



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

*Date/Time:* **Monday, 24 January 2022 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 1 November 2021.	(Pages 5 - 14)
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.	



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|---|--|-----------------|
| 7. Presentation of Petitions under Standing Order 35.   |  |                 |
| 8. Medium Term Financial Strategy 2022/23-2025/26.  | Director of Adults and Communities and Director of Corporate Resources | (Pages 15 - 38) |
| 9. Adult Social Care Reform and Charging.   | Director of Adults and Communities                                     | (Pages 39 - 48) |
| 10. National Performance Benchmarking 2020/21 and Performance Report 2021/22 - Position at November 2021. | Director of Adults and Communities and Chief Executive                 | (Pages 49 - 66) |
| 11. Date of next meeting.   |  |                 |

The next meeting of the Committee is scheduled to take place on 7 March 2022 at 2.00pm.

12. 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, 1 November 2021.

PRESENT

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

Mr. B. Champion CC  
Mr. N. Chapman CC  
Mr. R. Hills CC

Mr. J. Miah 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  
Mrs. L. Broadley CC – (via Microsoft Teams)

29. Minutes.

The minutes of the meeting held on 6 September 2021 were taken as read, confirmed and signed.

30. Question Time.

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

31. 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).

32. Urgent Items.

There were no urgent items for consideration.

33. Declarations of interest.

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

Mrs. A. Wright CC declared a personal interest in agenda items 8 – 12 (Engagement on the Council's Strategic Plan, Digital Developments, Current Demand Pressures on the Adults and Communities Department Forecast Budget 2021/22, Update on the Provision of Community Life Choices Services (Day Services) and Mandatory Covid-19 Vaccination for Workers in Care Homes) respectively (minutes 36 - 40 refer) as she was a health and social care solicitor working for Browne Jacobson in the area and a champion for a local social care organisation.

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

There were no declarations of the party whip.

35. Presentation of Petitions under Standing Order 35.

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

36. Engagement on the Council's Strategic Plan.

The Committee considered a report of the Chief Executive, the purpose of which was to seek the Committee's views on the draft Strategic Plan (2022 – 26) as part of the 12-week public consultation period which commenced on 1 November 2021. A copy of the report marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Mrs. P. Posnett CC, the Cabinet Lead Member for Community and Staff Relations, to the meeting for this item and invited her to introduce the item.

Regarding the Council's draft Strategic Plan, members made the following comments for consideration as part of the consultation:

- (i) Members commented that the reference to 'meeting the accommodation needs of disabled and frail people' in the 'Strong Economy, Transport and Infrastructure' outcome, sub-outcome 8.5, needed strengthening. It was highlighted that the availability of accessible accommodation was a key aspect of being able to live a healthy life, so the potential to make properties accessible in the early stages of property development was an important factor. Whilst the County Planning authority did not consider applications for housing, its role in influencing local planning processes and its potential to use its resources to develop start-up properties were significant. Mrs Posnett CC said that whilst it was not possible to expect developers to build full wet rooms in new properties, building 'housing for life' as an alternative (for example, providing easy access for wheelchair users and installing certain aids such as shower platforms) was something that she actively advocated for.
- (ii) The draft Strategic Plan used the term 'customers' to refer to service users and it was suggested that a different term should be used to make it clear that the Council was not a 'business'.
- (iii) In response to a question raised, it was clarified that the reference in paragraph 23 of the report, under the Resources Implications section, that 'all actions within the Plan are from existing service/business plans', related to the actions that the Council had committed itself to deliver during the course of the period the Plan covered i.e. 2022-2026. The main purpose of the Plan was to summarise the Council's strategic vision and aspirations in a single document to identify specific priority areas of focus. The outcome aims set out in the Plan were made up of a combination of areas identified from the Council's existing strategies and other areas identified through additional performance analysis being undertaken.
- (iv) The geographical locations of libraries and heritage sites across the County was an important element of libraries being accessible. It was felt the distribution ought

to be wider and not concentrated in certain areas so that all residents had a place nearby to where they resided, to visit.

- (v) Members noted that engagement on the draft Plan was taking place directly with local parish and town councils by way of newsletters and round robins. The option to meet and discuss their views directly with Council officers had also been given. Members further noted that Mrs Posnett engaged with local parish councils and other such organisations about community related matters as part her Cabinet Lead Member role. A member suggested that in terms of the wider public consultation advertising in the local newspapers that were delivered to residents free of charge could also be a good way to encourage people to submit their views.
- (vi) In response to a question raised, it was confirmed that having Cabinet Lead Member representation on the Strategic Plan Outcome Boards was something that would be considered.
- (vii) Given the progress being made by the Department to develop its digital offer to service users, it was suggested that 'Digital' should be more at the forefront of the document and that often family members managed a service users care via 'smart' devices which could also be referenced. Members noted that the 'Digital' theme ran throughout the Plan document and it was expected that the actions to tackle the issues associated with 'digital exclusion' would arise as the activities set to take place over the Plan period progressed.
- (viii) Members commented that the Plan was well written overall, and it was pleasing to see the outcomes that the Council would be working to achieve clearly set out in a single document.

#### RESOLVED:

- (a) That the update on the work undertaken to review and refresh the Council's Strategic Plan be noted.
- (b) That the Chief Executive be requested to give consideration to the comments now raised as part of the consultation on the Council's Draft Strategic Plan (2022 – 2026).

#### 37. Digital Developments.

The Committee received a presentation from the Director of Adults and Communities, the purpose of which was to provide an update on the work of the Adults and Communities Department to develop its Digital Strategy and to give an opportunity for the Committee to ask questions about the future proposals. A copy of the slides presented to the Committee marked 'Agenda Item 9', is filed with these minutes.

Arising from discussion the following points were raised:

- (i) Members were pleased to note that the Department's digital offer was not intended to replace existing services but was instead complementary. The Director advised that there would always be a requirement for person to person contact to be used to connect with service users. For example, social workers making home visits or the Customer Service Centre responding to enquiries by phone. It was also

recognised that there would always be some service users that preferred this method of contact. However, as society became more digitally aware, other service users and family members, who could often be more digitally connected, preferred to make use of the digital service options available. Members noted that a high proportion of the contact received by the Department was from a range of professionals, many of whom would already be prepared and willing to connect with the Department's services via digital means.

- (ii) The Council's Superfast Leicestershire project was designed to bring fibre broadband to as many premises in Leicestershire as possible and so the Department's Digital Strategy did not specifically focus on improving service users' access to broadband. However, if a person had registered for direct payments as part of their care package, it would be possible for a sum of the direct payment to be used to cover this. For example, broadband may be needed if virtual assistant technology had been included in a service users' support plan to assist with tasks such as giving meal and medication prompts.
- (iii) Members highlighted the need to sustain focus on who the end user of the technology proposed would be i.e. the service user and care providers and the need to ensure the technology worked for the whole community including Black, Asian and Minority Ethnic (BAME) communities where there may be some language barriers. It was felt that getting feedback from the people that would be using the technology throughout the various stages would be key. The Director stated that discussing and receiving the views of the people involved would be crucial for the Strategy to be successful and to ensure all the elements were right for the whole community, including those who were non-English speaking citizens. Members noted that the Department planned to host engagement through existing customer and focus groups at the appropriate stages of the various technologies being rolled out. Members further noted that one of the aims of the Strategy was to make certain processes simpler, for example the procurement of language translation technology which currently had to be bought in from a third party at a considerable cost to the Council.
- (iv) Regarding the timescales for implementing a Shared Care Record (SCR) for Leicester, Leicestershire and Rutland (LLR), it was expected that the system foundations would be in place by the end of this year. In response to comments raised by a member regarding the several past attempts made by NHS England to create a national Record with minimal success, it was acknowledged that the process for joining up health and care data to create a single record was complex. The Director advised that one of the main issues that had caused complications in the past, which was not planned to be used when implementing a SCR for LLR, was the feature of having live updates and feeds to allow more than one worker to update a service user's record synchronously. Members requested that the developers responsible for implementing the local SCR programme be invited to a future Committee meeting to provide further information around the scope of the project.
- (v) The Committee welcomed the positive work the Department had been undertaking to develop its Digital Strategy and enhance the services it was able to offer.



## RESOLVED:

- (a) That the presentation on the work of the Adults and Communities Department to develop its Digital Strategy be welcomed.
- (b) That an update regarding the development of a Shared Care Record be presented at a future meeting.

38. Current Demand Pressures on the Adults and Communities Department Forecast Budget 2021/22.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to advise on the current demand pressures being faced by the Adults and Communities Department and the impact of this demand on the 2021/22 forecast departmental budget outturn. A copy of the report marked 'Agenda Item 10', is filed with these minutes.

Arising from discussion the following the points arose:

- (i) Regarding the table at paragraph 28 of the report which showed the difference in spend between Leicestershire and comparator authorities on overall expenditure on adult social care and on the amount of spent on older adults, a member commented that Leicestershire had spent considerably less than the other authorities listed on long term care for older adults in 2019/20. In response the Director confirmed that local authority's expenditure levels largely depended on the level of funding they received. Therefore, this did not mean that the Council was not meeting the care requirements of those with eligible needs, rather that other areas of the country receiving greater levels of funding were in a better position to provide higher levels of funding. Leicestershire had been the lowest spending authority out of 151 councils for that particular area of care for the year 2019/20, but other authorities such as Nottinghamshire and Derbyshire County Councils had received significantly more funding per head of population thus providing them with the ability to spend more. For the year 2020/21, Leicestershire's position had improved somewhat to 143 out of 151 despite the Council remaining the lowest funded council in England. The funding allocations were determined by a complex formula set up by the National Government which took into account a range of factors such as deprivation and income. Representations previously made by the Council to the National Government had raised the need for fairer funding for Leicestershire.
- (ii) A member commented that there could be a difference between providing care in line with statutory responsibility and meeting people's care needs entirely. It was questioned whether Adult Social Care in Leicestershire should be a higher priority area to receive additional funding. In response it was confirmed that in order for the Department to continue to meet the needs of its service users, a significant amount of growth would be required going into the next financial year.
- (iii) With regard to the Department's performance in recent years, the Director explained that in 2015 the Department had the highest growth requirement outlined in the Council's Medium Term Financial Strategy of any other Department, but by refocusing its strategies on providing the right outcomes for the right people it had successfully managed the budget each year between 2015 and 2019, significantly reduced its additional growth requirements and even

declared an underspend indicating that people's needs had been met with the budget available at that time. It was confirmed that meeting people's needs would always be the highest priority, but this needed to be done in the right way to help people live as independently as possible and delay the need for long term care.

- (iv) In response to a question as to whether the Council's strategic aims to support people to live at home for longer affected the statistics shown in the aforementioned table at paragraph 28 of the report, officers undertook to provide an East Midlands comparison of people aged 65+ supported either in the community or in a permanent placement in the next report to the Committee on departmental performance.
- (v) In regard to the UK-wide 1.25 per cent Health and Social Care Levy which was due to be introduced from April 2022 to bring forward an additional £12 billion per year for health and social care over the next three years, it was expected that for at least the next two years the majority of the funding would be directed towards the NHS to tackle the backlogs of cases for elective services that had accumulated during the Covid-19 pandemic. It was therefore unlikely that any additional funding from the levy would be received from the National Government for social care until 2023/24 onwards once its plans for reform came into effect.
- (vi) The most significant factor that had contributed to the increased demand in social care services in February 2021 referenced in paragraph 8 of the report had been the influx of patients to the Leicester Royal Infirmary who at that time were receiving a record number of patients of around 900 per day into its accident and emergency department. As health and care services worked in an integrated way there had been a knock on effect to local social care services and other services who were also responding to the additional numbers of patients by ensuring the appropriate care packages were put in place for a timely and efficient discharge. Due to the national restrictions that were put in place to stop the spread of Covid and allow hospitals to focus on managing Covid related demand, there had been a delay to the normal winter pressures relating to other illnesses such as the flu that were usually experienced during the months of December and January. The impact of the pandemic requiring hospitals to postpone or cancel elective treatments was also significant and having an ongoing effect on hospitals being able to meet the continuously high level of demand.
- (vii) In response to a question the Director confirmed that having fewer self-funding residents being admitted into care homes would have a significant impact on the Council's budget going forward. Members noted that in terms of the care home placements that the Council funded there were two types of additional payments that the Council could be required to pay. One was a supplementary needs allowance for when a person's additional needs required them to have a level of care above the standard fee. The second was a local authority assisted funding allocation which came into play when the fee for a care home placement was higher than the fee the Council would ordinarily pay. Since the Covid-19 pandemic the percentage of services users requiring the Council to make an additional payment had doubled from 20% to 40%. This was because care providers had increased their fees for placements to make up for the additional costs they had experienced throughout the pandemic. For example, to meet new requirements brought in by the National Government around workforce and Personal Protective Equipment. Another factor was that care homes were experiencing a higher level of bed vacancies than ever before due to the effects of Covid-19.

- (viii) The Committee noted the update and offered its thanks to the staff in the Department for their continued efforts to keep services running and meet service user's needs despite the significant financial restraints and ongoing challenges being faced.

RESOLVED:

- (a) That the update regarding the current demand pressures on the Adults and Communities Department's Forecast Budget for 2021/22 be noted.
- (b) That the Director be requested to include an East Midlands comparison of people aged 65+ supported either in the community or in a permanent placement in the next performance report to the Committee.

39. Update on the Provision of Community Life Choices Services (Day Services).

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on the procurement of commissioned Community Life Choices (CLC/day) services and consultation feedback received on the proposed changes to the provision of in-house CLC services. A copy of the report marked 'Agenda Item 11' is filed with these minutes, along with the supplementary report that was published on the Council's website and circulated to all members in advance of the meeting for consideration.

In introducing the report, the Director highlighted that the overwhelming majority of respondents to the public consultation had strongly disagreed with the proposal for the Council's in-house CLC service to stop providing long term day service packages. The main reasoning for such objections was the perceived lack of alternative provision and capacity in the private sector to provide these services to those with more complex needs.

In response to questions raised, the Director advised, that:

- (i) the recent procurement of the new CLC Framework had provided a reasonable level of assurance that there was interest from the independent market to deliver day services including to those with highly complex needs;
- (ii) there was an ambition to help support the growth and development of the independent sector in this area of work;
- (iii) the Department was not looking to cease providing in-house CLC services. Instead it proposed to refocus them around its short breaks provision so that particular focus could be given to supporting carers through the delivery of a responsive seven day a week service, crisis management and supporting people to learn and re-learn skills to enable them to become more independent and re-join the CLC independent market.

Mrs Broadley CC asked the Committee to specifically note her opposition to the proposal for the Council to cease providing long term in-house day service packages. She said that in her experience the Council's day service and its staff had always been exemplary and expressed concern that private providers might not provide the same level of activities and the types of people that used the service often found change stressful. She suggested that the Council should continue but instead reduce its service and the number of buildings used, to reflect the drop in demand.

The Director thanked Mrs Broadley CC for her comments and confirmed that the Department was very proud of the day services it provided. However, he pointed out that in the past, day service and social care staff had left the Department to set up privately to provide day services and so were well aware of the needs of the people that the Council supported which provided a level of assurance.

RESOLVED:

- (a) That the update on the procurement of commissioned Community Life Choices services and consultation feedback received on the proposed changes to the provision of in-house CLC services be noted and the Committee's comments be submitted to the Cabinet for consideration at its meeting on 14 December 2021;
- (b) That, noting Mrs Broadley's opposition, the proposed way forward as set out in the report be supported.

40. Mandatory Covid-19 Vaccination for Workers in Care Homes.

The Committee considered a report of the Director of Adults and Communities which provided an update on mandatory Covid-19 vaccinations for people working in care homes, including anyone entering as part of their employment, and how the Council was supporting care home providers with this new requirement. The report also described the recently closed national consultation on proposals to extend mandatory vaccination for Covid-19 and seasonal flu to frontline health and wider social care staff in England. A copy of the report marked 'Agenda Item 12', is filed with these minutes.

Arising from discussion the following points arose:

- (i) Concern was raised that even a small percentage of care home workers declining the vaccination could have a detrimental effect on the workforce and on a sector that was already struggling with recruiting and retaining staff. The Director reported that the take-up of the vaccines in Leicestershire's care homes had increased since the report to the Committee had been written. The percentages for take-up amongst care home staff were now at 94.6% for dose 1 and 88.7% for dose 2. It was acknowledged that the gap for all care home workers to become fully vaccinated was still significant, but as the vast majority were on track to meet the requirements the risk of provider failure was considered to be low. Focus was therefore being given to ensuring care homes were able to deal with any residual challenges. Part of this focus included a significant amount of work being undertaken in respect of recruiting and retaining staff, for example some of the red rated care homes had increased staff wages to attract more recruits. Other mitigations included some homes looking at how they might restrict new admissions if this happened to be necessary and looking at the use of agency staff as a short-term solution to ensure residents' safety. Members noted that it was also expected that there could be a surge in the uptake of workers receiving their second dose nearer the final deadline as had happened nearer the first dose deadline.
- (ii) With regard to the National Government's consultation on mandatory Covid-19 vaccination of health and wider social care staff, it was acknowledged that a number of other vaccines such as for prevention against Hepatitis B were already a requirement of some health related roles, but the challenge with bringing in new

vaccination requirements from a social care perspective was that the process was relatively untested and there would not have been an expectation for existing workers to have the Covid-19 vaccine when signing up to their role. There was therefore a risk that any further requirements would put additional pressure on a sector that was already experiencing issues with recruiting and retaining staff.

- (iii) It was clarified that the deadlines around the mandatory vaccine requirements, including those in respect to the temporary self-certification process had been set by the National Government. The overlap of the deadline dates for the requirements for care home workers to become fully vaccinated by the 11 November 2021 and the deadline for when the temporary self-certification was due to expire on 23 December 2021 reflected the fast moving nature of the developments and related to the timing of when the Government was able to agree and release the relevant policies. For example, time had been needed to consider how to ensure that people with a genuine need could receive a medical exemption including pregnant women who might be hesitant to receive the vaccine during pregnancy. Members noted that a person requiring a temporary exemption after the self-certification expiry date would still be able to receive one so long as this was confirmed by the appropriate clinician.

#### RESOLVED:

That the contents of the report regarding the mandatory Covid-19 vaccination for workers in care homes and the national consultation on extending the requirement for vaccination to the wider health and social care workforce, to cover Covid-19 and seasonal flu vaccination, be noted.

#### 41. Dates of Future Meetings.

It was noted that the next meeting of the Committee would be held on 24 January 2022 at 2.00pm and that future meetings would also be held at 2.00pm on the following dates in 2022:

March 7th  
June 6th  
September 5th  
November 7th

2.00 – 4.19pm  
1 November 2021

CHAIRMAN

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**24 JANUARY 2022**

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

**MEDIUM TERM FINANCIAL STRATEGY 2022/23–2025/26**

**Purpose of Report**

- 1 The purpose of this report is to:
  - a) Provide information on the proposed 2022/23-2025/26 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;
  - b) Ask Members of the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

**Policy Framework and Previous Decisions**

- 2 The County Council agreed the current MTFS in February 2021. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

**Background**

- 3 The draft MTFS for 2022/23–2025/26 was set out in the report considered by the Cabinet on 14 December 2021, a copy of which has been circulated to all Members of the County Council. This report highlights the implications for the Adults and Communities Department.
- 4 Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 31 January 2022. The Cabinet will consider the results of the scrutiny process on 11 February 2022 before recommending a MTFS, including a budget and capital programme for 2022/23 to the County Council on 23 February 2022.

**Service Transformation**

- 5 The Council's Adults and Communities Department has a '*Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020–2024*', which demonstrates how the Department will contribute to all five of the authority's Strategic Plan outcomes.

- 6 The Strategy builds on the previous adult social care, adult learning and communities and wellbeing service strategies. It recognises the value of more closely bringing together all the Department's work since it is fundamental to the Council's role in promoting wellbeing. The ambition at the heart of the strategy is to improve wellbeing for the people and communities of Leicestershire including their levels of happiness, prosperity, and satisfaction with life, along with their sense of meaning, purpose, and connection. It also sets out other ambitions for the Department including:
- Improved customer experience and satisfaction;
  - Providing high quality information and advice;
  - Promoting wellbeing through universal services;
  - Building a flexible, talented, motivated workforce, including apprentices;
  - Investment in social care accommodation;
  - Seamless transition from children to adult services;
  - Promoting independence;
  - Improved use of technology;
  - Working effectively with partners.
- 7 The design and delivery of services will continue to be based on the 'right' model, i.e. the right people (those who are at risk or need support to maximise their independence) are receiving the right services, at the right time, in the right place and the Council is working with the right partners.
- 8 The Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services. The Health and Care Bill due to be enacted in 2022, alongside the social care White Papers, People at the Heart of Care and Build Back Better, will present new opportunities and challenges to reform adult social care and deliver more integrated health and care services. The White Papers are covered further in a separate report to this meeting.
- 9 The draft Growth and Savings for the 2022 MTFS (2022/23-2025/26) reflect the changes in demand for services and the transformation in delivery of services to achieve the vision of Department's Strategy and the National Government's reform of Social Care agenda.

### **Proposed Revenue Budget**

- 10 The table overleaf summarises the proposed 2022/23 revenue budget and provisional budgets for the next three years. The proposed 2022/23 revenue budget detail is shown in Appendix A.



	2022/23 £'000	2023/24 £'000	2024/25 £'000	2025/26 £'000
Original prior year budget	151,432	171,502	172,092	172,932
Budget Transfers and Adjustments	5,250			
<b>Sub total</b>	<b>156,682</b>	<b>171,502</b>	<b>172,092</b>	<b>172,932</b>
Add proposed growth (Appendix B)	25,840	3,070	3,000	3,100
Less proposed savings (Appendix C)	(11,020)	(2,480)	(2,160)	(100)
<b>Proposed/Provisional net budget</b>	<b>171,502</b>	<b>172,092</b>	<b>172,932</b>	<b>175,932</b>

- 11 Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
- 12 The total gross proposed budget for 2022/23 is £294.447m with contributions from grants, health transfers and service user contributions projected of £122.945m. The proposed net budget for 2022/23 totals £171.502m and is distributed as follows:

<b>Net Budget 2022/23</b>		
Demand Led Commissioned Services	£151.1m	88.1%
Direct Services	£15.7m	9.2%
Care Pathway – Older Adults/Mental Health	£13.3m	7.8%
Care Pathway – Learning Disabilities	£4.3m	2.4%
Strategic Services	£5.5m	3.2%
Early Intervention and Prevention	£2.2m	1.3%
Department Senior Management	£0.8m	0.5%
Better Care Fund Contribution	(£26.5m)	(15.5%)
Communities and Wellbeing	£5.1m	3.0%
<b>Department Total</b>	<b>£171.5m</b>	

### Other Changes and Transfers

- 13 A number of budget transfers (totalling a net increase of £5.2m) were made through the 2021/22 financial year and are now adjusted for in the updated original budget. These transfers are:
- £0m for pay and pension inflation transferred from the central inflation contingency as pay award still to be agreed;
  - £5.1m for price inflation (including residential fee review);
  - £0.15m transfers to and from other departments.
- 14 Growth and savings have been categorised in the appendices under the following classification:
- \* item unchanged from previous MTFS;
- \*\* item included in the previous MTFS, but amendments have been made;
- No stars new item.
- 15 This star rating is included in the descriptions set out for growth and savings below.

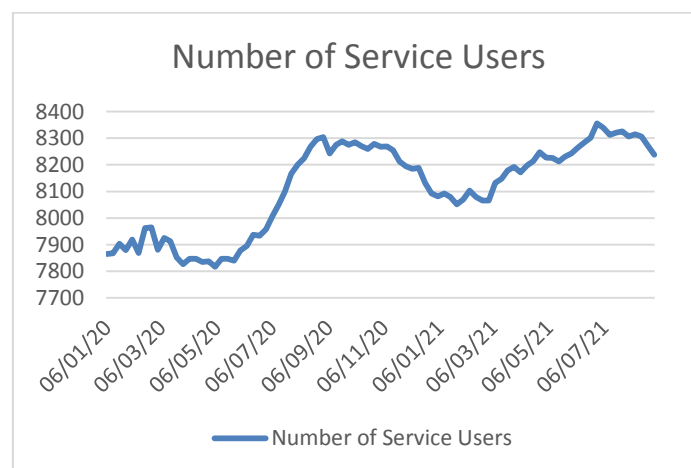
- 16 Savings are highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income.

## Growth

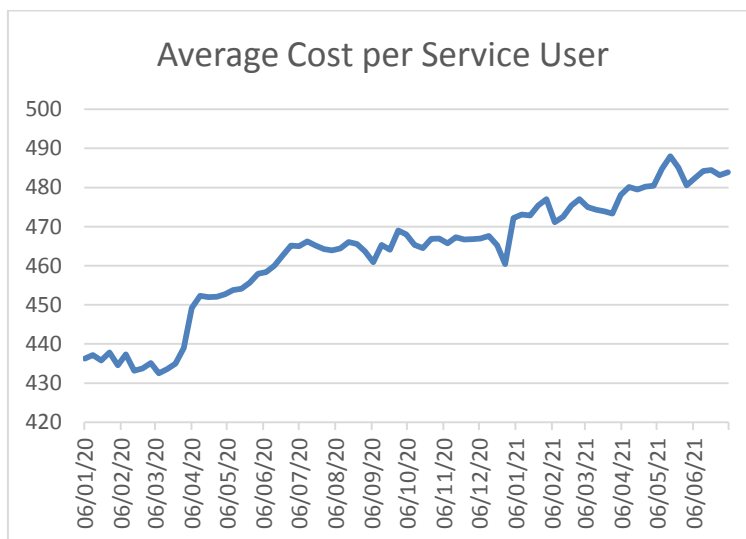
- 17 The proposed growth reflects changes in demand for services such as increased numbers of service users and number of high cost care packages, in particular those related to older adults and learning disabilities and changes in types of service. This amounts to £35m over the next four years. As in previous years, the profile of service users and their care needs are constantly changing which may impact on the services commissioned. Overall demand led expenditure totals c£210m.
- 18 There is a number of demand management activities which include regular oversight of cost of care packages, a scheme of delegation which manages level of spend and accountability at all levels across the service, benchmarking against national population statistics and regular budget monitoring. The Departmental Management Team also maintains oversight of the quality and sustainability of the care provider market including impact of changes in demand for care homes and home care. All these actions aim to validate and mitigate future growth requirements.
- 19 The total growth required is £25.8m for 2022/23 and £35m over the next four years in total. The ongoing impact of Covid-19 on demand led commissioned services, especially for the later years of the proposed MTFs, is making it very challenging to accurately forecast growth requirements. Growth forecasts will be regularly reviewed and updated based on the latest information. The budget increases are outlined below and summarised in Appendix B to the report.

## Overall Growth Trends

- 20 Overall the number of service users being supported across Residential Care, Home Care, Supported Living, Cash Payments and Community Life Choices from January 2020 through to October 2021 has significantly increased (graph below refers). Typical growth would be approximately 1-1.5% per annum. However, the current number of service users supported shows growth of around 5%. There were some early indications that growth in service users was starting to reduce but this was before the latest wave of Covid-19.



- 21 The graph below shows that the average cost per service user over the same period has also increased. The steep rise from April relates to the annual fee review uplift.



- 22 For all the demand led commissioned services the growth reflects the higher number of service users and the associated average costs as at the end of September 2021 for 2022/23. This is used as a baseline to apply the normal national demographical growth to future years. Annual uplifts are applied to base weekly rates outside of the growth process.

\*\*G5 Older People demand – £15,420,000 in 2022/23 rising to £17,740,000 by 2025/26

- 23 People aged over 65 account for most of the Department's care expenditure. This financial growth is required to meet the increasing numbers of older people with eligible needs as well as the increasing fragility of existing service users. During 2020/21, there have been significant changes in demand due to the Covid-19 pandemic, mainly driven by the current hospital discharge process which has meant an increase in the average number of home care hours provided, increased number of short-term residential care places and an increase in the number of service users who would normally pay for their own care. Another key driver is the cost of providing services which has significantly increased as capacity in the market is limited.
- 24 The baseline for the 2021 MTFS was based on the number of service users before the main impact of the Covid-19 pandemic was seen and the current projection of service needs is based on data from October 2021 which is assumed to continue at this level into 2022.
- 25 Future changes in demand are estimated based on pre pandemic levels to produce a baseline forecast of the likely number and average cost of service users. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

\*\*G6 Learning Disability demand – £5,290,000 in 2022/23 rising to £9,440,000 by 2025/26

- 26 There is a requirement for the Council to provide for increased care costs and growth relating to the number of service users accessing services that provide support to people with learning disabilities. During 2020/21 there have been changes in

demand due to the Covid-19 pandemic, mainly driven by the number of services being discharged through the Transforming Care Programme (TCP) with higher costs, transferring service users from residential care into more independent living and the number of young people transitioning from children's to adult services. The baseline for 2020 was based on the number of service users before the main impact of the pandemic was seen and the current projection of service needs is based on data from October 2021 which is assumed to continue into 2022. Another key driver is the cost of providing services which has significantly increased as capacity in the market is limited.

- 27 Future changes in demand are estimated using pre pandemic expected demographic growth to produce a baseline forecast of the likely number and average cost of service users. There is currently a significant increase in the numbers of social care placements in children's services which may impact on the Adults and Communities Department in the long term but cannot yet be quantified. This assumes the continuation of the Independent Living Fund Grant of £1.2m from the Government.

\*\*G7 Mental Health demand – £2,080,000 in 2022/23 rising to £3,440,000 by 2025/26

- 28 This financial growth is required to meet the increasing numbers of people with eligible mental health needs. During 2020/21 there have been changes in demand due to the pandemic, mainly driven by the number of people being discharged through the TCP with higher costs, transferring service users from residential care into more independent living and the number of service users transitioning from children's to adult services. The baseline for 2020 was based on the number of service users before the main impact of the pandemic was seen and the current projection of service needs is based on data from October 2021 which is assumed to continue into 2022.

\*\*G8 Physical Disabilities demand – £2,200,000 in 2022/23 rising to £3,540,000 by 2025/26

- 29 This financial growth is required to meet the increasing numbers of people with eligible mental health needs. During 2021/22 there have been changes in demand due to the pandemic, mainly driven by the number of services being discharged through the TCP with high costs, transferring service users from residential care into more independent living and the number of service users transitioning from children's to adult services. The baseline for 2020 was based on the number of service users before the main impact of the pandemic was seen and the current projection of service needs is based on data from September 2021 which is assumed to continue into 2022.

G9 Market Premia costs – £350,000 2022/23 onwards

- 30 These additional costs are due to having to pay market premia to attract key social workers when recruiting and to retain existing workers across all areas of the Department. There are also two Principal Social Workers employed to support the training of social workers, a Step Up to Social Work Manager and a Practice Educator who are employed to support the training of social workers on the apprenticeship programme. There is an ongoing challenge to recruit experienced social workers into the Council. This is in part due to the current base pay for level 2 and 3 social workers, being lower than the base pay provided by neighbouring local

authorities. There is a further challenge of experienced staff choosing to leave to work for agencies that offer a much higher hourly pay rate. Retaining the Market Premia will provide reassurance to existing staff and help to maintain or improve the Department's current recruitment position.

- 31 The Step Up to Social Worker Manager and Practice Educator posts fulfil the employment responsibilities to deliver the social work degree apprenticeship programme. The Department, by growing its own social workers, is expected to retain in-house experienced social workers and reduce the need to externally recruit or rely on agency social workers.

#### G10 Social Care Investment Programme – £500,000 2022/23 onwards

- 32 This growth is required to maintain the staffing resources required to support the Social Care Investment Programme (SCIP) for Adults and Children and Family Services (CFS). The resources are for a range of staff expertise including housing, social care, property, finance, and legal services. It is inclusive of additional resource requirements for CFS. The resources for the programme were funded for three years (up to March 2022) from the Corporate Transformation Fund to establish the SCIP. This has successfully delivered 54 units of accommodation enabling care delivery at a lower cost. The next focus is on providing units for supported living for Younger Adults and Working Age Adults; Extra Care Housing, units of Reablement provision; and the site for the Specialist Dementia Facility. Work will continue with local Clinical Commissioning Group (CCG) colleagues, NHS England, and development partners on the provision of specialist housing for those with complex needs and challenging behaviours.

#### Savings

- 33 Details of proposed savings are set out in Appendix C and total £11m in 2022/23 and £15.8m over the next four years.

#### Adult Social Care

\*\*AC1 (Inc) - Increased Income - £1,100,000 saving 2022/23 rising to £1,400,000 in 2025/26

- 34 Department for Work and Pensions increases in benefits payments should provide additional chargeable income. It is anticipated that income from older people will rise faster than inflation as a result of the protection of over 65s benefits provided for by the National Government (£400k). Due to the growth in service user numbers it is anticipated that the Adults and Communities Department will receive approximately £1m in additional monies from self-funders and specific health contributions.

\*\*AC2(Eff) - Social Care Investment Plan (SCIP) £200,000 saving 2022/23 rising to £950,000 2024/25 onwards

- 35 The SCIP will deliver additional accommodation for individuals in transition from the CFS to the Department, including for working age adults with a learning disability, individuals experiencing mental health difficulties, and other complex issues. The populations described above often require high cost registered care and provision

including that provided out of area, without additional units of alternative accommodation being available.

- 36 Savings will be achieved through the development/acquisition of additional units of supported living accommodation, Extra Care housing, and a specialist dementia facility. Developments and acquisitions may be undertaken by the County Council, though it is anticipated that the majority will be delivered by Registered Providers of Social Housing and/or independent sector developers.
- 37 Eight County Council sites have been identified as suitable for the development of SCIP requirements – the development of these sites would secure approximately 280 units of accommodation.
- 38 The delivery of this requires investment of capital and/or land to be available to purchase and/or develop further properties and larger schemes to be brought forward.

\*\*AC3 (Inc) – Increased BCF Income - £1,300,000 saving 2022/23 onwards

- 39 Additional income from the annual uplift on the protected social care element of the Better Care Fund.

\*\*AC4 (Eff) - Implementation of revised operating model (TOM) - £300,000 saving 2022/23 rising to £800,000 in 2023/24

- 40 The Target Operating Model (TOM) programme has been successfully implemented across the Department and approved as delivering the anticipated financial benefits by formally measuring the results achieved prior to the Covid-19 pandemic. This was achieved by working in partnership with external partner Newton Europe. The overall TOM Programme is on track to deliver in the region of £9m cashable savings despite the impact of the pandemic on working practices. The remaining savings will be delivered by an ongoing focus on continuous improvement across the Care Pathway, built into TOM ways of working.

\*\*AC5 (Eff) - Implementation of Digital Assistive Technology to Service Users (Technology Enabled Care -TEC) – £350,000 saving 2022/23 rising to £2,250,000 in 2024/25

- 41 Savings by developing a range of IT and digital solutions that can be used to support service user outcomes across the care pathway. It includes assistive technology, aids and adaptations, telecare, and telehealth. Implementation includes a partnership arrangement with Hampshire County Council (HCC) and their commercial partner PA Argenti. HCC will act as a strategic partner to assist the Department in transformation and deliver a new approach to care technology, commencing in late 2021/22.
- 42 An invest to save financial business case was developed and a positive financial benefit was identified by increasing the use of care technology through expected reductions in the overall cost of care and support packages for existing and new service users in the region of between £2-5m over the next five years (the majority of this is expected in the form of cost avoidance). Additional staffing is likely to be required to drive forward work across the department in order to maximise pace and subsequent benefits. In addition, the profiling may be affected by the impact of the

proposed government digital switchover from analogue telecommunications to digital. This may impact on the cost of technology equipment.

\*\*AC6 (Eff) - Establishment Review – £450,000 saving 2022/23 rising to £800,000 in 2023/24

- 43 A review of the Department's staffing establishment following the implementation of the TOM programme and new ways of working. This saving is introducing a target 5% reduction on remaining staffing budgets.

\*AC7 (Eff) - Digital Self-Serve Financial Assessments – £100,000 saving 2022/23 onwards

- 44 A review of the service user financial assessments process with the aim of digitalising and improving service user process. This saving is an estimate of reduced staffing costs and increased income. Work is underway to investigate opportunities for digitising existing processes which aims to implement new ways of working during 2021/22.

\*\*AC8 (Eff) - Review of Mental Health Pathway – £500,000 saving 2022/23 rising to £750,000 2023/24 onwards

- 45 A review of the Mental Health Care Pathway including a progression model to reduce residential costs and other support. Some working age adults with mental health as their primary need are being placed in residential care due to a lack of more suitable alternative accommodation options. The intention is to enable people to step down from building-based services into their own homes with flexible support to prevent a further relapse and escalation back into building-based services. A Mental Health Accommodation Pathway Project has been established with the involvement of both internal staff and external partners. Additional staffing is being put in place to help support the move to step down accommodation and initial savings have been made. The Project is also in the process of commissioning a floating support scheme which will commence from June 2022 and is intended to support people to maintain tenancies and promote well-being.

\*AC9 (Eff) - Review of placements transitioning from Children's Services – £120,000 saving 2022/23 rising to £240,000 in 2024/25

- 46 As part of the Defining Children's Services for the Future Programme with Newton Europe there has been a review of the decision making on transitions placements, which in the longer term, will reduce the size of support packages as children transfer to adult services.

AC10 (Eff) - Review of Direct Services/Day Services/Short Breaks – £70,000 saving 2022/23 rising to £500,000 in 2023/24

- 47 Following the Covid-19 pandemic a refresh of how in-house services are delivered alongside new contracts for external day services. The areas of service delivery expected to contribute to this include the reviews of:
- Melton Short Breaks and Supported Living service – this will align the staffing structure and delivery model with other in-house short breaks and supported living services. Melton remains the last area for this work to be completed.

- Short Breaks – the proposed closure of Smith Crescent in Coalville alongside the use of the refurbished unit at The Trees for short breaks will both increase the capacity available across the county, whilst negating the need for further additional investment to rebuild a facility in Coalville and deliver savings through the reduction of operational running costs.
- In-house Community Life Choices (CLC) services – proposals aim to reduce the amount of directly provided services alongside the development of revised contractual arrangements for CLC services. Savings to operational running costs will attribute to this savings line.

AC11 (Eff) - Refresh and review Discharge to Assess and other high cost placements - £500,000 from 2022/23 onwards

- 48 Following the Covid-19 pandemic a refresh of review processes, potential continuation of some discharge funding and reviews of Hospital Discharge support is required to be undertaken.
- 49 The Discharge to Assess (D2A) process introduced an initial period of funding for new or increased support packages on discharge from hospital. This funding will replace initial spend funded by the Council but needs a robust case management review function to ensure support, when transitioned to social care funding, is at the right level for ongoing need. This review process will avoid inflated support costs going forward.
- 50 For high cost placements there will be continued reviews and negotiation of costs which is expected to generate a reduction of costs based on the fee review calculations. The Department's Accommodation Review Team remain in place to deliver this review programme.

AC12 (Eff) – Potential additional health income for additional recharges- £6,000,000 from 2022/23 onwards

- 51 During the last two years the NHS has supported additional costs for those being discharged from hospital or have additional support to prevent admission. It is anticipated that the current discharge process will continue and that the NHS will continue to support these costs at a similar level as in 2021/22 of £6m. A business case is being developed using the latest demand and cost information to support this approach.

**Communities and Wellbeing**

\*\*AC13 (Eff/SR) - Implementation of revised service for Communities and Wellbeing - £30,000 saving 2022/23 rising to £170,000 in 2023/24

- 52 For 2022/23 this is the final part of previous improvements to services and the additional £30k will be saved from a further review including of the mobile library service. This service has a reducing number of people who use the service and remodelling could include, rescheduling existing routes to remove unused locations, more creative use of technology such as e-readers, or growth in the existing volunteer home library service which currently utilises volunteers to deliver books to eligible people's homes.



- 53 Further work has been undertaken to review options for the relocation of the Record Office of Leicester, Leicestershire, and Rutland (ROLLR), and the creation of a collections hub. Dependent on decisions taken with regard to the allocation of future capital, this may realise the final part of the previous restructuring and enable the release of the current collection stores to consolidate assets into one location.

### **Savings under development**

- 54 The following area is being developed to meet future savings targets:
- a) Digitalisation of Service Delivery - Digitalisation of service delivery and support for service users. This includes increasing choices in self-service through a digital portal enabling people to undertake online care assessments and complements work already being explored to increase uptake of self-service online financial assessments. Savings would be a mixture of cashable and avoided cost. The potential savings range from £100k to £500k and could be delivered in the later part of the MTFs in 2022.
  - b) Digital assistive technology - Savings of £2.25m have already been built into the main savings programme for this. However, there is likely to be additional scope over and above this figure. This will be reviewed as the programme develops.

### **Health and Social Care Integration**

#### **Better Care Fund (BCF)**

- 55 Health and Social Care Integration continues to be a top priority for both the County Council and its NHS partners. Developing effective ways to co-ordinate care and integrate services around the person and provide more of this care in community settings are seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
- 56 The Council has received funding from the NHS through the BCF since 2015/16 in line with levels determined by the National Government. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.
- 57 The BCF Policy Framework and Planning Requirements are refreshed regularly and may cover one year or a number of years. The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) published a Policy Framework for the implementation of the BCF in 2021/22 on 19 August 2021. The requirements of the planning process have been focused on continuity, while enabling areas to agree plans for integrated care that support recovery from the pandemic and build on the closer working that many systems have developed to respond to the impact. NHS England will approve BCF plans in consultation with the DHSC and DLUHC.
- 58 The four national conditions set by the Government in the policy framework for 2021/22 are:
- a) That a BCF plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be

signed off by the Health and Wellbeing Board, and by the constituent local authorities and CCGs.

- b) A demonstration of how the area will maintain the level of spending on social care services from the CCG minimum contribution in line with the uplift to the CCG minimum contribution.
- c) That a specific proportion of the area's allocation is invested in NHS commissioned out of hospital services, which may include seven-day services and adult social care.
- d) That a clear plan is in place to improve outcomes for people being discharged from hospital.

59 BCF funding for Leicestershire in 2021/22 has been confirmed and is shown in the table below:

	2021/22 £m	
CCG Minimum Allocation	43.7	Level mandated by NHS England
IBCF	17.7	Allocated to local authorities, specifically to meet social care need and assist with alleviating pressures on the NHS, with emphasis on improving hospital discharge, and stabilising the social care provider market.
Disabled Facilities Grant	4.4	Passed to district councils
Total BCF Plan	65.8	

- 60 £19.4m of the CCG minimum allocation into the BCF is used to sustain adult social care services. The national conditions of the BCF require a certain level of expenditure to be allocated for this purpose. This funding has been crucial in ensuring the Council can maintain a balanced budget, while ensuring that some of its most vulnerable users are protected; unnecessary hospital admissions are avoided; and the good performance on delayed transfers of care from hospital is maintained.
- 61 In addition to the required level of funding for sustaining social care service provision, a further £6.6m of Leicestershire's BCF funding has been allocated for social care commissioned services in 2021/22. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support and crisis response.
- 62 The balance of the CCG Minimum Allocation £17.7m is allocated for NHS commissioned out of hospital services.
- 63 The provisional 2022-23 local Government finance settlement for Leicestershire included an inflationary increase of £0.5m in the improved Better Care Fund (IBCF) grant. Any reduction in the funding for social care from the BCF would place additional pressure on the Council's MTFs, and without this funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda.

### **Other External Influences**

64 There is a number of areas of funding that influence the achievability of the MTFS for the department. For example:

- Ongoing impact of COVID.
- The Government has committed to further reform of adult social care policy and the future sustainability of adult social care funding. However as yet there is no indication of when this will take place or what the outcome may be.
- The judgement in the SH v Norfolk County Council (2020) decided that Norfolk's charging policy had unlawfully discriminated against severely disabled people in the enjoyment of their benefits income. This may have an impact on the County Council's own charging policy and may significantly impact how we charge in future. This could result in lower levels of income and cause an additional financial pressure. A second judicial review is being monitored and more will be known early in the new year.
- Increasing costs of care mainly due to in the National Living Wage and shortages of workforce in the care sector in certain rural areas.

### **Other Funding Sources**

65 For 2022/23, the following other funding is expected to be received:

- Former Independent Living Fund grant of £1.2m is to be paid to the County Council which provides support packages, usually alongside local authority funding, to help disabled people live independently in the community;
- Service users eligible for Continuing Health Care - £6.9m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users (£12.7m);
- Social Care in Prisons Grant - £108,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £45,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £106,000;
- Funding to support Adult Learning from Skills Funding Agency estimated to be £4.1m and Education Funding Agency £75,000.
- Support for Social Care Reform – Market sustainability and fair cost of care fund - £1.4m
- Other grants to support Covid-19 work being undertaken but still to be confirmed.

### **Capital Programme**

66 The proposed Adults and Communities capital programme totals £27.2m (see Appendix D). The main source of external funding for the programme is the BCF grant programme (£17.8m), which is pass-ported to District Councils to fund major housing adaptations in the County. The balance of the programme (£9.4m) is discretionary funding.

- 67 The capital programme for the Department has traditionally been relatively small. However, there is a number of future projects being developed with a focus on delivering long term revenue savings/operational improvements including the SCIP (£9.4m), which involves the purchase and development of properties to meet the needs identified within the Social Care Accommodation Development Plan, which was approved by the Cabinet on 25 June 2019. The programme specifically includes £5.4m for the development of a specialist dementia care facility in Coalville. The remainder will be used to increase the supply of community-based accommodation options, for example in the form of extra care and supported living, subject to business cases.

### **Future Developments**

- 68 Below is a summary of provisional capital bids expected to be made by the Department. These have yet to be formally approved and are subject to business cases:
- a) *Heritage and Learning Collections Hub (Phase 2)* – To co-locate the Council's museums and learning collections into a single facility at the Eastern Annexe. This forms part of the Communities and Wellbeing Strategy to reduce the number of collection locations.
  - b) *SCIP* – Other potential accommodation opportunities are being investigated which may require capital investment.
  - c) *Digital for Adults and Communities* – To use equipment and technology to provide less intrusive and more cost-effective care options, which enhance people's independence and supports them to be less reliant on formal care.

### **Background Papers**

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

Better Care Fund

### **Circulation under local issues alert procedure**

- 69 None.

### **Equality and Human Rights Implications**

- 70 Public authorities are required by law to have due regard to the need to:
- Eliminate unlawful discrimination, harassment, and victimisation;
  - Advance equality of opportunity between people who share protected characteristics and those who do not;
  - Foster good relations between people who share protected characteristics and those who do not.
- 71 Many aspects of the County Council's MTFs may affect service users who have a protected characteristic under equalities legislation. An assessment of the impact of

the proposals on the protected groups must be undertaken at a formative stage prior to any final decisions being made. Such assessments will be undertaken in light of the potential impact of proposals and the timing of any proposed changes. Those assessments will be revised as the proposals are developed to ensure decision makers have information to understand the effect of any service change, policy or practice on people who have a protected characteristic.

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

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### **Appendices**

Appendix A – Revenue Budget 2022/23  
Appendix B – Growth  
Appendix C – Savings  
Appendix D – Capital Programme 2022/23 to 2025/26

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**ADULTS AND COMMUNITIES****REVENUE BUDGET 2022/23**

<b>Net Budget 2021/22 £</b>		<b>Employees £</b>	<b>Running Expenses £</b>	<b>Internal Income £</b>	<b>Gross Budget £</b>	<b>External Income £</b>	<b>Net Budget 2022/23 £</b>
	<b>Care Pathway - Older Adults/Mental Health</b>						
96,761	Heads of Service & Lead Practitioners (OA/MH)	1,266,772	29,927	0	1,296,699	-677,866	618,833
4,768,749	Older Adults Team	5,633,043	66,533	0	5,699,576	-1,040,590	4,658,986
2,640,990	Working Age Adults Team (Mental Health)	2,688,520	71,690	0	2,760,210	-171,218	2,588,992
5,529,142	Countywide Team (OA/MH)	5,376,557	1,873,979	-300,000	6,950,536	-1,487,726	5,462,810
<b>13,035,643</b>	<b>TOTAL</b>	<b>14,964,892</b>	<b>2,042,129</b>	<b>-300,000</b>	<b>16,707,021</b>	<b>-3,377,400</b>	<b>13,329,621</b>
	<b>Care Pathway - Learning Disabilities</b>						
551,971	Heads of Service & Lead Practitioners (LD)	504,471	47,500	0	551,971	0	551,971
3,154,298	Working Age Adults Team (Learning Disabilities)	3,223,493	63,018	0	3,286,511	-252,400	3,034,111
695,857	Countywide Team (LD)	881,558	22,630	0	904,188	-212,893	691,295
<b>4,402,126</b>	<b>TOTAL</b>	<b>4,609,522</b>	<b>133,148</b>	<b>0</b>	<b>4,742,670</b>	<b>-465,293</b>	<b>4,277,377</b>
	<b>Direct Services</b>						
628,143	Direct Services Managers	615,304	5,400	0	620,704	-11,790	608,914
4,770,545	Supported Living, Residential and Short Breaks	4,190,096	189,765	0	4,379,861	-4,000	4,375,861
2,409,522	CLC / Day Services	2,376,645	181,563	-67,850	2,490,358	-61,950	2,428,408
315,808	Shared Lives Team	280,249	39,807	0	320,056	0	320,056
4,622,659	Reablement (HART) & Crisis Response	5,739,268	638,370	0	6,377,638	-1,754,980	4,622,658
1,544,166	Occupational Therapy	1,567,295	33,074	0	1,600,369	-43,400	1,556,969
1,667,857	Aids, Adaptations and Assistive Technology	553,008	1,819,387	0	2,372,395	-704,538	1,667,857
191,182	Direct Services Review	0	105,086	0	105,086	-6,000	99,086
<b>16,149,881</b>	<b>TOTAL</b>	<b>15,321,865</b>	<b>3,012,452</b>	<b>-67,850</b>	<b>18,266,467</b>	<b>-2,586,658</b>	<b>15,679,809</b>
	<b>Early Intervention &amp; Prevention</b>						
857,210	Extra Care	0	856,191	0	856,191	0	856,191
96,000	Eligible Services	0	361,352	0	361,352	-265,352	96,000
839,883	Secondary (e.g. Carers & Community)	0	1,227,037	0	1,227,037	-387,154	839,883
380,610	Tertiary (e.g. Advocacy)	0	700,297	-54,000	646,297	-284,615	361,682
<b>2,173,703</b>	<b>TOTAL</b>	<b>0</b>	<b>3,144,877</b>	<b>-54,000</b>	<b>3,090,877</b>	<b>-937,121</b>	<b>2,153,756</b>
	<b>Strategic Services</b>						
186,264	Heads of Strategic Services	370,302	1,400	0	371,702	0	371,702
1,875,074	Business Support	1,609,156	284,761	-18,843	1,875,074	0	1,875,074
1,132,220	Adult Social Care Finance	1,208,680	-32,302	-8,000	1,168,378	-244,638	923,740
434,175	IT & Information Support	374,779	59,396	0	434,175	0	434,175
1,594,322	Commissioning & Quality	2,467,742	95,755	0	2,563,497	-699,700	1,863,797

<b>5,222,055</b>	<b>TOTAL</b>	<b>6,030,659</b>	<b>409,010</b>	<b>-26,843</b>	<b>6,412,826</b>	<b>-944,338</b>	<b>5,468,488</b>
	<b><u>Demand Led Commissioned Services</u></b>						
60,366,273	Residential & Nursing Care	0	103,357,705	0	103,357,705	-37,145,470	66,212,235
1,631,675	Shared Lives Residential	0	1,631,675	0	1,631,675	0	1,631,675
20,483,818	Supported Living	0	28,577,818	0	28,577,818	0	28,577,818
21,602,038	Home Care	0	31,960,038	0	31,960,038	0	31,960,038
39,687,064	Direct Cash Payments	0	42,994,062	0	42,994,062	-1,161,998	41,832,064
5,948,458	Community Life Choices (CLC)	0	5,914,300	0	5,914,300	0	5,914,300
535,750	Shared Lives - CLC	0	535,750	0	535,750	0	535,750
-21,449,934	Community Income	0	0	0	0	-25,557,895	-25,557,895
<b>128,805,142</b>	<b>TOTAL</b>	<b>0</b>	<b>214,971,348</b>	<b>0</b>	<b>214,971,348</b>	<b>-63,865,364</b>	<b>151,105,984</b>
<b>-19,190,031</b>	<b><u>Better Care Fund (Balance)</u></b>	392,466	17,410,123	0	17,802,589	-44,292,619	-26,490,030
830,768	<b><u>Department Senior Management</u></b>	1,002,230	-77,938	0	924,292	-83,320	840,972
<b>151,429,287</b>	<b>TOTAL ASC</b>	<b>42,321,634</b>	<b>241,045,149</b>	<b>-448,693</b>	<b>282,918,090</b>	<b>-116,552,113</b>	<b>166,365,977</b>
	<b><u>Communities and Wellbeing</u></b>						
366,724	C&W Senior Management	306,248	5,300	-23,000	288,548	0	288,548
1,706,834	Libraries Operational	1,892,069	287,665	-6,700	2,173,034	-439,954	1,733,080
1,110,152	Libraries Resources	255,194	852,468	0	1,107,662	-20,000	1,087,662
826,826	Museums & Heritage	839,766	336,622	0	1,176,388	-356,292	820,096
436,168	Participation	377,224	53,275	0	430,499	0	430,499
847,421	Collections & Learning	1,192,892	313,046	0	1,505,938	-672,613	833,325
0	Externally Funded Projects	130,911	172,754	0	303,665	-303,665	0
204	Adult Learning	4,233,508	738,773	-371,805	4,600,476	-4,600,476	0
<b>-41,588</b>	C&W Efficiencies	0	-57,159	0	-57,159	0	-57,159
<b>5,252,741</b>	<b>TOTAL C&amp;W</b>	<b>9,227,812</b>	<b>2,702,744</b>	<b>-401,505</b>	<b>11,529,051</b>	<b>-6,393,000</b>	<b>5,136,051</b>
<b>156,682,028</b>	<b>TOTAL ADULTS &amp; COMMUNITIES</b>	<b>51,549,446</b>	<b>243,747,893</b>	<b>-850,198</b>	<b>294,447,141</b>	<b>-122,945,113</b>	<b>171,502,028</b>



Adults and CommunitiesAPPENDIX B

References	<u>Growth</u>	2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000
	<b>Demand &amp; cost increases</b>				
** G5	Older people - new entrants and increasing needs in community based services and residential admissions	15,420	15,980	16,860	17,740
** G6	Learning Disabilities - new entrants including children transitions and people with complex needs	5,290	6,840	8,090	9,440
** G7	Mental Health - new entrants in community based services and residential admissions	2,080	2,590	3,020	3,440
** G8	Physical Disabilities - new entrants in community based services	2,200	2,650	3,090	3,540
G9	Care pathway market premia and step up to social work	350	350	350	350
G10	Social Care Investment Programme -staffing resources	500	500	500	500
	<b>TOTAL</b>	<b>25,840</b>	<b>28,910</b>	<b>31,910</b>	<b>35,010</b>

\* items unchanged from previous Medium Term Financial Strategy

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

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**APPENDIX C**

References

**SAVINGS**

2022/23	2023/24	2024/25	2025/26
£000	£000	£000	£000

**References used in the following tables**

\* items unchanged from previous Medium Term Financial Strategy

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

Eff - Efficiency saving

SR - Service reduction

Inc - Income

**ADULTS & COMMUNITIES****Adult Social Care**

**	AC1	Inc	Increased income from fairer charging and removal of subsidy / aligning increases	-1,100	-1,200	-1,300	-1,400
**	AC2	Eff	Social Care Investment Plan - reduced cost of care	-200	-200	-950	-950
**	AC3	Inc	Additional BCF/Health income	-1,300	-1,300	-1,300	-1,300
**	AC4	Eff	Implementation of Target Operating Model (TOM)	-300	-800	-800	-800
**	AC5	Eff	Implementation of digital assistive technology to service users	-350	-1,000	-2,250	-2,250
**	AC6	Eff	Establishment Review following implementation of TOM programme	-450	-800	-800	-800
*	AC7	Eff	Digital Self Serve financial assessments	-100	-100	-100	-100
**	AC8	Eff	Review of Mental Health pathway and placements	-500	-750	-750	-750
*	AC9	Eff	Review of placements transitioning from Children's	-120	-180	-240	-240
	AC10	Eff	Review of Direct Services/Day Services/Short Breaks	-70	-500	-500	-500
	AC11	Eff	Review Discharge to Assess and other high cost placements	-500	-500	-500	-500
	AC12	Inc	Potential continuation of Health income for additional discharges	-6,000	-6,000	-6,000	-6,000
			<b>Total ASC</b>	<b>-10,990</b>	<b>-13,330</b>	<b>-15,490</b>	<b>-15,590</b>

**Communities and Wellbeing**

**	AC13	Eff/SR	Implementation of revised service for communities and wellbeing	-30	-170	-170	-170
			<b>Total C&amp;W</b>	<b>-30</b>	<b>-170</b>	<b>-170</b>	<b>-170</b>

**TOTAL A&C**

<b>-11,020</b>	<b>-13,500</b>	<b>-15,660</b>	<b>-15,760</b>
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**ADULTS & COMMUNITIES - CAPITAL PROGRAMME 2022-26**

Estimated Completion Date	Gross Cost of Project £000		2022/23 £000	2023/24 £000	2024/25 £000	2025/26 £000	Total £000
Mar-26	17,788	Disabled Facilities Grant (DFG)	4,447	4,447	4,447	4,447	17,788
Mar-23	30	Changing Places/Toilets (Personal Assistance)	30				30
			<b>4,477</b>	<b>4,447</b>	<b>4,447</b>	<b>4,447</b>	<b>17,818</b>
Mar-25	5,500	<u>Social Care Investment Plan (SCIP):</u> Specialist Dementia Facility - Coalville	1,940	2,550	950		5,440
Mar-25	3,955	SCIP - Additional accomodation schemes to be confirmed	500	1,955	1,500		3,955
		Sub-Total SCIP	<b>2,440</b>	<b>4,505</b>	<b>2,450</b>	<b>0</b>	<b>9,395</b>
		<b>Total A&amp;C</b>	<b>6,917</b>	<b>8,952</b>	<b>6,897</b>	<b>4,447</b>	<b>27,213</b>

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

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**24 JANUARY 2022**

**ADULT SOCIAL CARE REFORM AND CHARGING**

**REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

- 1 The purpose of this report is to brief the Committee on the:
  - “People at the Heart of Care: Adult Social Care Reform White Paper” and its impact on social care provision in Leicestershire;
  - proposals on the Adult Social Care charging reform, the charging of which is set out under the “Build Back Better: Our Plan for Health and Social Care” command paper and subsequent policy paper.
- 2 The Committee is asked to note the contents of the report and is invited to make comments.

**Policy Framework and Previous Decisions**

- 3 The Care Act 2014 places a duty on local authorities to promote an individual’s well-being, including unpaid carers when making decisions. The Act embeds an individual’s right to make choices about their care, placing focus on their needs and what they want to achieve, and a legal right to a care and support plan. Local authorities must provide or arrange services to keep people as well and independent as possible. They are also required to put measures in place to help prevent people developing needs for care and support and to delay the need for ongoing care and support by focussing on ways to support people to maintain or improve their independence. Authorities must also ensure that their local care market is healthy and diverse.
- 4 The Committee has previously commented on the Adults and Communities Ambitions and Strategy for 2020-2024 set out in “Delivering Wellbeing and Opportunity in Leicestershire”, which was subsequently approved by the Cabinet. This Strategy sets out the Department’s direction of travel in its provision of care and so the reforms may impact on future reviews of the Strategy.

**Background**

- 5 On 7 September 2021, the National Government announced £5.4 billion over three years solely for the reform of adult social care. At its spending review in October 2021, the Government announced that the investment would be used in two main

areas. These being £3.6 billion to pay for charging reform, and £1.7 billion to improve access to social care in England, including a £500 million investment in the workforce.

- 6 The “People at the Heart of Care” White Paper sets out the Government’s 10-year vision of how it proposes to transform support and care in England (<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>). The vision revolves around three objectives:
- People have choice, control, and support to live independent lives;
  - People can access outstanding quality and tailored care and support;
  - People can find social care fair and accessible.
- 7 The White Paper describes the Government’s priorities for investment in social care and describes where the money will be used. Investment will be funded through the new Health and Social Care levy. This is a proposed tax in the UK to be levied by the Government and expected to be launched in 2023. Provision for the tax is given under the Health and Social Care Levy Bill and is designed to deal with the backlog of patients waiting for treatment following the Covid-19 pandemic, as well as to improve social care.
- 8 The White Paper has at its foundation the Care Act 2014, particularly its focus on wellbeing, and it structures and opportunities for improvement around a number of main themes which are summarised in the next section of this report.

### **Main themes from the People at the Heart of Care: Adult Social Care Reform White Paper**

#### Shaping healthy and diverse social care markets

- 9 The White Paper emphasises the responsibility of local authorities to promote a healthy and diverse local care market; encourages closer working with, and the development of, community-based organisations who may have the potential to increase people’s choice, independence, and wellbeing.

#### Variation in quality and safety of care

- 10 The White Paper prepares the ground for enhanced local authority assurance, improvement support and enhanced use of data to create more geographical equity in the quality and safety of care.

#### Supporting the social care workforce

- 11 The White Paper draws attention to the asset and scale of the social care workforce and the pressures that they face including the high turnover of staff. It also notes that large parts of the workforce are unregistered, and would benefit from further training, a clear career structure and learning offer. The paper announces the investment of £500 million over the next three years to support of the workforce. The investment will target knowledge, skills, health and wellbeing and recruitment policies to improve social care as a long-term career choice.



### Navigating the system and finding the right care and support

- 12 The White Paper seeks to empower people who draw on care and support and their carers and families so to enable them to make informed decisions based on accessible, trusted, and high-quality information and advice. To this end the Government proposes to invest circa £5m to test and evaluate new ways to help people navigate local adult social care systems, including development of a national website.
- 13 In addition, £25m will be invested to work with the sector to kick start a change in the services provided to support unpaid carers, including the provision of respite, breaks, peer and wellbeing support.

### Accelerating adoption of Technology

- 14 The White Paper highlights the important deployment of digital technology that has helped people stay connected to their friends and families during the Covid-19 pandemic and how monitoring technology has helped care workers identify and support those in need. The use of technologies in social care should:
  - enhance the quality of care;
  - free up time for meaningful human interactions;
  - create stronger connections between people and their friends, family and care networks;
  - make the provision of social care more efficient, informed and joined up.
- 15 The White Paper notes technology can be transformative, helping people to live happy, fulfilled lives in their homes and communities. However, it also focuses on the inequalities in access to technology, e.g. 40% of those aged 75+ not making use of the internet alongside 14.9% of those with a disability. This is compounded with care home staff (23%) struggling to consistently access the internet at work.
- 16 The White Paper announces the proposal for the Government to invest at least £150 million of additional funding over the next three years to drive digitalisation across the sector and unlock the potential of 'caretech' innovation that enables preventative care and independent living.
- 17 In addition, a £30m Innovative Models of Care Programme will be launched to support local systems to build the culture and capability to embed into the mainstream innovative models of care. The programme will support a number of local authorities and partner providers to develop, commission and deliver new models of care for people living in non-residential settings.

### Expanding the choice of housing options

- 18 The White Paper sets out the Government's ambition for people to have more choice over their housing options, whether it be a new or existing home, purpose designed or not and with access to the adaptations or technologies to help them live well. Local areas are encouraged to "think housing and community" when they plan and deliver services.

- 19 The proposals include the Government's intention to invest at least £300m over the next three years to embed the strategic commitment to connect housing with health and care and drive the stock of new supported housing. In addition, they intend to fund a new service to make minor repairs and changes in people's homes to help people remain independent and safe.
- 20 This will happen alongside increasing the upper limit of the Disabled Facilities Grant (DFG) by committing a further £570m per year for 2022-23 to 2024-25. The Government intend to consult in 2022 on the amount of DFG per individual adaptation, the allocation of DFG to local authority areas and how the means test aligns to charging reform.
- 21 Within the £300m, the Government states its intention to continue to invest in the Care and Support Specialised Housing fund with £71m capital funding per annum available for the period 2022-23 to 2024-25 to incentivise the supply of specialised housing for older people and people with a physical disability, learning disability, autism or mental ill-health.

#### Driving integration of health and care services

- 22 The White Paper recognises the need to continue to develop a holistic approach to dealing with people's care so that preventative measures are optimised and unnecessary hospital admissions are avoided. It references an upcoming Integration White Paper which will outline proposals to improve person centred care and improve the interface between health and care services. However, the implementation of this White Paper has been deferred until the summer.

#### Supporting local authorities to deliver reform

- 23 The White Paper sets out a proposed new approach to assuring the delivery of care by local authorities including a specific focus on strengthening market shaping and commissioning functions; and plans for improved data to understand how local areas are achieving the Government vision for reform.
- 24 From 2022-25, the Government proposes to provide £3.6 billion to reform the social care charging system to enable local authorities to move towards paying providers a fair rate for care.
- 25 In addition, the Government proposes to provide more support for local authorities to strengthen their market shaping and commissioning capabilities, providing an increase in improvement funding of more than £70m between 2022-23 and 2024-25 to ensure that local authorities are set up to deliver the vision set out in the White Paper.
- 26 Local authorities will be required to submit to the Department of Health and Social Care, a cost of care exercise that accurately reflects local costs such as staff pay and travel time; a provisional market sustainability plan setting out a local strategy for the next three years (2022-25) and a spend report.

## Assurance

- 27 As part of the proposals, the Government will introduce a duty for the Care Quality Commission (CQC) to independently review and assess local authority performance in delivering their adult social care duties under part 1 of the Care Act 2014. This will include putting in place new legal powers for the Secretary of State for Health and Social Care to intervene to ensure improvement where there are significant local authority failings in undertaking their duties.
- 28 The White Paper sets out an emerging approach to assurance that is likely to focus on the following areas:
- Oversight of the social care workforce supporting staff retention and professional development;
  - Managing transitions between services e.g. between health and social care;
  - Focus on prevention activities;
  - Carrying out safeguarding duties;
  - Quality of leadership;
  - Management of commissioning and contracting responsibilities;
  - Market shaping;
  - Meeting the needs of unpaid carers;
  - Assessing the needs of people who may be eligible for care and support them to access what they need whether or not they receive local authority support or will fund their own care.

## **“Build Back Better: Our Plan for Health and Social Care”**

- 29 The Government published its [Command Paper](#) on 7 September 2021. One of the stated aims of the changes is to, "protect individuals and families against unpredictable and potentially catastrophic care costs – so that from October 2023, no eligible person starting adult social care will have to pay more than £86,000 for personal care over their lifetime”.
- 30 Some clarifications were published in a [Policy paper](#) on 19 November 2021 and updated on 3 December 2021. Further detail will now be published as part of the consultation on statutory guidance in early 2022.
- 31 The papers set out a number of proposals:
- From October 2023, the Government will introduce a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime. It will be implemented using legislation already in place under the 2014 Care Act (Section 15) with amendment subject to parliamentary approval.
  - The cap amount (£86,000) will be subject to annual adjustment in line with changes to the average earnings in England. The proportion of the cap a person has satisfied so far would be increased proportionately when the cap level is adjusted.
  - The upper capital threshold in the financial assessment, above which a person is liable for the full cost of their care and support, will increase from £23,250 to £100,000, whilst the lower threshold will increase from £14,250 to £20,000.

- The Minimum Income Guarantee (MIG) and the Personal Expenses Allowance (PEA) allowed before a person is required to contribute towards the cost of their care will be increased in line with inflation each year, from April 2022. Statutory guidance provides local authorities with the discretion to set its own MIG and PEA amounts and make any necessary adjustments to these, with the proviso that they do not fall below the minimum level set by Central Government. One of the outcomes of the SH v Norfolk County Council judgement was that local authorities should have a clear and transparent process and a recorded judgment of its decision on MIG/ PEA. The Council, in line with statutory guidance, has not been required to increase the allowances it has set since 2015. It is therefore intended that a report on this matter will be presented to the Cabinet in March to agree a way forward.
- Care accounts will be maintained by the local authority. Local authorities will be required to provide regular care account statements and engage early with the person once they are close to approaching their cap. Further detail on care account statements will be consulted on. There is an existing requirement for six-monthly deferred payment agreement statements.
- Residential self-funders will be able to require the local authority to arrange their care. Currently they can only request the local authority do so. This is intended to ensure self-funders get better value for money. Further details regarding self-funders asking local authorities to arrange their care will be confirmed in early 2022.

### Response

- 32 There has been a varied response to the proposed reforms across health and social care. There is a broad view that the reform is a continuation of the Care Act and that although the funding made available is welcome and represents a step in the right direction, much more is needed to meet the delivery of transformation and the growing costs of care. There has also been an amount of media criticism around the proposals of the care cap and that its impact will be harsher for people with smaller asset bases.
- 33 There is still much detail to be clarified around the reforms, e.g. details on charging for self-funders, and the precise nature of future assurance frameworks. Therefore, planning a response for Leicestershire will require the flexibility to shape plans further once more detail is understood.

### Leicestershire's response

34. The proposals will significantly increase the number of people engaging with the County Council regarding their care and support needs and will require the Department to plan for the proposed assurance framework when more detail is ascertained.
35. Detailed work is being carried out within the Council to determine the impact on service users, including any equality impacts, the resource requirement on the Council and the necessary changes to policy and practice that will arise as a result of the Government reform agenda. A range of work is currently in progress and will contribute to any response. This includes:

- Work underway to produce a place-based integrated strategy for Leicestershire with involvement from a number of local partner organisations such as health stakeholders for the next 10 years. This includes place-based delivery of integrated services within our Primary Care Networks.
- Leicestershire has a well-established Better Care Fund programme that seeks to better integrate health and social care services utilising a pooled budget of resources. This also supports housing services and initiatives through boroughs and districts and the use of DFGs.
- The County Council has been working towards developing the care market in Leicestershire in a variety of ways, building stronger relationships with the market and developing robust risk management processes to help providers at risk.
- Developing strength and asset-based approaches including better use of community assets and developing social work practice to encompass strength-based conversations and co-production.
- There is a continued focus on developing and progressing the internal adult social care workforce. This is demonstrated through the delivery of the Social Work Apprenticeship programme.
- The Inspired to Care service continues to support recruitment and retention across the external market. Challenges have increased in this area due to a range of factors, including competition for staff from other sectors, and the requirement for care home and the wider health and care workforce to have mandatory vaccinations.

### **Consultation**

36. The Government has set out details of its engagement on the development of the White Paper. This included local authorities, providers, workforce representatives and professional bodies, voluntary and community sector organisations, and people with lived experience including unpaid carers.
37. The County Council has engaged with a wider range of partners and stakeholders as part of the consultation and engagement on the Adults and Communities Department Strategy 2020–2024 from December 2019 to June 2020.
38. Many of these organisations and people are currently being consulted on a draft 10-year Leicestershire Joint Health and Wellbeing Strategy 2022–2032, which sets out an overall vision for health and wellbeing across Leicestershire. The consultation closes on 23 January 2022.

### **Resource Implications**

39. As set out above, the Government has announced funding associated with the proposals in the White Paper. It is currently not fully clear how much of this is new money or how it will be distributed between Councils and other organisations.
40. Therefore, the resource and funding implications for the County Council from the White Paper and to what extent these will be covered by additional funding from Government are not clear at present. This will be able to be better assessed once the Government outlines more detailed plans and proposals.

### **Timetable for Decisions**

41. The White Paper aims to set out a 10-year vision for Adult Social Care in England but the Government has not set out a timetable for publishing the detail and delivery of their plans.
42. In the White Paper the Government has indicated that it will set up a series of workshops discussions with stakeholders in early 2022 to help them develop the funding proposals.
43. It is proposed that further reports will be presented to this Committee as the Government progresses the detail of the reform agenda.

### **Conclusion**

44. This report sets out the main features of the Government's proposed reforms of social care and funding. The Committee is asked to note the report and is invited to comment on its content.

### **Background papers**

People at the Heart of Care: Adult Social Care Reform White Paper

<https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform>

Build Back Better: Our Plan for Health and Social Care

<https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care>

Reports to the Adults and Communities Overview and Scrutiny Committee on 11 November 2019 and 7 September 2020 - Adults and Communities Ambitions and Strategy for 2020-2024 "Delivering Wellbeing and Opportunity in Leicestershire":

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MID=5690>

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MID=6170>

Reports to the Cabinet on 22 November 2019 and 18 September 2020 - Adults and Communities Ambitions and Strategy for 2020-2024 "Delivering Wellbeing and Opportunity in Leicestershire":

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MID=5608#AI61396>

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MID=5997#AI64121>

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

Consultation on Joint Health and Wellbeing Strategy

<https://www.leicestershire.gov.uk/have-your-say/current-engagement/joint-health-and-wellbeing-strategy>

**Circulation under the Local Issues Alert Procedure**

45. None.

**Equality and Human Rights Implications**

46. This report is a briefing document, and as such is not subject to an Equalities and Human Rights Impact Assessment. Any subsequent changes in policies arising from the reform will be subject to appropriate assessments.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**24 JANUARY 2022**

**NATIONAL PERFORMANCE BENCHMARKING 2020/21 AND**  
**PERFORMANCE REPORT 2021/22 – POSITION AT NOVEMBER 2021**

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

**Purpose of Report**

1. The purpose of this report is twofold: firstly, to highlight the comparative performance position in 2020/21 through national benchmarking, and secondly to present the Committee with an update of the Adults and Communities Department's performance at the end of November 2021.

**Policy Framework and Previous Decisions**

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

**Background**

3. At a national level adult social care performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). This set of indicators is reported annually, and NHS Digital published the 2020/21 position in October 2021. For library services the Chartered Institute of Public Finance and Accountancy (CIPFA) releases data over a range of metrics and compares counties that have a similar size and make up.
4. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 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 the Adult and Communities Department 2020-2024, '*Delivering Wellbeing and Opportunity in Leicestershire*'. This strategic approach is based on a set of principles with the person at the centre, ensuring the support they receive can deliver the right outcomes. Appendix B outlines the 'layered' model designed to maximise independence – Prevent, Reduce, Delay and Meet needs.
5. Appendix A is also structured in line with the Council's Strategic Plan 2018-22 – *Working Together for the Benefit of Everyone*. This sets out the Council's overall policy framework, approach, and includes a high-level overview of a number of strategies which provide the detail on how the authority plans to deliver positive change for Leicestershire.

6. Progress against targets is highlighted using a Red/Amber/Green (RAG) system and Appendix C sets out the description of each category.
7. The ongoing Covid-19 pandemic has impacted many areas of performance during the past eighteen months, and this is reflected in the commentary throughout the report.
8. Furthermore, as reported to this Committee on the 1 November 2021, there is considerable demand for adult social care services, primarily in response to increased pressure on acute healthcare.

### **Benchmarking of 2020/21 Performance**

9. The dataset that forms the Adult Social Care Outcomes Framework (ASCOF) was shaped by the Covid-19 pandemic in 2020/21. Less than 20 authorities undertook the voluntary adult social care survey during the year (no authorities in the East Midlands did so) and the carers survey was moved on 12 months to 2021/22. In a more normal year, metrics sourced from the surveys make up half the ASCOF set. In addition, there was no data collection in 2020/21 to support the three delayed transfer of care metrics. As such there were only 13 metrics that were benchmarked in Leicestershire. Furthermore, performance itself was impacted by the pandemic both locally and nationally.
10. Performance on the two metrics specifically relating to people with learning disabilities were not too dissimilar to the previous year, 2019/20, with performance against both remaining above the national average. For the proportion in employment (ASCOF 1E), performance was 10.5% (148/1,405) and again in the top quartile. With regards to settled accommodation (1G) there was an improvement to 84.3% (1,185/1,405) although performance remained in the second quartile – 1.6% points short of the top quartile. For both metrics, performance was considerably higher than the averages of other shire authorities or those in the East Midlands.
11. There was a marked reduction in the number of people aged 18-64 admitted to permanent care placements during 2020/21 (ASCOF 2A part i) and as such performance when compared nationally remained in the top quartile and considerably lower than the averages for both shire and East Midlands authorities. There was also a reduction during 2020/21 of people aged 65 or over admitted to permanent care (2A Part ii). Consequently, performance moved up a quartile. Compared to other authorities, the number of admissions is lower than the average of other shire authorities and the East Midlands average.
12. Across the East Midlands, 39% of service users were in a permanent care placement during 2020/21; a small reduction from 42% in the previous year. Conversely 61% were supported to live in the community – an improvement from 58% in 2019/20. In Leicestershire during 2020/21 the proportion in permanent care was lower at 34% (2,420/7,150) with a higher proportion supported in the community (66% - 4,730/7,150). For both aspects of service, the direction of travel has been the same in Leicestershire as it has been in the East Midlands i.e., a decrease in the use of permanent care and an increase in community provision. Focussing specifically on 2020/21, there were 428.8 people per 100,000 population in permanent care placements in Leicestershire, lower than 499.7 across the East Midlands region, and lower than other local shire authorities such as Nottinghamshire and Derbyshire.

13. Following a diagnostic review of services in 2018, a programme of work to develop the Adult Social Care Target Operating Model (TOM) was established. The core of the TOM approach is to keep the independence of Leicestershire residents at the heart of every decision. As such, a key strategic aim of the TOM is to avoid unnecessary permanent placements in residential care homes and to support people in more independent community settings, often people's own homes. The figures and performance outlined above highlights the progress being made in fulfilling this outcome.
14. As perhaps anticipated, there was a downturn in performance both locally and nationally in relation to the two reablement ASCOF metrics. The complexity of people's needs on discharge from hospital during the pandemic meant the extent that reablement could improve their independence was somewhat limited. For people living at home 91 days post reablement (ASCOF 2B part i) performance fell by 3.4% points although remained higher than the national position, shire authorities and East Midland authorities. Metric 2D measures the proportion of people with no ongoing needs post reablement. During 2020/21 81% (2,039/2,515) of people re-abled had no ongoing needs; a reduction from 88% the previous year. Nationally, performance fell from 80% in 2019/20 to 75% in 2020/21.
15. Comparative performance is commented on in more detail for each of the adult social care metrics reported in the current performance section of the report.
16. Quality standards for contracted services such as community-based services and residential care form part of the core agreement and providers are monitored by the Care Quality Commission (CQC) against these standards. In October 2021, CQC released 2020/21 performance ratings in its publication '*The state of health care and adult social care in England*'. With regards to providers of residential care, 74.4% (131/176) of providers in Leicestershire were classed as good or outstanding, lower than 85% nationally. The remainder were generally rated as requiring improvement (18.8% - 33/176), with 2.3% (4/176) rated as inadequate and 4.5% (8/176) unrated in the latest publication. The domiciliary care market has a greater deal of change and new registrations, and as such there is a larger number of unrated agencies (29 or 23%). This is particularly relevant in the past 18 months given the impact of the Covid-19 pandemic. Excluding the unrated agencies, 88.5% (85/96) of domiciliary care services in Leicestershire are rated as good or outstanding, slightly higher than the national figure of 88%. The proportion needing improvement was also similar to the national position at 11.5% (11/96), whilst there are no providers in Leicestershire rated as inadequate.
17. Each year CIPFA release library data for a range of metrics. The latest publication reflects 2019/20 data and the profile used is that of nearest neighbours - authorities of a similar size to Leicestershire. Note that this is a year in arrears and is therefore prior to the outbreak of Covid-19.
18. Out of 14 similar authorities Leicestershire was ranked 11<sup>th</sup> for the number of active borrowers per 1,000 population – a rate of 87 in Leicestershire compared to an average rate of 103. In relation to physical visits for library purposes per 1,000 population Leicestershire were ranked 14<sup>th</sup> with a rate of 1,517 compared to the average rate of 2,940.
19. As with the previous year, the total book stock in Leicestershire libraries was ranked 14<sup>th</sup> compared to the 14 nearest neighbour authorities. However, ongoing strategic

investment in children's books to support family friendly libraries has resulted in a higher-than-average number of children's fiction stock (ranked 4<sup>th</sup>), a level of non-fiction stock that is ranked 10<sup>th</sup> and just below average, and an average level of children's talking books.

20. The severity of the financial challenges facing the County Council continues to impact the net expenditure on libraries. At £8,355 per 1,000 population Leicestershire is ranked 11<sup>th</sup> and 8% lower than the comparator authority average of £9,036 per 1,000 population.
21. It should be noted that the CIPFA profiles do not reflect the use of libraries for community purposes, as evidenced by the direction taken by community managed libraries, where more work is being undertaken to make libraries community hubs for their local areas.

### **Performance Update: April to November 2021**

22. Appendix A includes four key measures to reflect each of the four layers of the Department's Vision and Strategy. Each of these monitors the proportion of new contacts from people requesting support and what the sequels of these requests were. Between April and November 2021 there were just over 18,000 new adult social care contacts, of which 57% (10,371) resulted in a preventative response, such as universal services or signposting. A further 19% (3,505) resulted in a response relative to reducing need, such as providing equipment or adaptations; 11% (1,954) 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% (2,239) 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.
23. 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 have been fully open since May and consequently visitor numbers are considerably higher than last year. From opening in mid-May to the end of November there were 182,000 visits – mostly to the website (66,400 being physical visits). A target of 214,000 has been agreed for the number of visits during the second half of the year i.e., October 2021 to March 2022, and the current position is on track to meet this.
24. Library services also had restrictive access during 2020/21 due to Covid-19 with an impact on the number of visits and issues. Libraries re-opened in spring 2021 and activity figures are considerably higher than the previous year and on track to meet half-year targets. Amongst these are e-loans, the use of which continues to grow - a 10% increase between April and November 2021 compared to the equivalent period last year - despite a significant increase during lockdown.
25. Recent research by the National Literacy Trust on children's reading during lockdown has shown that audiobooks are particularly good at increasing children's interest in reading, especially amongst those children who are struggling or reluctant readers. It is known that encouraging children to read for pleasure from an early age has many benefits for them both educationally and in terms of their social mobility. Children's reading levels can be affected by many factors, from teaching in the classroom to

support in the home environment. What is shown to be key is them having access to a wide range of reading material in a variety of formats. For this reason, the service has been investing in its digital platform for several years but following lockdown digital stock became the primary offer to keep junior library members engaged with reading.

26. Following further investment in spring 2020, just under 10,000 children's e-books and e-audiobooks were issued during April and May of that year before libraries re-opened following the first lockdown. By July 2020 the increase in children's digital loans was 185% above the level in the previous year, and whilst the number of digital issues has since declined, they are still more than double what they were before lockdown. Furthermore, physical stock is showing a strong recovery; now having recovered to within 5% of their pre-lockdown figure.
27. 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 6,700 hours of volunteering between May and November which is on track to meet the target for the second half of the year.
28. 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. As at the end of November in the 2021/22 academic year performance was at 86% and in line with the target.
29. There is a strong link between employment and appropriate accommodation with enhanced quality of life for people with learning disabilities including health and wellbeing and reduced social exclusion. Performance in 2020/21 was above the national average for both metrics, with the rate of employment being in the top quartile. There has since been a reduction in performance with regards employment - down to 9.4% (116/1,238) - although this would remain in the top quartile on the latest national data. The proportion of people in settled accommodation remains the same as last year at 84% (1,041/1,238) although this is currently slightly lower than the 86% target for the year.
30. Reablement is a short and intensive service to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home. The ASCOF contains two metrics to measure a local authority's performance in this area – the proportion with continued needs post reablement, and where people live 91 days following hospital discharge and reablement. Paragraph 12 of the report outlines performance in 2020/21 and the impact the pandemic has had on this area of service. Whilst actual numbers in the service have been lower than pre-pandemic due to pressure across the home care market, performance on outcomes has improved since April 2021 and is now back at levels two years ago and meeting the target.
31. Avoiding permanent placements in residential or nursing care homes is a good indication of delaying dependency. Research suggests that where possible, people prefer to stay in their own home rather than move into permanent care. Performance in relation to the number of permanent admissions was in the top quartile in 2020/21 for both people aged 18-64 and those aged 65 or over. The number of admissions in

2021/22 has increased for both age-groups (note the number of admissions in the previous year was lower, partly due to a reduced number of admissions through the spring/ summer of 2020 as a result of the initial wave of the Covid-19 pandemic). For people aged 18-64, it was previously reported to the Committee at its September meeting that the high number of admissions during quarter one of 2021/22 could be down to recording irregularities. This has now been confirmed and work is underway to correct the position.

32. The County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a personal budget, preferably as a direct payment. During 2020/21, the ASCOF measure relating to service users in receipt of a direct payment remained in the top quartile and considerably higher than the national average - 42% (2,072/4,934) compared to 27%. At 95% (4,696/4,934) the proportion of service users with a personal budget was above the national average of 92%. For carers, both proportions – 99.9% (2,332/2,335) for personal budgets and 99% (2,310/2,335) for direct payments – were above national averages. Current figures for 2021/22 are very similar and generally meeting target (service user personal budgets fall just short at 96% (4,758/4,956) compared to a target of 98%).
33. 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 477 safeguarding enquiries completed between April and November 2021 - and where an outcome was expressed - 93% were fully or partially achieved, a similar proportion to the previous year (92%) and in line with the target for 2021/22.
34. Under the Care Act 2014's statutory guidance, councils should review care plans no later than every 12 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 64% (3,036/4,765) of people who had received a service for at least a year had a review of their support plan within the previous 12 months. This low proportion will have been impacted by review resources being prioritised to support hospital discharges in the early waves of Covid-19. Improvement has since been made with 68% (3,433/5,048) having an annual review in the 12 months to the end of November 2021. This does however remain slightly short of the 70% target, in part due to the focus of the review service being directed towards larger support plans in an effort to mitigate the impact of the increased level of demand for Adult Social Care services.

## **Conclusions**

35. This report provides a summary of benchmarked performance in 2020/21 and an update of performance and activity during the more recent period, April to November 2021.
36. Adult Social Care performance in 2020/21 was impacted by Covid-19 and as such a much smaller ASCOF was used for benchmarking. From this can be seen the effect of the pandemic with a reduction in permanent care admissions – local intelligence points towards this being across the first six months of the pandemic. Furthermore, the complexity of people's needs during the year was such that overall, there were

fewer positive outcomes following a reablement service. This was similar both nationally and locally.

37. Other salient points from ASCOF 2020/21 include a national decrease in the proportion of service users in receipt of a direct payment, more notable in Leicestershire, although performance remains in the top quartile. In contrast, there was improved performance across the country - and within the county - regarding people aged 18-64 with a learning disability living in settled accommodation.
38. Libraries performance remains relatively low for certain aspects of service when compared to nearest neighbour authorities. However, the broader shift to e-loans and developed investment in children and family related book stock have been reflected in higher rankings. It should be noted that current CIPFA methodology has been in place for some time, and although its guidance has attempted to reflect changes to the library landscape over the last five years, it does present some complications in recording. For example, visits do not include those to community managed libraries and issues do not include e-loans.
39. Monitoring and analysis continues on a regular basis, with a strong focus on supporting the Adults and Communities Department to meet the current challenges of unprecedented adult social care demand, particularly in the areas of home care and residential placements. In addition, the more customary performance measures such as those included in ASCOF will continue to be reported.

### **Background papers**

- [NHS Digital – Measures from the Adult Social Care Outcomes Framework. England, 2020/21](#)
- [Care Quality Commission – The State of Health Care and Adult Social Care in England 2020/21](#)
- [CIPFA – Public Library Statistics](#)
- [Report to Adults and Communities Overview and Scrutiny Committee: 1 November 2021 – Current Demands Pressures on the Adults and Communities Department Forecast Budget 2020/21](#)
- [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](#)
- Reports to Adults and Communities Overview and Scrutiny Committee: 6 November 2018, 10 June, 11 November 2019 and 2 November 2020 – Adult Social Care Target Operating Model  
<https://bit.ly/3r4ccCx>  
<https://bit.ly/2MpuzhW>  
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5690&Ver=4>  
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6171&Ver=4>
- Report to the Cabinet: 20 November 2020 – Adult Social Care Target Operating Model  
<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5999&Ver=4>

## **Circulation under the Local Issues Alert Procedure**

40. None.

## **Equality and Human Rights Implications**

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

## **Other Relevant Impact Assessments**

### **Partnership Working and Associated Issues**

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

## **Appendices**

- Appendix A - Adults and Communities Department Performance Dashboard for April to November 2021 and National Comparison 2020/21
- Appendix B – Adult Social Care Strategic Approach
- Appendix C – Red/ Amber/Green (RAG) Rating - Explanation of Thresholds

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# Adults and Communities Performance 2021/22

## April – November 2021

### PREVENT NEED

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020/21 Quartile
<b>Local</b>	% of sequels that 'Prevent Need'	Target Band Width	<b>G</b>	55-60%	57.4%	54.7%	N/A
<b>ASCOF 3D pt 1</b>	% 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	N/A
<b>ASCOF 3D pt 2</b>	% 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	N/A

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
<b>Local</b>	Heritage visits (inc. website visits)	H	<b>G</b>	163.8k (Apr-Nov)	182.0k (Apr-Nov)	84.6k (Apr-Nov)	N/A
<b>Local</b>	Hours of Volunteering (Heritage and libraries)	H	<b>G</b>	5.3k (Apr-Nov)	6.7k (Apr-Nov)	1.7k (Apr-Nov)	N/A

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
Local	Library visits (inc. website visits)	H	G	266.7k (Apr-Nov)	354.4k (Apr-Nov)	160.9k (Apr-Nov)	N/A
Local	Total library loans	H	G	1,252k (Apr-Nov)	1,322k (Apr-Nov)	739k (Apr-Nov)	N/A
Local	Junior loans	H	G	340.9k (Apr-Nov)	441.1k (Apr-Nov)	136.4k (Apr-Nov)	N/A
Local	E-loans	H	G	543.3k (Apr-Nov)	571.7k (Apr-Nov)	520.7k (Apr-Nov)	N/A
Local	Total community library issues	N/A	N/A	For Information Only	163.4k (Apr-Nov)	44.9k (Apr-Nov)	N/A
Local	Community library children's issues.	N/A	N/A	For Information Only	97.3k (Apr-Nov)	21.1k (Apr-Nov)	N/A

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
Local	LALS Success Rate	H	G	86%	86.0%	86.0%	N/A

## REDUCE NEED

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020/21 Quartile
<b>Local</b>	% of sequels that 'Reduce Need'	Target Band Width	G	18-23%	19.4%	20.3%	N/A
<b>ASCOF 1I pt 1</b>	% 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	N/A
<b>ASCOF 1I pt 2</b>	% 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	N/A
<b>ASCOF 1E</b>	% of people with LD in employment	H	R	10.5%	9.4%	10.5%	Top

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Affordable and Quality Homes</b>
<b>Supporting Outcome</b>	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	2020/21 Quartile
<b>ASCOF 1G</b>	% of people with LD in settled accommodation	H	A	86%	84.1%	84.3%	Second

# 60 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	2020/21 Quartile
Local	% of sequels that 'Delay Need'	Target Band Width	G	9-14%	10.8%	11.2%	N/A
ASCOF 2D	% of people who had no need for ongoing services following reablement	H	G	85%	89.5%	81.1%	Second
ASCOF 2B pt 1 <i>*BCF*</i>	Living at home 91 days after hospital discharge and reablement	H	G	85%	91.8%	84.7%	Second
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	A	<4.1 (17 Adm's)	5.4 (23 admissions)	3.8 (17 admissions)	Top
ASCOF 2A pt 2 <i>*BCF*</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	L	A	<538 (780 Adm's)	559.4 (820 admissions)	528.7 (780 admissions)	Top

# 61 MEET NEED

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Wellbeing and Opportunity</b>
<b>Supporting Outcome</b>	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	2020/21 Quartile
<b>Local</b>	% of sequels that 'Meet need'	Target Band Width	G	7-12%	12.4%	13.8%	N/A
<b>ASCOF 1C pt 1a</b>	Adults aged 18+ receiving self-directed support	H	A	98%	96.4%	95.2%	Third
<b>ASCOF 1C pt 2a</b>	Adult aged 18+ receiving direct payments	H	G	42%	41.6%	42.0%	Top
<b>ASCOF 1C pt 1b</b>	Carers receiving self-directed support	H	G	99%	99.9%	99.9%	Third
<b>ASCOF 1C pt 2b</b>	Carers receiving direct payments	H	G	98%	99.4%	98.9%	Third

<b>Leicestershire County Council's Strategic Plan 2018-22</b>	<b>Keeping People Safe</b>
<b>Supporting Outcome</b>	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	2020/21 Quartile
Local	Of safeguarding enquiries where an outcome was expressed, the percentage partially or fully achieved	H	G	93.0%	93.4%	93.2%	N/A
ASCOF 4B	% of service users who say that services have made them feel safe	H	N/A	90.0%	Due June 2022	No Survey in 2020/21 due to Covid-19 pandemic	N/A
Local	% of service users who received their annual review	H	A	70%	68.0%	63.0%	N/A

### Key to Columns

<b>Measure</b>	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
<b>Aim</b>	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**

<b>RED</b>	<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"> <li>• Performance is currently not meeting the target or set to miss the target by a significant amount.</li> <li>• 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.</li> <li>• The issue requires further attention or action</li> </ul>
<b>AMBER</b>	<p>Light touch monitoring required. This would normally be triggered by any combination of the following:</p> <ul style="list-style-type: none"> <li>• Performance is currently not meeting the target or set to miss the target by a narrow margin.</li> <li>• 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.</li> <li>• May flag associated issues, risks and actions to be addressed to ensure performance progresses.</li> </ul>
<b>GREEN</b>	<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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