator to share information and adapt its working practices to suit this dynamic and flexible approach.

Market Sustainability

36. Throughout the pandemic there have been concerns about the sustainability of the care home market. There are a number of key areas to consider:
- *Home closures* – throughout Covid-19 the Council has offered support to all providers, including care homes, that are facing severe financial challenges. To date, very few have requested support, and none has been forced to close as a

result of insolvency. Two residential homes have highlighted significant cost increases and have requested significant financial support.

- *Self-funders* – in Leicestershire there is a strong self-funder market. Approximately half of the beds in Leicestershire homes are occupied by self-funders, who may pay fees at a different level to those paid by the council. Homes in Leicestershire were in a relatively strong position going into the pandemic compared with some other council areas which tend to have lower self-funder populations.
- *Occupancy* – this is a key determinant of financial viability and the pandemic had a damaging impact on it (see Appendix). Based on information from the national ‘capacity tracker’ data system, residential care homes entered the pandemic with an occupancy of 92%. Occupancy reduced through the pandemic to a low in March 2021 of 75%, but since then has recovered to 80%. Similarly, nursing homes entered the pandemic with an occupancy of 85%, which dropped to a low point of 77% in July 2020 but recovered to 82% in August 2021. There will have been a loss of income across the sector which will have been mitigated in part by national funding and higher fees.
- *New entrants* – two new homes opened in Leicestershire late last year. The Council is aware of plans to establish another two new homes in the county, suggesting that some operators see an opportunity to establish a viable business and continue to invest.

37. The Infection Control Fund (ICF) was first introduced in May 2020 to support adult social care providers in England to reduce the rate of Covid-19 transmission within and between care settings. It was extended in October 2020 and, in April 2021, it was consolidated with the existing Rapid Testing Fund to support additional lateral flow testing (LFT) of staff in care homes, and enable indoors, close contact visiting where possible.

38. This funding is critical in supporting care providers to reduce transmission and re-enabling close contact visiting and has been extended nationally until September 2021.

39. This brings the total ring-fenced funding for infection prevention and control and support for testing to almost £21 million in Leicestershire care settings, the vast majority of which has been distributed to care homes to mitigate the impact of Covid-19. These funds have been and continue to be critical in sustaining the care home sector.

Provider Engagement

40. Officers are in regular contact with care home providers to give bespoke support and address queries. Current attention is focussing on the new mandatory

requirement for Covid-19 vaccination for workers in care homes, as described below.

41. The Council continues to hold regular care home provider meetings to engage with providers and give a two-way flow of information to support care homes to remain stable during the pandemic period. The content of the meetings usually covers matters such as financial support, PPE, testing, visiting guidance, vaccinations, training and any other pressures or concerns providers wish to discuss. These have been well received by providers since their initiation in March 2020 and will continue for as long as they are required. These Covid-19-specific meetings will run in parallel with new locality-based forums which will begin to increase the focus back to strategic, contract management and business-as-usual matters.

Commissioning Intentions

42. The County Council is currently developing its commissioning intentions to realise the ambitions within its Adults and Communities Strategy, aiming to maximise good outcomes for individuals. The approach seeks to enhance wellbeing, and prevent, reduce, delay and meet individual and community need.
43. The Council continues to place its emphasis on independence and independent living and with increased use of asset-based support and strategies.
44. The Strategy and commissioning intentions support the principle of all parts of the health and social care system working to a shared goal of ensuring that people can live in their own home wherever possible.
45. Residential and nursing care form part of the overall offer to meet people's care and support needs as an integral part of its strategic approach. The Council will continue to build stability in the market by working with providers to commission services in a sustainable, fair and transparent way.

Fee Uplifts for 2021-22

46. Care homes have faced significant increases in costs, many of them mitigated by additional funding and support, for example the ICF during 2020 and the current Infection Control and Testing Fund (ICTF).
47. The Council has experienced unprecedented increases in costs and loss of income, which means it faces a medium-term funding gap of £92m and increased cost pressures of £14m during the current financial year.
48. The Council's approach to the residential fee uplift in April 2021 was governed by the fee review undertaken in 2019. It was agreed by the Cabinet that increases for April 2019, 2020 and 2021 would be calculated using a formula based on the annual increase in the Average Weekly Earnings (AWE) services rate and the Consumer Price Index (CPI).

49. In April 2021 band rates were increased by 2.0%, which is a blended rate that took account of the CPI annual inflation rate of 0.3%, and the AWE services rate increase of 3.40%. Supplementary Needs Allowance payments were increased by 3.4%. Both CPI and AWE rates were those reported by the Office for National Statistics (ONS) in December 2020.
50. The work to determine the approach to care home fees for 2022/23 is ongoing. Undertaking a fundamental review to establish the rates for April 2022, three years after the last major review in 2018/19, is not being recommended at this time because:
- The care home market has not recovered from the impact of the pandemic.
 - Covid-19 related costs, and Department of Health and Social Care funding to mitigate them, are still in the system.
 - Delivery models that take account of new ways of working are yet to fully develop.
51. In such circumstances reliable estimates of the cost of care, upon which fees will be based, are very difficult to make. It is being proposed therefore to delay the fundamental review until April 2023 and the current agreed mechanism will be used to uplift rates in April 2022.

Covid-19 Vaccination in Care Homes

52. The Covid-19 vaccination programme in Leicestershire began in December 2020. The County Council worked with the local NHS in the planning and prioritisation of vaccination across Leicestershire; to ensure consistency much of the vaccination programme has been co-ordinated at a Leicester, Leicestershire and Rutland (LLR) level. The local roll-out followed the national priority 'cohorts', resulting in a position today that every adult in Leicestershire has now been offered the Covid-19 vaccine.
53. Residents and workers of care homes were in the very first cohort; by mid-February 2021, 65% of care home staff in Leicestershire had received their initial Covid-19 vaccine dose.
54. The table overleaf sets out the percentages of home care residents and staff who have received doses 1 and 2 of the vaccination. This table compares Leicestershire's percentages with those of the East Midlands region and England overall. The table also includes percentages of domiciliary care staff for comparison.

	Dose 1			Dose 2		
	LCC	East Mids	England	LCC	East Mids	England
OP Home Residents	96.6%	95.5%	95.8%	94.0%	92.7%	93.5%
OP Home Staff	85.7%	86.0%	87.6%	76.1%	76.2%	78.0%
<65 Home Residents	93.0%	91.8%	92.7%	90.7%	86.6%	88.5%
<65 Home Staff	83.7%	81.9%	84.4%	75.6%	72.8%	75.2%
Dom Care staff	82.0%	80.4%	80.0%	69.4%	66.9%	64.6%

LCC % higher than East Mids and England

LCC % higher than East Mids or England

LCC % lower than East Mids and England

Source: Gov.UK National statistics published 12 August 2021. Data as at 27 July 2021

<https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-august-2021>

55. The results are generally in line, if not above, the East Midlands and England rates with the exception of home care staff, which are slightly under the regional and national averages.
56. Every encouragement and support has been and continues to be given to providers and staff to encourage workers to take up their vaccination. Some of the methods employed include:
- Virtual question and answer sessions and webinars, including clinical experts.
 - Publicity materials.
 - Frequently Asked Questions documents, including those developed in LLR.
 - Communications produced by and for Black, Asian and minority ethnic (BAME) communities.
 - Work with health organisations to ensure that vaccination can take place in convenient locations and as 'drop-ins'.
 - Dedicated social care provider and staff vaccination enquiry web page, enquiry form, enquiry email address, and booking phone line.
 - Weekly email updates to providers to encourage uptake and share the latest information on vaccination roll-out.
 - Tailored work for areas of particular hesitancy, such as pregnancy, fertility and breastfeeding.
 - Audience-specific marketing, including for younger workers.
 - Behavioural science approach to promotion, using focus groups, such as for care homes.
 - Development of a 'healthy conversations toolkit' to enable managers to have constructive conversations with workers to promote vaccine confidence.

57. The authority conducted a survey looking at demographics, barriers, and motivators to having the vaccine from care home staff. A total of 39 surveys were completed for Leicestershire, representing 2,349 members of staff.
58. The key findings from the survey were:
- The highest percentage of unvaccinated staff were within the 25-34 age band, with 60% of those unvaccinated being under 35 years old.
 - Overall long and short-term side-effects were cited as the largest barriers.
 - The top ranked motivator for having the vaccine was to return to normality, closely followed by reducing own risk, risk to residents and protecting friends and family.
59. The requirement for those working in a CQC-registered care home environment to be double-vaccinated unless they have an exemption was confirmed by the Government in late July, with a 16 week lead-in period for unvaccinated workers to have their first and second doses before the full implementation date in November. This guidance also applies to all professionals and tradespeople who enter these settings.
60. The key dates are:
- 22 July: 16 week 'grace' period starts to allow unvaccinated workers to receive both doses in time.
 - 16 September: last date for care home workers to receive their first dose so that they are fully vaccinated by 11 November.
 - 11 November: regulations come into force.
61. Care home managers are working hard to prepare staff and services to ensure that they are compliant with the new law. The Directors of Adult Social Services and Directors of Public Health for LLR have written to care home managers to set out some of the key considerations and support available to them and their workers. The County Council is working with colleagues in the City and Rutland to develop tools to support care home managers with this requirement for their staff, and organisations visiting their home.
62. Providers will seek their own professional advice on the human resources and legal implications for their workforce.
63. Although there is access to basic live data on vaccine take-up across named care homes, the Council is currently undertaking detailed work across all 173 operational care homes to allocate a 'red-amber-green' risk rating to each, principally focussed on the likelihood and impact of possible reduced number of staff able to work in the setting. This will inform prioritisation of support to providers by adult social care and public health officers to address barriers to vaccination on an individual care home basis, which has the highest likelihood of success.

64. Providers have been asked to identify how many staff in each role, such as manager, care staff, nurses, have not been vaccinated to determine risk to the provider if the staff continue to decline the vaccination.
65. A 'menu' of interventions is being developed which can be used by the Council's officers with care home workers to enable the most appropriate and tailored package of measures, which could include:
- Detailed discussions with GPs;
 - Training in the use of the 'healthy conversations toolkit';
 - Support with recruitment and retention;
 - Further walk-in vaccine clinics prior to the key deadlines;
 - Business continuity planning;
 - Signposting to specialist resources.
66. Other work underway on mandatory vaccinations includes but is not limited to:
- Template communications which care homes can use to inform contractors entering the home of the requirement and their obligations.
 - Work with health providers to ensure that only fully vaccinated staff can be deployed to care homes and can evidence their vaccination status.
 - Internal work with the Council's own staff to further boost take up and make sure that vaccinated workers only will visit.
67. A further appraisal of risk will be possible after the initial 16 September 'first dose' milestone has passed, which will indicate the number of workers who have no prospect of full vaccination by the final 11 November deadline.
68. Although this is to be avoided, the Council will be prepared for increased provider instability after 11 November for individual providers where sufficient, fully vaccinated workforce is not available.

Response to Provider Instability and Failure

69. During the pandemic the County Council has found increased risks of provider failure and instability. These are linked to the key challenges providers have faced during the pandemic. The risks of failure are due to lower occupancies in care homes, lower levels of referrals to care homes and increasing costs for providers due to the use of PPE and new ways of working. The risks of instability are due to outbreaks and staff absence due to testing positive even when asymptomatic.
70. Where homes have higher vacancy levels, this presents a risk to them remaining viable. The Council monitors these homes carefully for indicators of potential risk and offer support to the providers.
71. Providers are testing staff up to three times a week and residents monthly. While the numbers of staff testing positive has reduced there are still some positive cases.

The impact on this is when other staff who are classed as contacts have to isolate. A local 'exemption from isolation' policy has been developed, based on national guidance, which allows such exemption in exceptional circumstances. Providers are at risk with reduced staffing especially during July and August with high levels of holiday and other sickness impacting. The County Council monitors providers and offers support and guidance on business continuity planning so they are prepared for this and have plans how to continue to operate a service.

72. As staff are not allowed to work between different settings in order to reduce the likelihood of spread of infection this has meant providers have sometimes had difficulty in covering high levels of absence which has led to quality concerns within homes. There is support for all homes during an outbreak from the IPC and Quality and Contracts Officers. Advice and support are given on how to ensure IPC methods are appropriate to reduce the risk of spread of infection, and advice on staffing to ensure people's needs are met safely. If necessary, visits are undertaken to review the situation and offer more practical support and to have oversight of the situation.
73. The County Council has learnt about the potential indicators of a provider struggling with an outbreak. As a result of this the support offered to homes has changed and the escalation points of concerns for a home's ability to manage the situation, to enable a multi-disciplinary approach.
74. Providers are supported with recruitment through the Inspired to Care team. Although they do not act as a short-notice recruitment agency, they can support a provider with long term recruitment to enable them to have a full staff team which reduces financial pressure on a home as well as providing continuity of care for people living there.
75. In case of provider failure there is a mutual aid agreement where all health and social care partners become involved to ensure people are cared for safely. This includes health partners where clinical support may be needed, the CQC and internal direct services in the event of additional hands-on support being required.
76. The County Council uses a variety of options to respond to provider failure depending on the size, vulnerability and risks of a home. The Council continues to use its provider instability and failure protocol and checklist. The checklist provides a framework to enable the Council to manage issues in care homes and has been successful in addressing quality concerns in care homes within Leicestershire.
77. There are staff vacancies across all providers and there are fewer staff wanting to work in social care. Inspired to Care has created a recruitment video to encourage people into the care sector and continues to advertise social care roles and provide CVs from potential recruits to all providers who have signed up to receive them.

Consultation

78. This report details how care home providers have received information, advice, guidance and support throughout the pandemic, and how the authority has engaged with the sector. The effectiveness of the authority's work with the sector has relied upon consistent and ongoing consultation.
79. Detailed work and formal consultation with providers will be required during the proposed review of care home fees for April 2023.

Risks

80. Risks are highlighted throughout this report, including the measures which the authority has been undertaking or is considering to mitigate them.
81. Central to the Council's approach to risk is the need to ensure the safety of people using its services and those of the adult social care providers which it commissions.

Resource Implications

82. In 2021/22 care home providers are benefiting from free PPE for Covid-19 related needs, and the national ICTF fund for eligible expenditure evidenced within set timescales. The prospect of future funding streams is currently unknown.
83. The County Council is committed to consider providers' reasonable additional costs from Covid-19, where they have not been met through existing national and local funding streams and initiatives. The authority continues to consider such requests on a case by case basis on the evidence presented.
84. The Residential Expenditure budget is £98m. Currently the forecasted spend is £105m due to additional costs mainly relating to Covid-19 and increase in number of short-term service users.

Conclusions

85. The care homes market has been substantially impacted by the Covid-19 pandemic since March 2020. Despite the challenges, the sector continues to show perseverance during a very difficult period.
86. The Council will continue to support providers via workforce support, maintaining communication and dialogue, and financial support were appropriate.
87. The Council has taken further measures to support care homes to reduce the risk of instability, and to respond sooner if it arises. This has included investing in additional resources and the development of new quality and monitoring tools.
88. The Council will use the recent research, intelligence and consultation to identify potential solutions to increasing support and promoting provider sustainability.

89. The Committee is asked to note the recommendation to undertake a review of care home fees for implementation in April 2023, by which time Covid-19 related costs will be better known.

Background Papers

Report to the Cabinet: 18 September 2020: Adults and Communities Department Strategy 2020-24 – Delivering Wellbeing and Opportunity in Leicestershire
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5997&Ver=4>

Report to Cabinet: 20 October 2020 – Adult Social Care Winter Plan and Measures to Support Care Home Provider Sustainability –
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5998&Ver=4>

Adults and Communities Overview and Scrutiny Committee in November 2020
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6171&Ver=4>)

Adults and Communities Overview and Scrutiny Committee in March 2021
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6461&Ver=4>

Department of Health and Social Care Equality Impact Assessment form – Public Sector Equality Duty
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1001051/vaccination-as-a-condition-of-deployment_public-sector-equality-duty2.pdf

Circulation under the Local Issues Alert Procedure

90. A copy of this report will be circulated to all members.

Equality and Human Rights Implications

91. There are no Equality and Human Rights Implications arising directly from this report, which does not propose specific service changes.

92. The Department of Health and Social Care has undertaken an Equality Impact Assessment of the new requirement to make vaccination a condition of deployment in care homes. It has identified that negative impacts (such as the possibility of a worker losing their job) are likely for some protected characteristics because they have higher vaccine hesitancy rates:

- Sex, particularly for women;
- Black and Minority Ethnic groups;
- Age, particularly younger people;
- Religion, where people do not wish to be vaccinated because of their beliefs;
- pregnancy and maternity.

93. The County Council has a range of interventions and promotional activity in place to support providers with the expectation, including measures tailored to specific groups or hesitancy reasons. The Council wishes to build vaccine confidence in the external workforce such that workers of all backgrounds can continue to provide support for care home residents in Leicestershire.

Appendix

Occupancy Levels in Leicestershire Care Homes

Officers to Contact

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

Nigel Thomas, Assistant Director (Strategic Services)
Adults and Communities Department
Telephone: 0116 305 7379
Email: Nigel.Thomas@leics.gov.uk

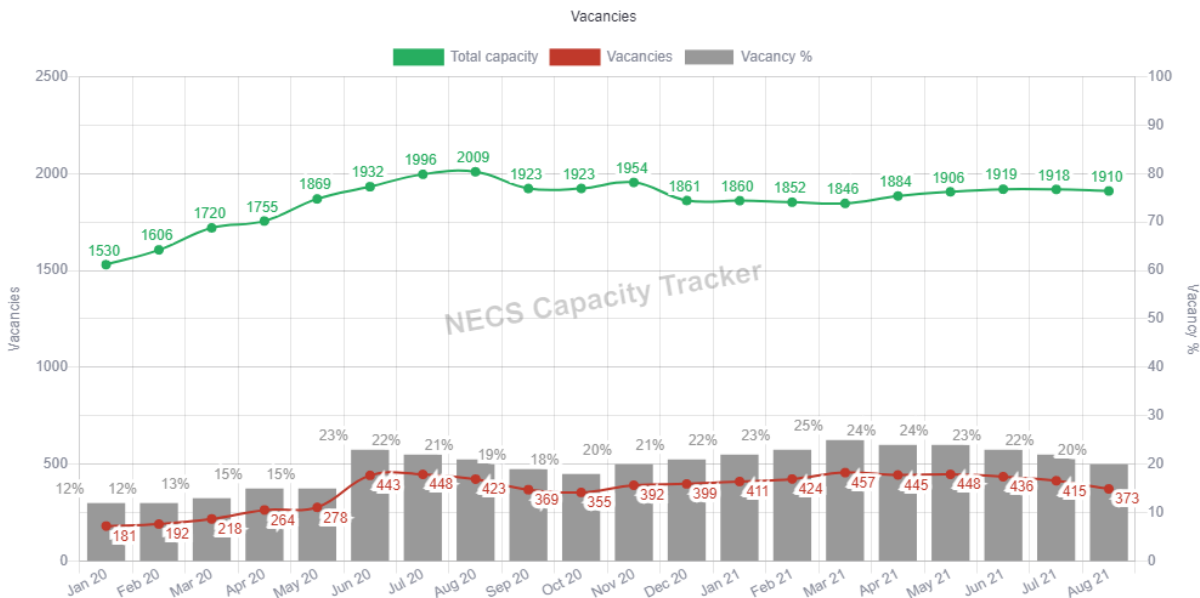
Kate Revell, Head of Service –(Strategic Commissioning and Quality)
Adults and Communities Department
Telephone: 0116 305 8331
Email: Kate.Revell@leics.gov.uk

Occupancy Levels in Leicestershire Care Homes

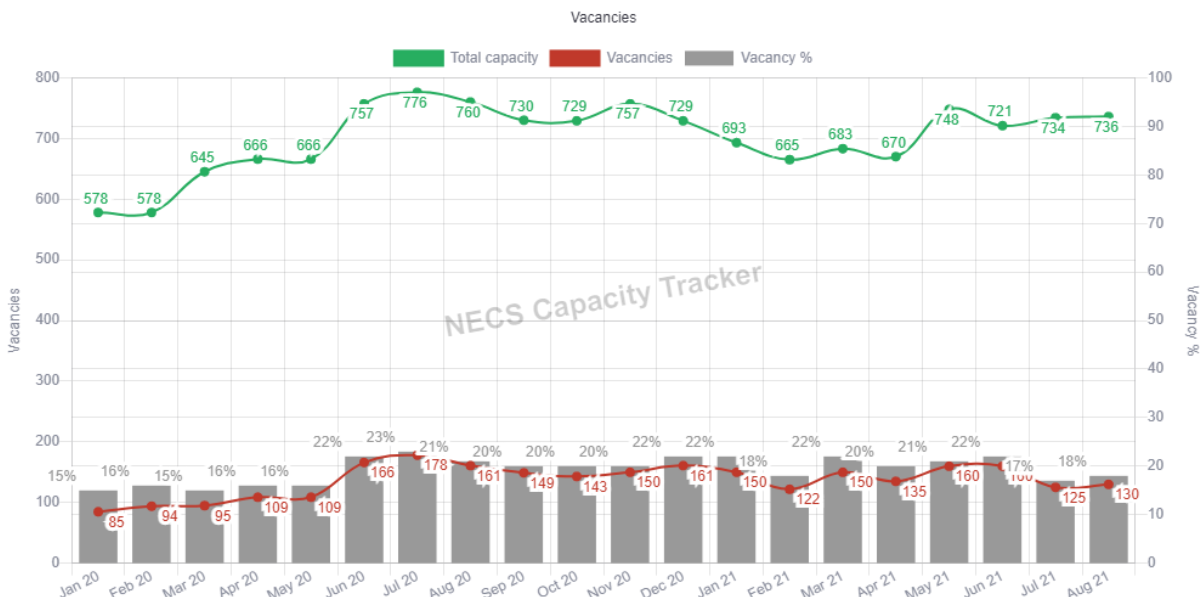
Vacancy trend, January 2020 to August 2021

Data from National Capacity Tracker – 6 August 2021

Residential



Nursing



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 SEPTEMBER 2021

LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2020/21

REPORT OF THE INDEPENDENT CHAIR OF THE LEICESTERSHIRE AND
RUTLAND SAFEGUARDING ADULTS BOARD

Purpose of Report

1. The purpose of this report is to seek the views of the Committee on the draft Annual Report of the Leicestershire and Rutland Safeguarding Adults Board (LRSAB) for 2020/21.
2. The final Annual Report is the report of the Independent Chair who must publish an annual report on the effectiveness of safeguarding adults in the local area. This is a statutory requirement under the Care Act 2014.

Policy Framework and Previous Decisions

3. The LRSAB is a statutory body established as a result of the Care Act 2014. The main purpose of the LRSAB is to ensure effective, co-ordinated multi-agency arrangements for the safeguarding of vulnerable adults.
4. The Business Plan of the LRSAB for the period that this annual report relates to was considered by the Adults and Communities Overview and Scrutiny Committee on 7 September 2020. The Strategic Plan of the LRSAB for 2020 – 2025 was also considered at the same meeting.

Background

5. Safeguarding Adults Boards have three core duties. They must:
 - Develop and publish a strategic plan setting out how they will meet their objectives and how their member and partner agencies will contribute;
 - Publish an annual report detailing how effective their work has been
 - Commission safeguarding adults' reviews (SARs) for any cases which meet the criteria for these.
6. The Annual Report relates to the second of these duties.

Annual report for 2020/21

7. The Annual Report provides a full assessment of performance on the local approach to safeguarding adults in line with the requirements of the Care Act 2014.

8. The key purpose of the Annual Report is to assess the impact of the work undertaken in 2020/21 on service quality and on safeguarding outcomes for adults with care and support needs in Leicestershire and Rutland. Specifically it evaluates performance against the priorities that were set out in the LRSAB Business Plan 2020/21.
9. The Draft Annual Report 2020/21 is appended to this report. This is the content of the report which will go to design to be finished into the document that will be published.
10. The key messages from the LRSAB, specifically in relation to Leicestershire are:
 - a. Partnership working to safeguard adults with care and support needs has strengthened during the difficult circumstances of the Covid-19 pandemic.
 - b. Individuals and their needs can become hidden in plain sight within organisational and inter-organisational processes. This is a particular concern for those with learning disabilities.
 - c. Understanding and application of the Mental Capacity Act in relation to Safeguarding is improving but requires a sustained focus.
 - d. The Board requires ongoing assurance that people within the Transforming Care cohort of adults at risk are being adequately safeguarded.
 - e. The Board will continue to work together and develop links across partnerships to foster a reliable, trusting culture in organisations and across our area and challenge and drive improvement in multi-agency safeguarding of adults.

Proposals/Options

11. The Committee is asked to consider the Annual Report for the LRSAB and to make any comments or proposed additions or amendments. Any comments will be considered and addressed prior to the final report being published.

Consultation

12. The Annual Report includes a summary of the consultation and engagement work which the LRSAB has carried out with the public, adults with care and support needs and with practitioners. The circumstances of the Covid-19 pandemic have meant this was significantly limited to engagement with specific individuals as part of work on Safeguarding Adults Reviews. The LRSAB is developing a sustainable approach for engaging with adults with care and support needs and with carers going forward, building upon the existing engagement work that each Board partner already carries out.
13. The broad membership of the Safeguarding Adults Board has been involved in developing the priorities in the Business Plan, this includes Healthwatch who has provided input based on its work within the community.
14. All members of the Safeguarding Adults Board have had opportunities to contribute to and comment on earlier drafts of the Annual Report.
15. The Annual Report will be presented to the Leicestershire Health and Wellbeing Board in November 2021.

16. This report to the Committee is part of the consultation on the Annual Report.

Resource Implications

17. There are no resource implications arising from this report. The LRSAB operates with a budget to which partner agencies contribute.
18. Safeguarding Adults Board statutory partners have, along with Safeguarding Partners for safeguarding children, set a single agreement of principles to share the operating costs of the Safeguarding Children Partnerships (SCPs) and Safeguarding Adults Boards for Leicester, Leicestershire and Rutland.
19. As part of this agreement Leicestershire County Council contributes £102,496 to the SAB and SCP in 2021/22. This is 31% of the total funding for the Leicestershire and Rutland SAB and SCP (£325,779). This compares with £112,633 in the previous year which was 31% of the total budget for the Leicestershire and Rutland LSCB, SCP and SAB of £358,500 in 2020/21.
20. Leicestershire County Council also hosts the Safeguarding Partnerships' Business Office that supports the SAB and the SCP.
21. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

22. The Annual Report will be presented to the Adults and Communities Overview and Scrutiny Committee on 6 September 2021 and the Cabinet on 17 September 2021. The Annual Report will be published by the end of September 2021.

Background Papers

Report to the Adult and Communities Overview and Scrutiny Committee 7 September 2020 – LRSAB Annual Report 2019/20, Strategic Plan 2020 – 2025 and Business Plan 2020/21: <http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6170&Ver=4>

Circulation under the Local Issues Alert Procedure

None.

Officers to Contact:

Fran Pearson, Independent Chair, Leicestershire and Rutland SAB
 Telephone: 0116 305 7130
 Email: lrsdbo@leics.gov.uk

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

Tracy Ward, Assistant Director - West
Telephone: 0116 305 7563
Email: Tracy.Ward@leics.gov.uk

List of Appendices

Appendix - Leicestershire and Rutland Safeguarding Adult Board Draft Annual Report 2020/21

Relevant Impact Assessments:

Equality and Human Rights Implications

23. The LRSAB seeks to ensure that a fair, effective and equitable service is discharged by the partnership to safeguard vulnerable adults. At the heart of the work is a focus on any individual or group that may be at greater risk of safeguarding vulnerability.

Crime and Disorder Implications

24. The LRSAB works closely with community safety partnerships in Leicestershire to scrutinise and challenge performance in community safety issues that affect the safeguarding and wellbeing of individuals and groups, for example domestic abuse and Prevent. The Safeguarding Partnerships Business Office also supports community safety partnerships in carrying out Domestic Homicide Reviews and acting on their recommendations.

Environmental Implications

25. The published LRSAB Annual Report will be made available only on-line in electronic form, rather than paper.

Partnership Working and associated issues

26. Safeguarding is dependent on the effective work of the partnership as set out in national regulation relating to the Care Act 2014.

Leicestershire & Rutland Safeguarding Adults

Board Annual Report 2020-21

Foreword from the Independent Chair

This year, for the first time, I am writing one foreword for the reports of both the Safeguarding Adults Boards for the Leicester, Leicestershire, and Rutland area. This reflects that, over the year, the boards have continued a process that had already begun. This was a move to greater shared activity and leadership of the safeguarding system, while keeping a strong focus on the local populations of Rutland, Leicestershire and the city of Leicester and their distinct needs.

The context for this report is also unique and has had profound consequences for adult safeguarding and the role of the Safeguarding Adults Board. The pandemic started in the year covered by the 2019-2020 Annual Report. It impacted on everything the Safeguarding Adults Boards did for the whole of 2020-2021. Partnerships and local communities lived and worked through a year of high, often unpredictable demand and unprecedented situations. Serious incidents generally happen over a few days. As I write, our partnerships have been planning for, or responding to, the effects of the pandemic for eighteen months.

Partnership working has been strong during the pandemic. The government allowed some aspects of local councils' Care Act responsibilities to be 'eased' during a period in 2020. None of the three councils needed to enact these easements despite the very difficult context. An added layer of assurance from my external perspective lay with something that I felt was remarkably strong in Leicester, Leicestershire, and Rutland. The Local Resilience Forum for each area of England coordinates emergency responses. Work done by the national network of Safeguarding Adults Board chairs, showed how variable these structures were in their inclusion and prioritisation of adult safeguarding. This was not so in our area and particularly notable was the setting up of a Safeguarding Sub Cell in the Local Resilience Forum structure.

During the year, the two Safeguarding Adults Boards began to meet as one group on a six-weekly basis with a particular focus for each of our sessions. This agility came out of the pandemic but what it enabled was honesty, transparency and shared approaches to complex problems. This openness will be important in the year ahead, as sadly, I think I anticipate as do all members of both Safeguarding Adults Boards, that harm – often unintentional - and neglect that happened during the pandemic, will emerge and our task will be to learn from it and prevent future occurrences wherever possible. The statutory partners to the boards – Leicestershire Police, the NHS Clinical Commissioning Group, and the three local authorities, have met regularly and steered and owned the work of the Safeguarding Adults Boards. This leadership has extended to include regular joint sessions and priority setting with the Safeguarding Children Partnerships, which can only benefit families and communities. Another first was that priority setting for the year was held jointly and included the naming of shared priorities, with transition pathways into adulthood for children and young people who have been exploited being the main joint area of work for 2021-2022.

I would like to thank everyone involved in all aspects of adult safeguarding over the last year. I would also want to recognise that it has been a time of loss and sadness and to offer condolences and best wishes to all those around our boards and in the communities of Leicester, Leicestershire, and Rutland, who have been affected.

Fran Pearson
Chair of Leicestershire & Rutland SAB and Leicester SAB

The Safeguarding Adults Board

The Leicestershire & Rutland Safeguarding Adults Board (SAB) brings together organisations across Leicestershire and Rutland Counties. Its members include Police, Local Authorities, Health agencies, Prisons, Care homes and other organisations working with adults with care and support needs. The SAB leads arrangements to safeguard adults with care and support needs and oversees and coordinates the effectiveness of the safeguarding work of its member and partner agencies.

The Board is led by Independent Chair, Fran Pearson. This is the statutory annual report of the SAB outlining the work it has carried out during 2020-21.

For more information on how the Board works please visit www.lrsb.org.uk/lrsab

Priorities and what we achieved

The SAB set a joint Strategic Plan for 2020-2025 with the Leicester SAB in 2020 which provides the framework for forward priorities of the two SABs.

The business plan for the LRSAB for 2020-2021 was strongly influenced by the Covid-19 pandemic as the SAB adapted to working in the context of ongoing impact of and response to Covid-19.

The three priorities in the Business plan for 2020/21 were:

- Safeguarding Adults spotlights – focussed exploration of specific areas of concern in the current circumstances
- Responding to changing need – adapting structures and processes to increase flexibility and responsiveness of the SAB
- Meeting statutory responsibilities – learning and improving safeguarding adults, including engaging communities and carrying out safeguarding adults reviews

These three priorities were shared with the Leicester SAB.

Responding to changing Need

The SAB adapted its working to respond to the capacity and changing needs of its partners and communities in Leicestershire & Rutland during the pandemic. In the initial months of the pandemic response the SAB prioritised continuing Safeguarding Adults Reviews, assessing and responding to emerging concerns and communicating key messages to the public and practitioners to support ongoing safeguarding of adults during the pandemic.

Joint working with the Leicester SAB increased during the year including shared Board meetings and shared communication campaigns.

Partners worked together to respond to the changing situation and consider safeguarding risks and changing need of adults with care and support needs. One example of this is a group set up to

respond to seeing an increase in unplanned closures of care homes and develop an approach to identify and provide appropriate support to prevent appropriate responses. Intelligence from this has shaped the SABs forward priority regarding care homes.

Safeguarding Adults Spotlights

The Board explored the following themes in response to emerging concerns during the year:

- Safeguarding those with complex needs (Transforming Care cohort)
- Hidden harm; Safeguarding those shielding and domestic abuse
- Learning from Learning Disability Mortality Reviews
- Modern Slavery
- Cuckooing

The SAB found that almost two thirds (61%) of people in the Transforming Care cohort had been subject to at least one safeguarding enquiry in the last four years, highlighting these as people at notable risk of abuse or neglect. Information regarding safeguarding of those in placements outside of Leicester, Leicestershire & Rutland could not be verified.

(Infographic re this to be added in (10 people, 6.1 shaded in)

The Board will continue to follow up the approach regarding those with the most complex needs and has commenced development of local guidance and workshops to improve practice in safeguarding those with multiple complex needs, particularly where they are in placements outside of the area.

A number of cases locally had highlighted concerns about the exploitation of adults with care and support needs including modern slavery and cuckooing. Partners developed Cuckooing guidance to support effective multi-agency responses to cuckooing, learning from multi-agency responses during the year.

The SAB reviewed local and national reports from the Learning Disability Mortality Review (LeDeR) programme. The local LeDeR programme had identified many examples of excellent person-centred care and the quality of completed LLR LeDeR reviews was high. However, it had also highlighted a number of areas where improvements were required. These improvements fell under the broad themes of advanced care planning and end of life care, communication and care coordination, the application of the Mental Capacity Act and Best Interest decision making, diagnostic overshadowing and the role of carers in diagnosis and care management.

The SAB was concerned that there remained much to do to ensure those with Learning Disabilities received the same level of care as other adults and urged partners to ensure all people with a learning disability had an annual health check. The SAB will seek assurance from partners regarding the plans for putting the learning from these reports into action.

Meeting Statutory responsibilities

Work on meeting statutory responsibilities is outlined in the remainder of this report considering the SABs work on Safeguarding Adults Reviews, audits, procedures and training.

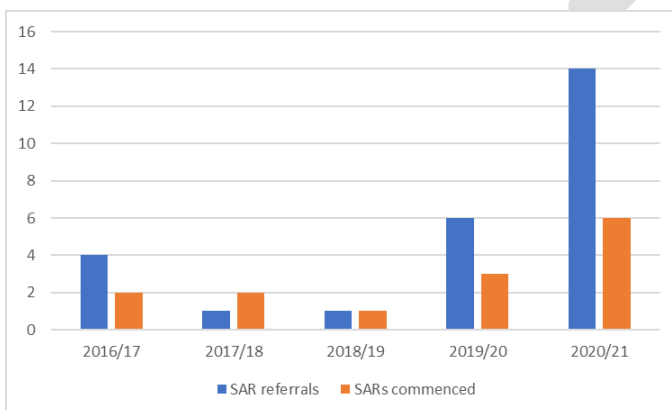
Procedures

Leicestershire and Rutland Safeguarding Adults Board works with Leicester Safeguarding Adults Board to maintain up to date inter-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our dedicated policy and procedures website called the MAPP (Multi Agency Policies and Procedures). Throughout 2020/21 these policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

A new addition to our MAPP during 2020/21 was our multi-agency Guidance for Working with Adults at Risk of Exploitation: Cuckooing. This guidance seeks to provide front line professionals with a multi-agency framework to facilitate effective working with adults who are at risk due to 'cuckooing'.

Safeguarding Adults Reviews

During 2020/21 the SAB had 14 referrals for Safeguarding Adults Reviews (SARs), significantly more than any previous year. From these the SAB commenced seven Safeguarding Adults Reviews during the year, and continued work on two others. One review was completed during the year and learning disseminated to practitioners.



The SAB participated in a pilot of the Social Care Institute for Excellence (SCIE) SAR in Rapid Time methodology. This is a process designed to complete analysis of cases and identify systems learning in a short space of time. The purpose is to minimise the time it takes to make improvements to the safeguarding system following SARs. The report was completed within a couple of months by the end of the year and the SABs response to the systems findings worked through at a workshop later in Spring 2021.

Key areas of learning from the SARs worked on during 2020-21 were:

- Inconsistent understanding and application of the Mental Capacity Act
- Individuals and their needs can become hidden in plain sight within organisational and inter-organisational processes
- Multi-agency Escalation processes are not always well understood or used.
- Many areas of abuse and neglect could be picked up and responded to earlier through good professional curiosity
- Inconsistencies in essential primary care support to people with learning disabilities.
- Oversight of commissioned placements for people with learning disabilities is not clear
- The system adds to complexities of responding to adults with dual diagnosis care and support needs
- Support for informal carers is not widely known about.

The SAB shared identified and shared key messages from SARs through its Safeguarding Matters newsletter.

To support people to put learning from Safeguarding Adults Reviews into practice the SAB has continued to use 7-minute learning briefings for SARs. These concise documents are focussed on encouraging reflection and development within teams and by individuals in response to the learning.

The SAB has developed Safeguarding Mental Capacity Act guidance across Leicester, Leicestershire and Rutland, with 'How To' guides available to support practitioners with their MCA assessments. In addition, the Training Subgroup has commissioned basic and enhanced MCA training for the partnerships.

Partners have reviewed how they communicate with carers around assessments and communicate support available to carers via the new service; Carefree which launches in June 2021.

The SAB will continue to seek assurance regarding the care and safeguarding of individuals with learning disabilities. The SAB will also carry out further work focussed on supporting professional curiosity and use of escalation processes in the SABs 2021/22 business plan.

To support effective and timely learning from SARs in future the SAB reviewed and revised its SAR policy and procedures in 2020 and commenced development of a multi-agency analysis training course for those who will be involved in reviewing cases within their organisation.

Assurance and audit work

The SAB considers data and reviews cases and agency assurance reports to understand how agencies are working together to safeguard adults.

The SAB paused its audit and performance assurance work at the start of the year to support partners' focus on the response to pandemic. The SABs adapted approach maintained an overview of safeguarding through more regular focussed SAB meetings exploring specific areas of concern. In addition a 'safeguarding sub-cell' of the Local Resilience Forum brought partners together on a weekly basis to respond to emerging needs and service changes and the impact of these across safeguarding children and adults.

The SAB carried out one multi-agency audit process during 2020/21. The process brings together practitioners to give a multi-agency view on practice in safeguarding cases to identify areas of good practice and areas for learning and improvement. The audits focus on particular themes or parts of the safeguarding process.

The audit focussed on Neglect and Older people. The audit found:

- Risks to the individuals involved had been reduced and wider risks to others were considered
- Principles of Making Safeguarding Personal were almost always clearly applied.
- Mental Capacity Act decisions were not always supported by assessments.
- Whilst there is good evidence of family views being sought appropriately as advocates, Independent Advocacy is still not always considered when it would be appropriate
- Safeguarding enquiries often did not identify and involve all appropriate agencies
- Of the cases audited the majority had had previous safeguarding enquiries
- There are significant challenges in following up safeguarding enquiries for individuals placed within the area from other areas.

The findings from this have been disseminated to practitioners and are being taken forward as follows:

- Facilitating multi-agency workshops to promote the work of advocacy providers.
- Facilitating multi-agency training around safeguarding adults strategy meetings.
- Consideration is being given to updating multi-agency policies and procedures relating to how outcomes are recorded. We will be taking a regional view on this in the first instance.
- Highlighting with providers through the SAB Trainers' Network the issues identified, particularly family intervention when this is impacting on the person's care and refusal of care.
- The Performance Subgroup will review repeat referrals.
- Guidance and workshops to be finalised in 2021 in response to audits around 'Transforming Care' are also relevant to findings from this audit.

In addition the SAB received the delayed findings of an audit regarding financial abuse from the previous year.

The audit found:

- Financial abuse by relatives including those who held Legal Power of Attorney was a common factor
- Progress of Office of the Public Guardian investigations is unclear when the person dies.
- The role different organisations can play in financial abuse investigations can be confusing for frontline staff.
- In several cases initial Strategy Discussions were not happening on a multi-agency basis.
- Loneliness appears to be a factor which increases the risk of financial abuse and exploitation
- Workers often lack confidence in talking to alleged perpetrators, particularly family members, about safeguarding concerns where this is appropriate.
- Awareness of financial abuse within a range of agencies is good. Many cases were recognised by Finance Departments and reviewing officers

The findings from this have been disseminated to practitioners and have resulted in the following actions:

- Information about agencies that can support work around financial abuse, including Trading Standards has been shared across the workforce.
- Closer working, and further clarification of processes, has been developed with the Office of the Public Guardian
- Development of financial abuse training to commence in 2021

The SAB did not carry out a Safeguarding Adults Audit Framework (SAAF) assessment this year due to reduced operating as part of the response to the pandemic. The SAB is reviewing its approach to the SAAF and how it gets assurance from individual agencies about how they work to safeguard adults to support effective improvement.

Training

The pandemic and response to it significantly impacted the SABs ability to carry out training.

The SAB continued to support up-to-date training in single agencies, including all key partners and many care providers through disseminating learning from reviews and updates to procedure and legislation through its Trainers' Network and Safeguarding Matters newsletter. The SAB has established a joint Training Subgroup with the Leicester SAB, based upon their existing approach that will oversee assessing training needs and developing and commissioning training as required.

Engagement

The SAB has worked to ensure good engagement with individuals, families and practitioners in its Safeguarding Adults Reviews during the year in difficult circumstances. The SAB has disseminated messages to practitioners through the Safeguarding Matters newsletter.

The SAB carried out a campaign encouraging people to continue to look out for and report concerns regarding abuse or neglect of adults with care and support needs through the #ourdoorisopen campaign. This campaign ran during both lockdowns in 2020 and was seen to contribute to reports of safeguarding concerns increasing following an initial dip at the start of the pandemic.

This is an essential area for the SAB to develop further, working closely with partners existing engagement approaches.

The SAB has identified engagement as a priority in its Strategic Plan for 2020 onwards and further work is planned in 2021/22 to develop a sustainable and effective set of arrangements for engaging with users and carers.

Finance

The work of the SAB is supported by the Leicestershire & Rutland Safeguarding Partnership Business office that also supports the Safeguarding Children Partnership and carries out Domestic Homicide Reviews. The SAB is funded by contributions from its partners.

A single funding arrangement for the Safeguarding Adults Boards and Safeguarding Children Partnerships for 2020 onwards has been agreed between the statutory partners for the Safeguarding Adults Boards and the children's Safeguarding Partners for Leicester, Leicestershire & Rutland.

The contributions from partners for the Leicestershire & Rutland SAB and SCP as a whole for 2020/21 were as follows:

	£
Leicestershire County Council	112,633
Rutland County Council	50,367
Leicestershire Police	89,000
West Leicestershire CCG and East Leicestershire & Rutland CCG	106,500
National Probation Services	1,348
Total income for SAB and SCP	359,848

Overall expenditure across the SAB and SCP was £334,104. The balance will go into reserves. From 2021 onwards the reserves of the SCP and SAB will be used to reduce partner contributions to the partnership whilst leaving a contingency to cover the cost of Safeguarding Adults Reviews going forwards.

Expenditure for the SAB is apportioned as follows:

	£
Staffing	110,676
Independent Chairing	9,319
Support Services	3,250
Operating Costs	4,768

Safeguarding Adults Reviews (SARs)	23,964
Total SAB Expenditure	151,977

With the joint funding arrangement across the SCP and SAB and more work on SARs, 50% of the overall business office staffing cost and support services costs have been allocated to the SAB rather than 37% in previous years in line with the more even balance of work. Planned changes to ways of working, as well as changes enforced by the pandemic have reduced support services and operating costs compared to previous years. Expenditure on SARs has increased with the increase in the number of SARs commencing in the last two years.

Forward priorities 2021 onwards

The SAB has developed a joint Strategic Plan for 2020-2025 with the Leicester SAB. This provides the framework for forward priorities of the two SABs.

The LRSAB has developed a business plan jointly with the LSAB for 2021/22 in line with the two SABs' shared Strategic Plan.

The three priorities in the Business plan are:

- Covid-19 – Understanding and responding to the ongoing impact of Covid-19 on Safeguarding Adults and Children
- Hidden Harm – Reviewing how we work together across society to prevent the needs of, and harm to, adults with care and support needs being missed or hidden and ensuring we respond effectively.
- Care homes – Work together to support and sustain effective safeguarding in Care homes.

In addition the SAB will work to continue to meet its statutory responsibilities and continue to develop its approach to learning and improving safeguarding of adults.

The Covid-19 priority is shared with the Leicestershire & Rutland Safeguarding Children Partnership and Leicester Safeguarding Children Partnership Board to provide a broader lens on the cross-generational impact of Covid-19.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 SEPTEMBER 2021

ANNUAL ADULT SOCIAL CARE COMPLAINTS AND
COMPLIMENTS REPORT 2020-21

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

- 1 To provide members of the Committee with a summary of the complaints and compliments for adult social care services commissioned or provided by the Adults and Communities Department in 2020-21. The annual report is attached as an Appendix.
- 2 The Committee is asked to note the report and invited to make comments.

Policy Framework and Previous Decisions

- 3 The Committee last received a report on complaints and compliments on 7 September 2020. This report covered the year 2019-20 and the Committee requested that reports continue to be presented on an annual basis.

Background

- 4 The Department has a long standing statutory duty to have a complaints process in place for adult social care. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, effective from 1 April 2009, introduced a two stage process with flexible investigation methods and timescales to suit the nature and complexity of the complaint. If the complainant is unhappy with the outcome after stage one, they can ask the Local Government and Social Care Ombudsman (LGO) to investigate.
- 5 The regulations provide a framework for those handling a complaint relating to a local authority's social care functions - this includes directly provided services and independent services provided through commissioning.
- 6 The actions, omissions, or decisions of the local authority in respect of social care functions are covered; the regulations do not, however, apply more generally to independent providers.
- 7 People who are paying for their own social care (self-funders) may complain to the local authority, for example, about assessment or failure to assess. Services people have arranged or purchased themselves are not covered but the local authority could be challenged if it commissions those services, for example, by a complaint that it

has commissioned a sub-standard service or is not performance managing contracted services sufficiently.

- 8 The Adults and Communities Department is contacted on a daily basis by service users, carers and other interested parties to share concerns, request information or seek clarity on care arrangements. These queries are dealt with and resolved at a local level within care teams or through the Directorate without recourse to the formal complaints process. The Complaints Team do, on occasion, also receive queries and concerns that suggest an adult requires immediate support or that raise safeguarding concerns. Such reports are best handled outside of the formal complaints procedure and are referred into the Customer Service Centre or allocated workers for urgent consideration as appropriate in accordance with relevant safeguarding protocols.
- 9 Under the complaints' regulations, there is a further requirement to produce an annual report that reviews the effectiveness of the complaints and compliments procedures and provides a summary of statistical information. The attached report fulfils this requirement and presents a summary of the complaints handled in 2020-21.
- 10 Complaints and compliments about all other aspects of the Adult and Communities Department are reported separately as part of the corporate complaints process.

Key Points

- 11 Complaint volumes were almost identical in 2020-21 compared to the previous year (196 compared to 194). This is in the context of an overall increase of 21% across the Council generally.
- 12 When complaint volumes are set against the context of overall numbers in receipt of long-term support during the year (9,503), it is clear that a very small percentage go on to make a formal complaint (196 complaints which equates to approximately 2%).
- 13 For complaints resolved during 2020-21, the proportion where fault was identified was slightly reduced from the previous year (79 complaints or 39%, compared to 82 or 44%).
- 14 During the year, the LGO assessed or investigated 10 new complaints (approximately 5% of the total volume). This figure compares with 15 investigations started in 2019-20.
- 15 The LGO published Final Decisions on nine complaints during the year (a decrease of one when compared to the previous year). Fault was found in four instances, an increase of one from 2019-20. Details for each of the cases appear within the appended report.
- 16 63 (32%) complaints were resolved within 10 working days (73 or 39% in 2019-20) with 137 (70%) resolved within 20 working days. There have been some pressures on response rates during the year particularly during the height of the Covid-19 pandemic.
- 17 An extra indicator has again been added in response to a request made by the Committee at its meeting in September 2019 to show complaint responses within 40

working days. This shows that 176 (90%) of cases are responded to within this timescale and just five complaints exceeded the statutory maximum time allowed (65 working days). These were complex cases all seeking a review of the original decision.

- 18 The most common complaint theme was again around assessments and care-planning. This is a broad area where complaints are often around professional decision-making and professional opinion.
- 19 At the request of the Committee at its September 2019 meeting, detail is again provided within this year's annual report of complaints mapped to each district. Although there is some variance, no significant outliers present. This is the first full year of recording at this level and over time as these data-sets are gathered trend analysis will be provided.
- 20 There have been good examples this year of how systemic learning has been identified and implemented. In 25 cases (32%) where complaints were upheld, clear actions were highlighted by Investigating Managers that focus on improving future performance.
- 21 Case studies have been included within the annual report to demonstrate how complaints intelligence is driving process change through the Department. These are all examples where managers at the local investigation stage have clearly acted to ensure others do not experience the same issues.
- 22 111 compliments were received during 2020-21. This is an increase on the previous year (99) and this continues to add balance to the annual report and recognises the good work that is also taking place across the Department.
- 23 Last year, the Committee requested a specific update be provided on the impact of design changes to the hospital discharge arrangements during the Covid-19 pandemic which saw more responsibility placed on social care and a greater emphasis on quickly freeing up hospital beds through the discharge to assess process.
- 24 Analysis of complaints data showed that there had been no rise in formal complaints regarding this area (9) in each of the last two years. There have, however, been significant challenges for hospital discharge teams, and it is to their credit that most issues have been resolved locally.

Recommendations

- 25 The Committee is asked to:
 - a) note the contents of the Adult Social Care Complaints Annual Report, covering the period 1 April 2020 to 31 March 2021.
 - b) provide comment and feedback on the content and analysis within the report.

Background Papers

Report to Adults and Communities Overview and Scrutiny Committee: 7 September 2020
– Annual Adult Social Care Complaints and Compliments Report 2019/20

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6170&Ver=4>

Circulation under the Local Alert Issues Procedure

26 None.

Officers to contact

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

Simon Parsons
Complaints and Information Manager
Corporate Resources Department
Tel: 0116 305 6243
Email: simon.parsons@leics.gov.uk

Appendix

Appendix – Social Care Statutory Complaints and Compliments: Annual Report - April 2020 - March 2021

Relevant Impact Assessments

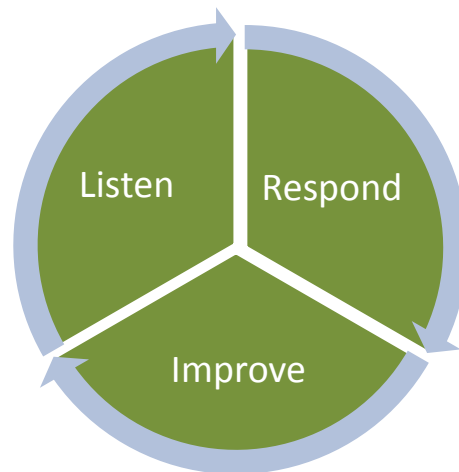
Equality and Human Rights Implications

27 The Adults and Communities Department supports vulnerable people from all the diverse communities in Leicestershire. Complaints and compliments are an important way of ensuring that service responses are fair and equitable to all sections of society. This report does not highlight any specific equal opportunities implications.

Partnership Working and Associated Issues

28 The National Health Service Complaints (England) Regulations 2009 places a duty to co-operate on local authorities and health organisations. During the year, 10 complaints were handled under joint complaints protocols using an agreed joint complaints handling framework. No issues were experienced with partnership working.

Adult Social Care



Statutory Complaints and Compliments Annual Report April 2020 – March 2021

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1. Purpose and Context of Report

1.1. Purpose & Scope

The purpose of this report is –

- To report on Leicestershire County Council's (LCC) adult social care complaints and compliments activity from 1 April 2020 to 31 March 2021.
- To set out future developments and planned improvements.
- To meet the Council's statutory duty requiring the production of an annual report each year.¹

This report provides analysis and comment for Adult Social Care Services on all complaints managed under the statutory complaints process. Those complainants not qualifying under the statutory process have been considered under the County Council's Corporate Complaints and Compliments Annual Report presented to the Scrutiny Commission.

1.2. Background Context

The Adult Social Care Service sits within the Adults and Communities Department and both arranges and supports the provision of a wide variety of services.

This includes helping people to remain living independently in their own homes with increasing levels of choice and control over the support they receive. When this is no longer possible, the department supports residential or home care as well as having lead responsibility for safeguarding adults at risk of harm.

9,503² people received long-term support from the Social Care service during 2020-21. This figure is very similar to the previous year (9,626)

The department always aims to provide high quality services that meet the needs and circumstances of individuals and their families. The department actively promotes involving clients and carers in shaping services; using their skills and experiences to help ensure they meet customer needs. However, given the personal and complex nature of some adult social care services, sometimes things do go wrong.

The complaints process is a mechanism to identify problems and resolve

issues. If things go wrong or fall below expectation, the County Council will try to sort things out quickly and fairly. Learning from our mistakes and concerns that are raised is used to make changes and improve services.

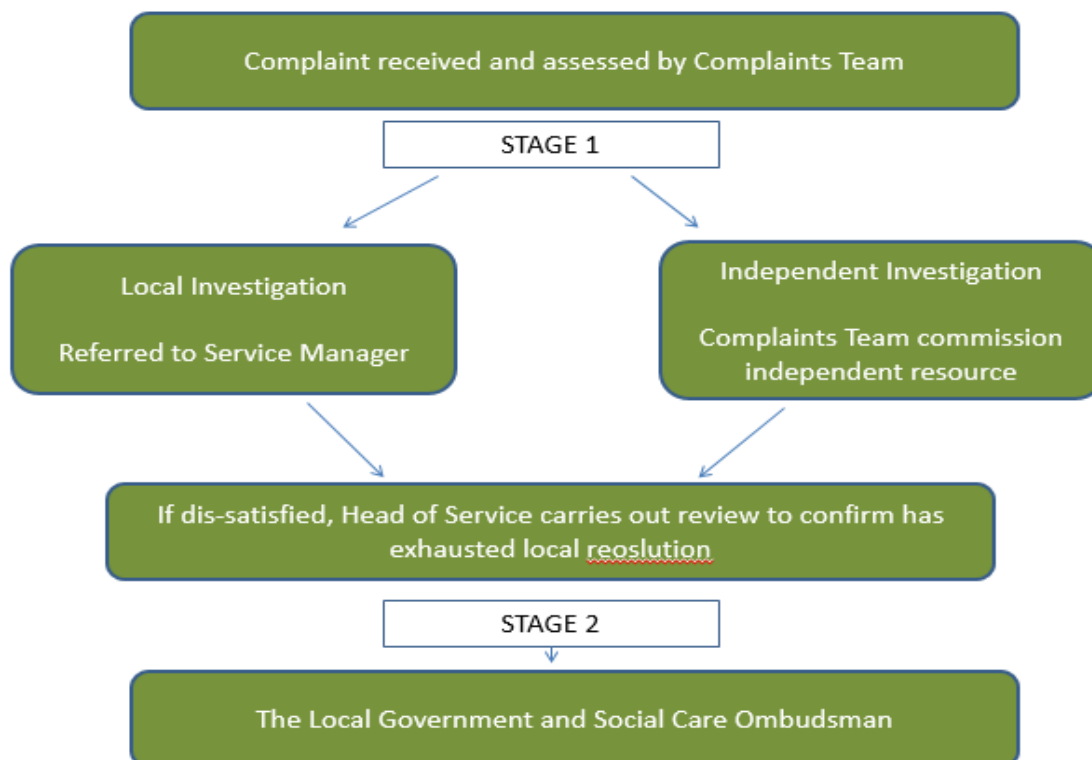
¹ [Statutory Instrument 2009 no.309 \(18\)](#)

² Figures supplied by Performance and Business Intelligence Team

Analysis of information about complaints received during 2020 -21 gives Adult Social Care an opportunity to reflect on the quality of the services it provides and consider how well it listens and responds to service users.

2. Adult Social Care Complaints Procedure

The Local Authority Social Services and National Health Services Complaints (England) Regulations 2009 outlines the statutory responsibilities of the County Council. This is broadly set out below:



The above procedure was designed to offer Local Authorities flexibility to resolve complaints in the most appropriate manner. Stage 1 resolution can therefore consist of several processes (for example meetings) but the Local Authority must not unduly delay finalising this process which should always be concluded within 65 working days.

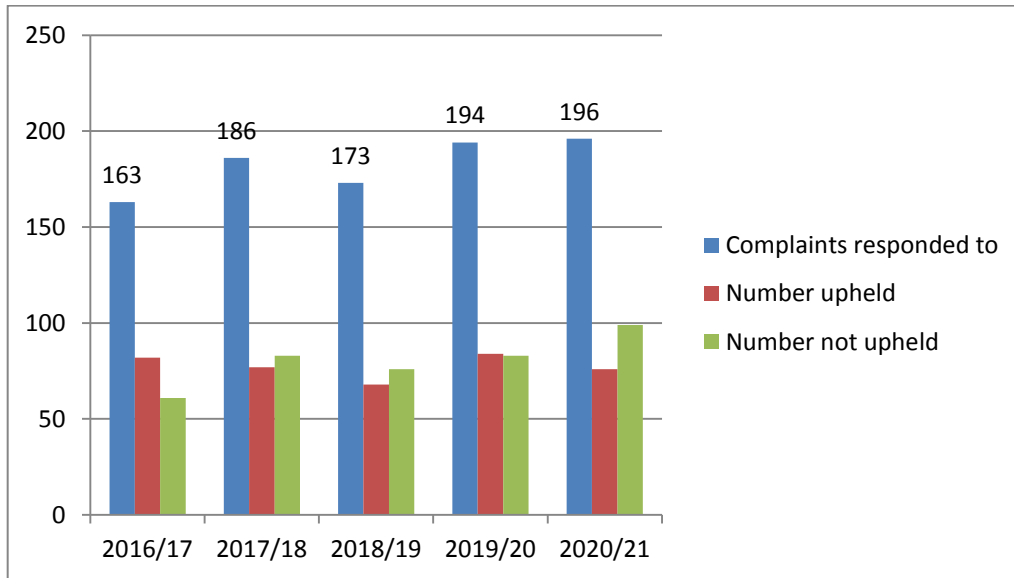
The Local Authority must advise all complainants of their right to approach the Local Government and Social Care Ombudsman should an agreed resolution not be found.

During 2020-21, no independent investigations were commissioned

3. Complaints and compliments recorded in 2020-21

3.1 Complaint Volumes

Table 1: Adult Social Care Complaints recorded over last 5 years



As illustrated above, the total number of social care complaints responded to this year was almost identical to last year.

3.2 Complaints by District

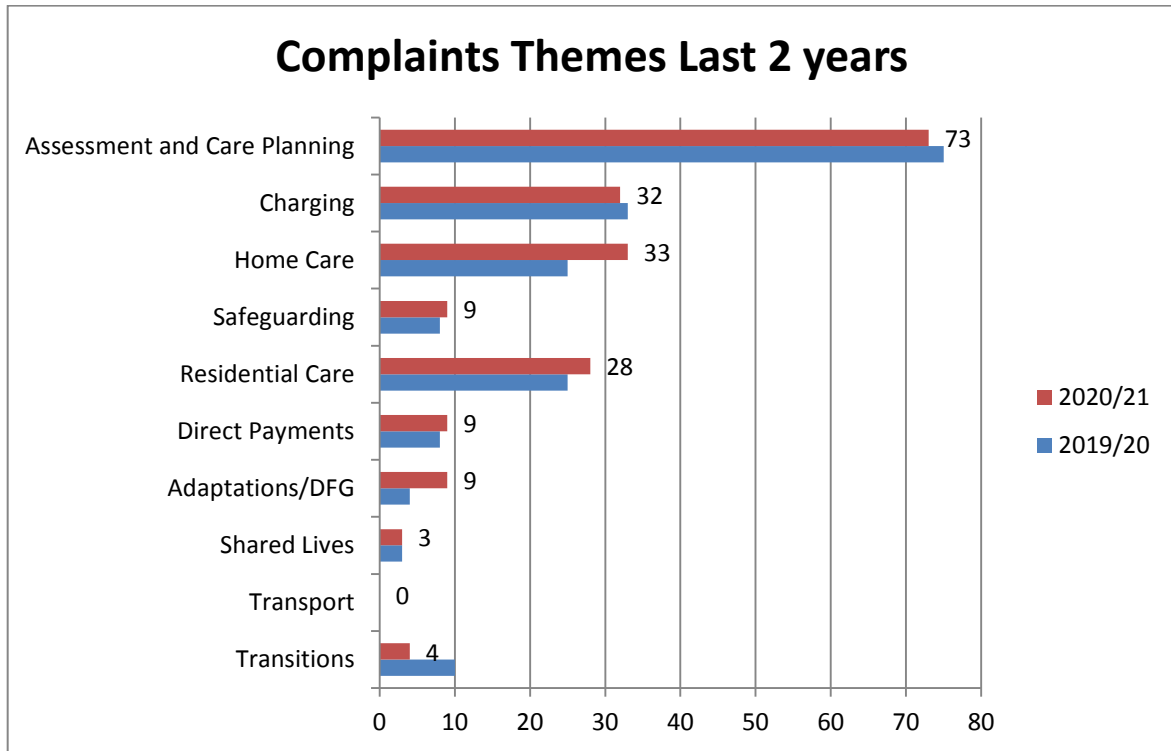
Complaints have again been recorded by District during the year. The breakdown appears below along with respective uphold rates.

District	Number of Complaints	Number (%) Upheld
Hinckley	24	10 (42%)
Harborough	30	17 (56%)
Blaby	23	11 (48%)
Melton	22	9 (41%)
North West Leics	31	10 (32%)
Oadby & Wigston	32	13 (41%)
Charnwood	34	9 (27%)
TOTAL	196	79 (39%)

Although there are some variances in Locality volumes and uphold rates, nothing that presents as a significant outlier.

3.3 Complaints by Theme

Table 2: adult social care complaints by theme



Complaints themes mirror the Local Government and Social Care Ombudsman classifications and can provide helpful insight as to the underlying topics that are generating complaints.

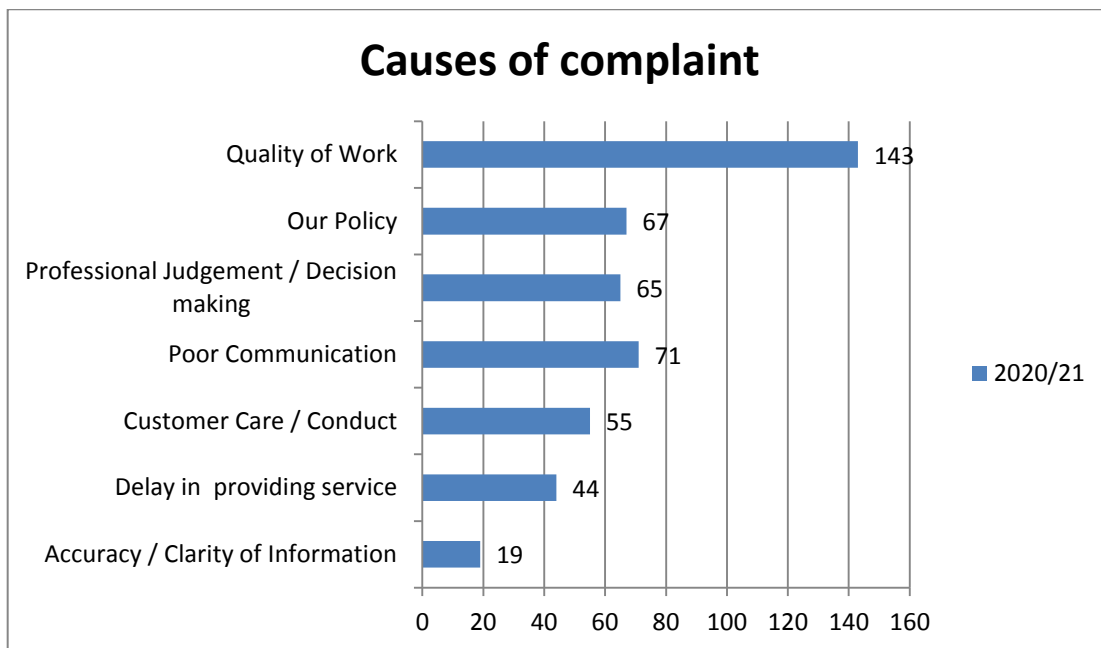
As last year, the largest segment is also the broadest category around Assessment and Care Planning. This equates to 37% of the overall volume. This was very similar to 2019/20 (39%)

Care planning accounted for 34 of the complaints with 39 citing the assessment as the primary cause of their complaint.

There is little by way of notable change from 2019-20 with slight increases in residential and home care being the only real variants.

The Complaints team also undertake analysis of each complaint to try to understand any significant factors. This can help prioritise areas for the department to focus on improving.

Table 3: Complaint causes for Complaints resolved in 2020-21



Recording now allows for multiple causes to be selected. So, if a complaint features “delay” as well as “Customer Care” then both will be selected. It follows that the data above will not match the overall number of complaints resolved.

Quality of Work is the most frequently identified topic cited within complaints. This is of little surprise as it is the broadest category, including for quality of home and residential care.

It is pleasing to note the reduction in complainants citing delay as a factor this year.

3.4 Joint Complaints

The Health and Social Care complaints regulations place a duty on Local Authorities to work together with health partners in responding jointly to complaints³. Leicestershire County Council accordingly has a joint complaint handling protocol, supported by a multi-agency group, which sets out common guidelines and approaches to this. Members include Leicester City Council, the Clinical Commissioning Groups, University Hospitals Leicester (UHL) and the Leicestershire Partnership Trust (LPT).

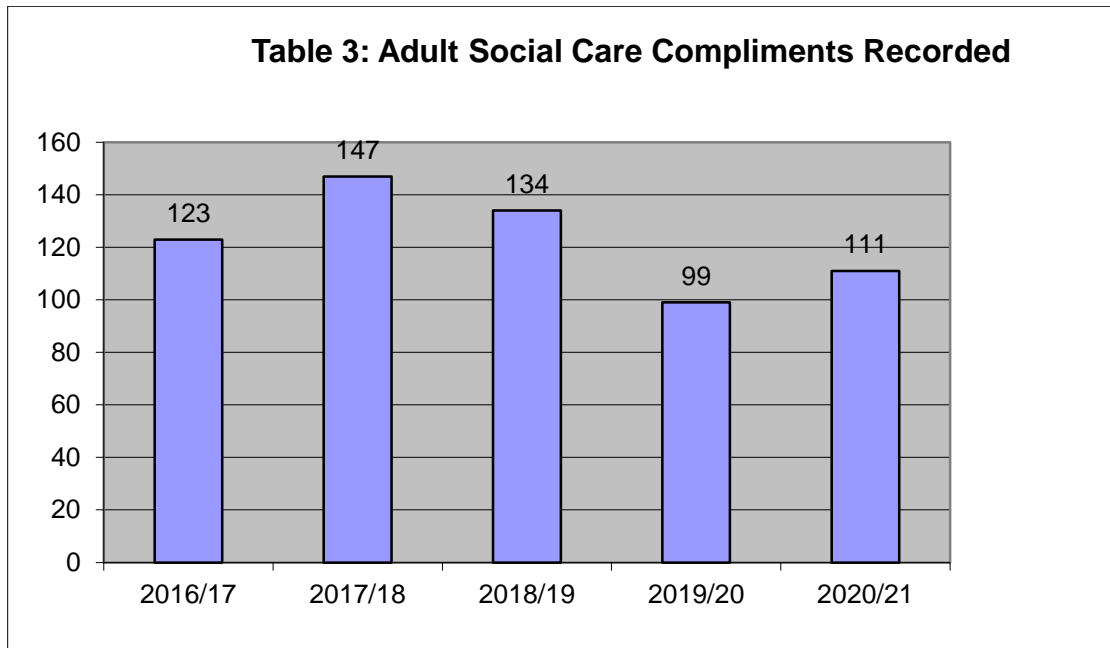
During the year 2020-21, ten complaints were considered using the Joint Complaints protocol. No difficulties were experienced this year with partnership working.

The most common joint complaints were around hospital discharge arrangements.

³ [Statutory Instrument 2009 no. 309 \(9\)](#)

3.5 Compliments received 2020-21

Table 3 below shows the long-term trend in compliments recorded.



There has been an increase in compliments recorded during 2020-21. As many compliments are received directly by front line team, it is hard to say whether fewer were received or whether some have not been passed on to the Complaints and Information Team.

It is always important to recognise the good work that is being delivered by the department and to provide balance within the complaints annual report. For this reason, the complaints function does encourage the recording of un-solicited compliments which can either be submitted directly online or if received by council officers should be passed on for central recording.

A small selection of the compliments received can be found in Appendix A. They show some of the 'real-life stories' where Adult Social Care makes a huge difference to peoples' lives.

The Complaints team will continue to work closely with the department to try to reflect all the unsolicited feedback received across the teams and ensure visibility in annual reports.

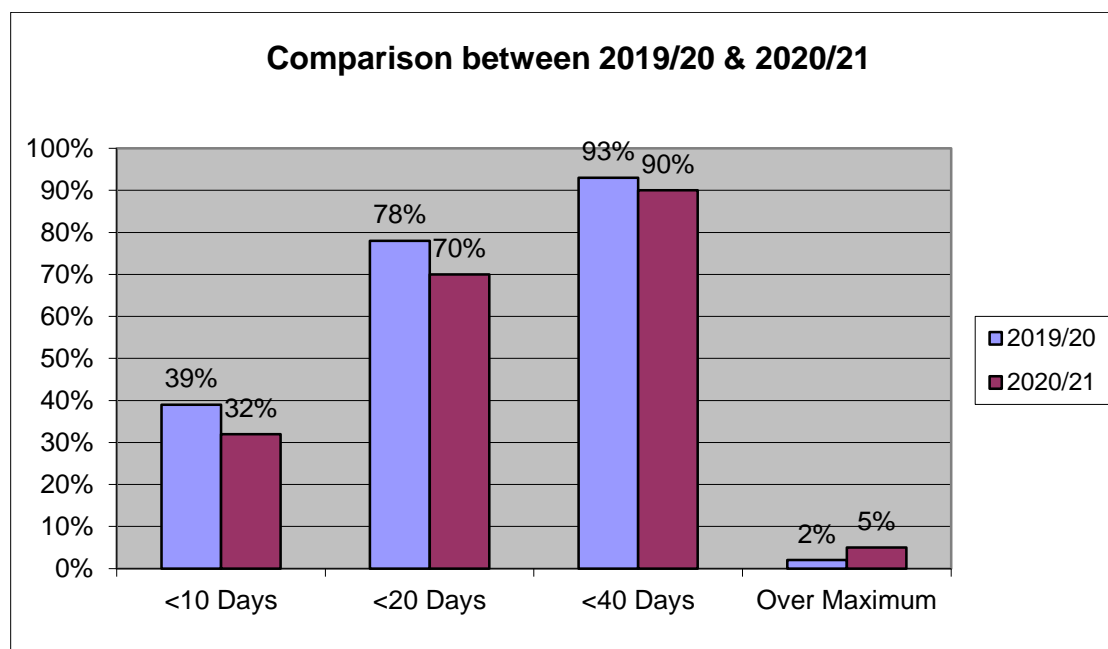
4. Complaints resolved 2020-21

The key performance indicators for speed of response, outcomes, causes and identified learning are linked to complaints that have been *resolved* within any given reporting period rather than received.

This is important as it ensures that full data sets can be presented, both to departments on a quarterly basis, and at year end. It also avoids the scenario whereby Ombudsman findings of maladministration might not appear in annual reports (where outcomes are not known at the time of production).

4.1 Responsiveness to complaints

Table 4: Adult Social Care Performance



The impact of the pandemic pressures during 2020-21 can be seen in the above graph. Despite this, it is positive that just 10 complaints (5%) were responded to outside of the statutory maximum of 65 working days.

The above timescales are for the completion of both a response and, where requested, a review undertaken by a Head of Service.

Whilst the statutory regulations give wide flexibility in terms of response times and allow up to 65 working days for complaints to be resolved, a key expectation of the public is that their concerns are dealt with promptly and this report provides good assurance of the department's commitment to this despite the unprecedented impact of Co-vid 19.

4.2 Complaint Outcomes

Table 5: Adult Social Care complaints recorded by outcome

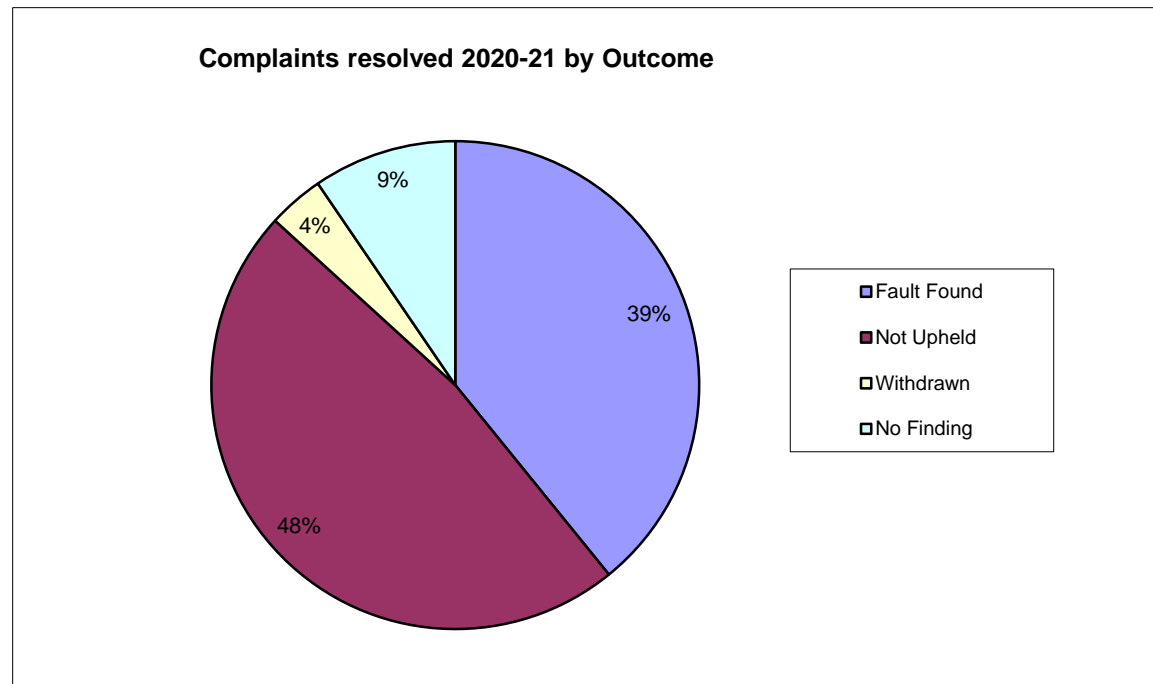


Table 5 above shows that 79 (39%) complaints were upheld. This is a reduction on the previous year (44%)

Prompt acceptance and ownership of any mistakes can help prevent costly complaint escalation.

5. Learning from Complaints

Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. We know that numbers alone do not tell everything about the attitude towards complaints and how they are responded to locally. Arguably of more importance is to understand the impact those complaints have on people and to learn the lessons from complaints to improve the experience for others.

Lessons can usually be learned from complaints that were upheld but also in some instances where no fault was found but the Authority recognises that improvements to services can be made.

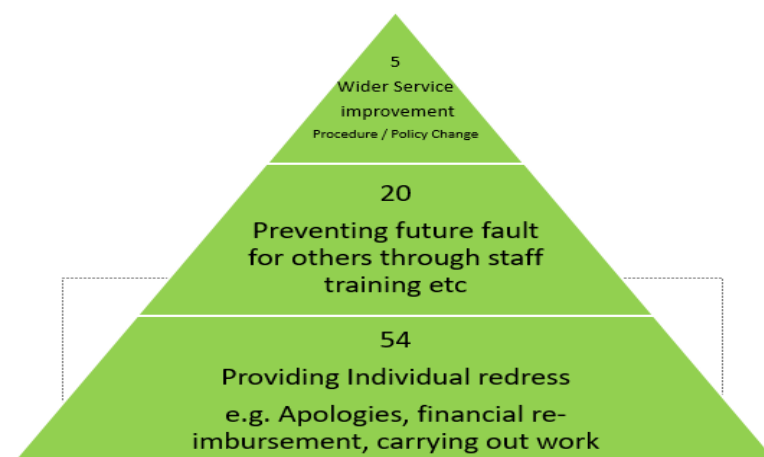
Occasionally during an investigation issues will be identified that need to be addressed over and above the original complaint. The Complaints Team will always try to look at the “bigger picture” to ensure that residents receive the best possible service from the Council.

5.1 Corrective action taken

All the 79 complaints where fault has been found have been reviewed by the Complaints Team to ascertain what action the relevant department has taken, both in remedying the fault, and any wider learning to avoid such issues occurring in the future.

Remedial action typically consists of both individual redress (e.g. apology, carrying out overdue work) and wider actions that may affect many. The diagram below shows the actions taken during 2020-21. 32% of complaints upheld resulted in clear actions that should improve service for other residents. This is a slight improvement on the previous year (29%)

Table 8: Actions taken for upheld complaints 2020-21



The most common action taken was staff training. There are lots of good examples of this taking place both at individual and team level.

The most powerful are whole system changes, where it is identified that a process or policy needs amending. There were 5 such scenarios during the year arising from local investigation and as set out in Paragraph 5.2 of this report. This was a healthy increase on last year (2) and shows good evidence of Managers probing more within complaints responses.

Financial redress was also arranged on several occasions this year and to ensure that the complainant was put back in the position they would have been in had the fault not occurred. Typically, this is re-imbusement of care costs where these had either been calculated wrongly or there was evidence that clear explanations were not given.

The Local Government and Social Care Ombudsman expects Councils to consider such financial redress as appropriate and has introduced new reporting this year highlighting those occasions where Councils have already put things right before consideration by the Ombudsman

5.2 Service Improvements during 2020-21

Research shows that a primary driver for making complaints is so that lessons can be learned, and processes improved. It is also a key part of an effective complaints procedure to demonstrate this organisational learning so that in turn the public can feel confident that complaints do make a difference.

Case studies can be a powerful way of promoting this and to illustrate some of the positive action taken this year from complaints, several examples are set out below:

Case Study 1 B's Story – Issues with payments being taken

B contacted the Complaints team as he was concerned with multiple payments being taken from his account relating to a social care invoice

The Council's findings

When investigating the complaint, the Council identified that there were isolated issues with notifications of payments being received not being sent to our Finance team and hence automated systems would seek to take payment again.

Actions taken

The Council apologised to Mr B and quickly refunded monies taken. It was explained that we had already implemented work to change providers and work was in place to close this gap with there being a unique identifier for each payment, which means a duplicate payment cannot be made against the unique reference.

Case Study 2 – Difficulties contacting out of hours team

C contacted the Council's emergency out of hours team trying to report 2 vulnerable adults who needed urgent support. There was no answer and no facility to leave messages.

The Council's findings

The Council identified that there was a fault in our out-of-hours Crisis Response telephony system which meant that some calls were being diverted from an IVR to a number that had been de-commissioned.

Actions taken

The Council apologised and immediately asked our IT service to review the IVR set-up to ensure all calls were routed correctly. The Council also took the opportunity to add a voice-mail facility. Thorough testing was carried out to ensure the systems were working correctly.

Case Study 3 – Unsafe discharge from Hospital

J contacted us to complain that his father was discharged from hospital to a placement without an appropriate package of support being in place.

The Council's findings

The Council identified that there had been issues with a lack of clarity in responsibilities in situations where an individual is discharged to a designated placement not home. This had been a relatively new process and it was clear it needed review and more thorough guidance for all staff.

Actions taken

The Council had already arranged crisis support whilst the package of care was re-started and apologised for any stress caused. New processes were put in place to ensure all of the team were clear about roles and responsibilities.

Case Study 4 – Delay in responding to a referral from EMAS

S contacted us to complain that it took the Council 3 weeks to respond to a referral received from EMAS

The Council's findings

The Council identified that there had been issues with capacity within the Customer Service Centre which had delayed this being responded to. Although in this instance there was no further action required, it did raise the question whether the referral process from EMAS and other agencies was adequate.

Actions taken

The Council committed to working with EMAS and others on a better referral process and introduced new steps to improve triaging of these requests to mitigate the risk of this sort of delay in the future.

Case Study 5 – Issues with respite care

T contacted us to complain that a pre-arranged respite care stay did not happen as the Home were closed. No contact had been made advising of this.

The Council's findings

The Council identified that there had been a conversation with an officer where T raised the suggestion that the respite home was closed. Our records did not suggest this but there was clearly some doubt which should have been investigated further.

Actions taken

The Council contacted T and apologised. The situation at the time was very fluid with pandemic pressures on homes affecting their provision. The complaint did however expose a gap in our processes in that we relied too heavily on the information on our systems and what should have happened is contact being made to confirm the placement. This was added to our processes and training rolled out to all staff.

6. Local Government Ombudsman

6.1 New complaints received by the Ombudsman 2020-21

Should a complainant remain dissatisfied following internal consideration of their complaint, they can take their complaint to the Local Government and Social Care Ombudsman to seek independent investigation.

The Ombudsman will usually check with the Authority whether the complaint has exhausted the Local Authority's complaints procedure. Where this has not been done, the Ombudsman will usually refer the complaint back to the Authority, to give us an opportunity to attempt to resolve the complainant's concerns through our internal complaints processes first.

The Local Government and Social Care Ombudsman opened investigative enquiries of the Council on 10 complaints during the year. This represents approximately 5% of the overall complaints.

6.2 Complaints resolved by the Ombudsman 2020-21

The Ombudsman made decisions on nine cases during the year with fault being found in 4 cases (44%). This represents a decrease from last year (5 cases)

Brief details for the four cases where fault was found appear below:

1. A failure to explain need for a re-assessment of needs

The Council was at fault for failing to arrange a review of a service user. It had elected to do a fresh assessment but had missed opportunities to explain the reasoning behind this to the individual. There were also issues identified with actions not being progressed

The Ombudsman recommended an apology for the faults identified and asked the Council to complete their re-assessment promptly and offer support with a Housing application. The Council accepted these findings.

2. A complaint regarding a care home's failings to provide reliable and quality care

The Ombudsman found fault that a Care Provider working on behalf of the Council failed to deliver consistent and timely care causing anxiety and frustration.

The Ombudsman asked the Council to audit the care logs and make a compensatory offer of 50% of all calls delivered late. A further distress payment of £250 was also requested. The Council was further asked to undertake a wider review of the care provider's performance.

The Council accepted the conclusions and recommendations which have all been carried out.

3. A complaint regarding the Council's failure to undertake a proper COVID risk assessment when attending under safeguarding enquiries

The Ombudsman found fault that the Council had relied on a generic risk assessment which did not dynamically assess the different environments that workers may find.

The Ombudsman requested the Council review their risk assessment framework and ensure staff are reminded to complete these before visiting and record them appropriately. The Ombudsman asked the Council to apologise to the individual for any distress caused.

The Council accepted the findings and carried out the remedies.

4. A failure to make appropriate adjustments when supporting a service user

This complaint was that the Council ignored requests for an assessment of support needs and failed to provide independent advocacy when requested.

The Ombudsman found the Council had offered advocacy, but it had not been taken up. The individual had been on a waiting list for a worker to pick up the assessment, but the Ombudsman determined this was too long a wait and there were missed opportunities to explain this which caused some distress.

The Ombudsman asked the Council to make a compensatory payment of £100 in recognition of this which the Council agreed to.

For the remaining five complaints

- In two cases the Ombudsman decided not to investigate, either because there was no evidence of any fault, or the complaint concerned matters outside of her jurisdiction.
- In two cases, the Ombudsman, after investigation, was satisfied with the actions the Council had taken.
- In one case the Ombudsman was making 3rd party enquiries as the investigation was into Leicester City Council

The Ombudsman also monitors remedies being carried out by the Council where fault has been found and remedial actions proposed. Failure to carry out remedies within agreed timeframes is recorded as non-compliance and can lead to public reports being issued.

All 4 of the above cases were recorded as compliant (100%). This compares to the national average of 99%

7. Monitoring the Process

The Complaints Team continues to support Adult Social Care Services to manage and learn from complaints. The key services offered are -

1. Complaints advice and support
2. Production of Performance Reports
3. Liaison with the Local Government and Social Care Ombudsman
4. Quality Assurance of complaint responses
5. Complaint handling training for Operational Managers
6. Scrutiny and challenge to complaint responses

Assistance continues to be routinely provided to Service Managers and other associated managers in drafting responses to complaint investigations. This helps ensure a consistency of response and that due process is followed.

Complaints training has not been offered this year primarily due to the pandemic pressures but also some capacity within the team.

Quarterly performance reports are produced and delivered at Strategic Leadership Team (SLT)

8. Final Comments

It has been an unusual year in the context of the pandemic. This has impacted slightly on response times to complaints, but these have remained healthy.

It is likely also that the pandemic is behind some of the differences seen this year in complaint topics. There has been a drop in complaints about assessments which is likely reflective of the fact that much routine work has been paused or changed during the year. It is also perhaps unsurprising that Home Care and Residential Care also saw a slight increase as both will have had challenges in delivery during the year.

It is vital that service users are provided with a complaints process that is easy to access and fair. This year's Annual Report shows that Adult Social Care does listen and provides a number of examples of how complaints intelligence directly drives and improves service delivery.

Appendix A: Sample of compliments received 2019-20

- Thank you to Melanie.(OT) and team for all your help and support for my granddad – **REABLEMENT**
- Thank you to Glenda (Social Worker) for all your help and support. A very challenging case which required lots of patience – **OA HARBOROUGH**
- Thank you to Christopher for all your help and support in finding a respite placement for my husband. – **OA NWL**
- Great service by the HART ladies – **HART TEAM**
- Thank you to Vittoria for all your care and compassion helping me and mum. – **OA HARBOROUGH**
- Thank you, Leah, for everything you have done to ensure that SU is able to remain in her current placement – **TRANSITIONS**
- Thank you, Madeleine, for all your help and support to me as a carer– **WAA HINCKLEY**
- Customer appreciated our support helping her Husband try to obtain CHC funding – **OA MELTON**
- Thank you, Pam, for your help with completing the finance assessment form – **FINANCE TEAM**
- Thank you to Jemma, you've been fab...and your communication, help and organisation of everything has been excellent. - **WAA MELTON**
- Thank you, Nicole, for being constructive, caring, and professional in your meeting with me. – **REABLEMENT**
- Thank you for all your recent help and support in organising the move to supported accommodation. – **OA HINCKLEY**
- Thank you to Laura and team for arranging a grant to improve SU's garden - **DOM REVIEW**
- Thank you, Sharon, for the kind, caring and expert support that you provided to mum during her transition into a care home.– **OA NWL**
- A very big thank you to Michelle for taking the time to come out earlier today and restore my Echo Loop System to full working order – **ASSISTIVE TECHNOLOGY TEAM**

- Thank you, Pippa, for all the kindness and empathy that you have shown and for all your help and support arranging direct payments – **OA HARBOROUGH**

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 SEPTEMBER 2021

PERFORMANCE REPORT FOR QUARTER 1 2021/22 (APRIL-JUNE)

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

Purpose of Report

1. The purpose of this report is to present the Committee with an update of the Adults and Communities Department's performance during the first quarter (April to June) of 2021/22.

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. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2021/22. 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 Adults 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.
4. 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.
5. Progress against targets is highlighted using a Red/Amber/Green (RAG) system and Appendix C sets out the description of each category.
6. The ongoing Covid-19 pandemic has impacted many areas of performance during the past 18 months, and this is reflected in the commentary throughout the report.

Performance Update: April to June 2021

7. Appendix A includes four key measures to reflect each of the four layers of the Ambitions and Strategy. Each of these monitor the proportion of new contacts from people requesting support and what the sequels of these requests were. Between April and June 2021 there were 7,075 new adult social care contacts, of which 57% resulted in a preventative response, such as universal services or signposting. A further 19% resulted in a response relative to reducing need, such as providing equipment or adaptations; 12% resulted in 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. Finally, 12% resulted in a long-term service such as a personal budget. These proportions are currently in line with targets agreed at the start of the reporting year.
8. Heritage sites were open sporadically during 2020/21 due to the Covid-19 pandemic and alternative methods of engagement were developed including downloadable family activities and virtual tours. Sites are now fully open again and consequently visitor numbers are considerably higher than last year. From opening in mid-May till the end of June there were 44,800 visits – mostly to the website (7,500 being physical) - compared to 23,300 visits in the comparable period last year all of which will have been website visits. For context, the period April to June of 2019 had 48,000 visits, primarily physical visits.
9. As with Heritage sites, the restrictions on library services during 2020/21 due to Covid-19 meant a considerable reduction in activity such as visits and issues. With libraries now operating as usual the figures for April to June 2021 are considerably higher than the equivalent period of the previous year. Despite the re-opening of libraries, the use of e-loans – which increased significantly during the lockdowns of 2020/21 – has continued to rise with over 222,000 in the first quarter; a 19% increase on the equivalent period of last year.
10. 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. There is still one month left of the current academic year, and performance is currently above the 86% target despite a greater number of classes being conducted online due to the pandemic.
11. Volunteering programmes continue to be a priority for the Department in relation to libraries, museums, and heritage services, although the necessary response to the Covid-19 pandemic meant very little volunteering in these settings was possible during 2020/21. With these venues opening again during May 2021, volunteering has steadily increased and there were 1,600 hours of volunteering during the last six weeks of the quarter.
12. The nature of accommodation for people with learning disabilities has a strong impact on their safety, overall quality of life, and reducing social exclusion. One of the Adult Social Care Outcomes Framework (ASCOF) indicators monitors the proportion of service users aged 18-64 with a learning disability who are in settled accommodation and not in a care home. Leicestershire performance in 2020/21 was 84%, potentially higher than the national average whilst performance in quarter one of 2021/22 was slightly lower at 83% and currently short of the 86% target.

13. ASCOF 1E measures the proportion of adults with learning disabilities who are receiving long-term services and are in paid employment. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing. Performance in 2020/21 was 10.6%, a marginal reduction from 11% the previous year (when performance was in the top 25% of authorities in England). This slight downward trend has continued into 2021/22 with performance in quarter one being 10.0%.
14. Each year local authorities are required to conduct a survey of people in receipt of social care services. A similar survey of carers is required on a biennial basis, and both were due to be undertaken during 2020/21. However, the impact of the pandemic on both people's lives and priorities for local authorities meant the surveys were postponed last year. The carers survey is now planned to take place in the autumn of this year, closely followed in the winter by the survey of those in receipt of services.
15. 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. As reported to the Committee throughout the last 12 months the proportion with no further services following reablement fell during the first half of 2020/21 highlighting the higher and more complex needs of people discharged from hospital having contracted Covid-19. At year-end, performance had improved slightly to 81% and this upward trend has continued into quarter one of 2021/22 with performance now at 85%.
16. The metric ASCOF 2B focuses on the whereabouts of people 91 days following hospital discharge and a subsequent period of reablement. Year-end performance for 2020/21 was 85% having been impacted by the effects of the Covid-19 pandemic. There has been a small improvement during the first quarter of 2021/22 taking performance up to 87% and above target.
17. Avoiding permanent placements in residential or nursing care 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 has been better than the national average during the past four years, mostly in the top 25% of authorities. During quarter one of 2021/22 there were 12 admissions, considerably higher than wished given the full-year target is no more than 17 admissions. The large number in the first quarter may well be down to recording irregularities and is to be investigated.
18. There was a reduction in admissions of people aged 65 or over to 780 during 2020/21, due in part to a reduced number of admissions through the spring and early summer of 2020 as a result of the initial wave of Covid-19. A target for 2021/22 has been set as no more than 780 admissions although the forecast for the year is currently for 798 admissions, slightly higher than the target.
19. The County Council remains committed that everyone in receipt of long-term, community-based support should be provided with a personal budget, preferably as a direct payment. The proportion of service users on a personal budget during the first quarter of 2021/22 was 95%, in line with the previous year although short of the 98% target. At 99.9% virtually all carers were on a personal budget during the first quarter of 2021/22. In terms of direct payments, 41.8% of service users and 99% of carers

were in receipt of one during quarter one. Whilst these levels of performance are potentially higher than the national averages, the proportion of service users on a direct payment is part of a downward trend and a performance clinic to understand why and set out actions for improvement has recently been set up.

20. Developing a safeguarding culture that focuses on the personalised outcomes desired by people with care and support needs who may have been abused is a key operational and strategic goal of the Care Act 2014. Of the 190 safeguarding enquiries completed in the first quarter of 2021/22, and where an outcome was expressed, 97% were fully or partially achieved; a higher proportion than the previous year (93%) and above the target for 2021/22, also 93%.
21. Under the Care Act 2014's statutory guidance, councils should review care plans no later than every twelve months, though this is not a legal duty. Undertaking reviews on a regular basis helps identify if outcomes set out in the original support plan are being achieved. In 2020/21, 63% of people who had received a service for at least a year had a review of their support plan within the previous twelve months. This low proportion will have been impacted by review resources being prioritised to support hospital discharges in the early waves of Covid-19. The equivalent figure for the end of quarter one 2021/22 showed an improvement to 69%.

Conclusion

22. This report provides a summary of performance at the end of quarter one of 2020/21 covering the period April to June.
23. Of the 17 metrics where performance was 'RAG-rated' against the agreed 2020/21 targets, 11 (65%) are classed as 'Green' and on track to meet the milestone. This includes the two metrics focussing on reablement and reflects the recovery being made following the initial impact of Covid-19. Key areas not yet on track include employment and accommodation for people with learning disabilities and the number of permanent admissions to residential care.
24. Monitoring and analysis continue on a regular basis and include key metrics relating to the pandemic, along with the more customary performance measures such as those included in ASCOF.

Background papers

- [Adult Social Care Outcomes Framework](#)
- [Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24](#)
[Leicestershire County Council Strategic Plan 2018-22](#)
- [Better Care Fund](#)

Circulation under the Local Issues Alert Procedure

25. None.

Equality and Human Rights Implications

26. 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. However, it is recognised that the quality of data on service user equalities characteristics are variable and are working to improve this.

Partnership Working and Associated Issues

27. Better Care Fund 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 Q1 2021/22
- 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

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Adults and Communities Performance 2021/22

April - June 2021 (Quarter One)

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	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	% of sequels that 'Prevent Need'	Target Band Width	G	55-60%	57.5%	54.7%
ASCOF 3D pt 1	% of SUs who find it easy to find information	H	N/A	68%	Due June 2022	No Survey in 2020/21 due to Covid-19 pandemic
ASCOF 3D pt 2	% of carers who find it easy to find information	H	N/A	62%	Due March 2022	No Survey in 2020/21 due to Covid-19 pandemic

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	Heritage visits (inc. website visits)	H	N/A	TBC	44,800	23,300
Local	Hours of Volunteering (Heritage and libraries)	H	N/A	TBC	1,600	200

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	Library visits (inc. website visits)	H	N/A	TBC	86,700	34,900
Local	Total library loans	H	N/A	TBC	410,600	190,900
Local	E-loans	H	N/A	TBC	222,700	187,200
Local	Total community library issues	N/A	N/A	TBC	39,617	935
Local	Community library children's issues.	N/A	N/A	TBC	21,011	285

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

Measure	Description	Aim	RAG	2020/21 Target	2020/21 Performance	2019/20 Performance
Local	LALS Success Rate	H	G	86%	88.1%	86.0%

Note, LALS performance is based on an academic year, hence 2020/21 not quarter one of 2021/22

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	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	% of sequels that 'Reduce Need'	Target Band Width	G	18-23%	19.2%	20.3%
ASCOF 1I pt 1	% of SUs who had as much social contact as they would like	H	N/A	46%	Due June 2022	No Survey in 2020/21 due to Covid-19 pandemic
ASCOF 1I pt 2	% of carers who had as much social contact as they would like	H	N/A	33%	Due March 2022	No Survey in 2020/21 due to Covid-19 pandemic
ASCOF 1E	% of people with LD in employment	H	A	10.5%	10.0%	10.5%

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	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
ASCOF 1G	% of people with LD in settled accommodation	H	A	86%	83.3%	84.3%

82 DELAY 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	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	% of sequels that 'Delay Need'	Target Band Width	G	9-14%	11.9%	11.2%
ASCOF 2D	% of people who had no need for ongoing services following reablement	H	G	85%	85.1%	81.1%
ASCOF 2B pt 1	Living at home 91 days after hospital discharge and reablement	H	G	85%	87.2%	84.7%
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	A	<4.1 (17 Adm's)	11.3 (40 Adm's) (Full year forecast)	3.8 (17 admissions)
ASCOF 2A pt 2	Permanent admissions to care (aged 65+) per 100,000 pop.	L	A	<538 (780 Adm's)	552.9 (798 Adm's) (Full year forecast)	528.7 (780 admissions)

83 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	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	% of sequels that 'Meet need'	Target Band Width	G	7-12%	12.3%	13.8%
ASCOF 1C pt 1a	Adults aged 18+ receiving self-directed support	H	A	98%	94.5%	95.1%
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	H	G	42%	41.8%	42.0%
ASCOF 1C pt 1b	Carers receiving self-directed support	H	G	99%	99.9%	99.9%
ASCOF 1C pt 2b	Carers receiving direct payments	H	G	98%	98.9%	98.9%

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	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance
Local	Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved	H	G	93%	97.3%	93.2%
ASCOF 4B	% of service users who say that services have made them feel safe	H	N/A	90%	Due June 2022	No Survey in 2020/21 due to Covid-19 pandemic
Local	% of service users who received their annual review	H	A	70%	69.2%	63.0%

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 adaptations 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.

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Explanation of RAG Rating

RED	<p>Close monitoring or significant action required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> • 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	<p>Light touch monitoring required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> • 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	<p>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.</p>

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.

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