	Leicestershire County Council

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

Date/Time: **Monday, 6 June 2022 at 2.00 pm**

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

Contact: **Mrs L. Walton (0116 305 2583)**

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Membership

Mrs. L. Broadley CC   Mr. L. Hadji-Nikolaou CC
Mr. B. Champion CC   Mr. J. Miah CC
Mr. N. Chapman CC   Mr. T. J. Richardson 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.   Appointment of Chairman.

2.   Election of Deputy Chairman.

3.   Minutes of the meeting held on 7 March 2022.   (Pages 5 - 12)

4.   Question Time.

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

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

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

The next meeting of the Committee is scheduled to take place on 5 September 2022 at 2.00pm.

17. 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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Agenda Item 3

Leicestershire
County Council

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 7 March 2022.

PRESENT

Mr. N. Chapman CC (in the Chair)

Mrs. L. Broadley CC   Mr. J. Miah CC
Mr. B. Champion CC

In attendance

Mrs. C. M. Radford CC – Cabinet Lead Member for Adults and Communities

53. Minutes.

The minutes of the meeting held on 24 January 2022 were taken as read, confirmed and signed.

54. Question Time.

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

55. 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).

56. Urgent Items.

There were no urgent items for consideration.

57. 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.

No declarations were made.

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

There were no declarations of the party whip.

59.   Presentation of Petitions under Standing Order 35.

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

60.   Care Technology Transformation.

The Committee considered a presentation from the Director of Adults and Communities which provided an update on the work being undertaken by the Department alongside Hampshire County Council and its strategic partner, PA Consulting Group, to transform Leicestershire County Council's care technology services. A copy of the slides marked 'Agenda Item 8', is filed with these minutes.

The Chairman welcomed Mr Luke Muir from PA Consulting Group and Mr Mark Allen from Hampshire County Council (HCC) to the meeting to co-present this item with the Director.

Arising from questions asked of Mr Muir and Mr Allen regarding their work and experience, the following points were made:

(i)   Members commented that the feedback HCC had received from care technology users had been exceptionally good so far. It was questioned what action would be taken in the event a person expressed dissatisfaction with the service. Mr Allen confirmed that HCC would follow up directly with such service users and work to fully resolve the issue so long as it did not relate to factors outside of the Council's remit. For example, issues with a service user's telephony system.

(ii)   Mr Allen further confirmed that the process of lessons being learned was continual and the service at HCC worked flexibly in order to adapt to individual need. Gaining the views of service users and staff was a key part of the process in order to make any adjustments needed, or to identify any areas where staff knowledge could be enhanced. Members noted that a staff member from HCC had been seconded to PA Consulting Group to enable practices to be shared.

In response to questions regarding the County Council's planned approach, the following points were made:

(iii)   Members raised concerns that some people might be resistant to having digital care technology installed in their homes. Whilst it was acknowledged that there would always be such cases, Members were assured that the main focus of the service would not be on technology but meeting individual needs. It was confirmed that a personalised, solutions focussed approach would be adopted to help ensure a person's needs were properly understood and the environment they lived in assessed to determine the right way forward with that individual. Members confirmed their support for this approach.

(iv)   Members noted that a key aim of using technology would be to complement existing services and to provide a support mechanism to enhance independence. Having conversations and establishing trust with individuals would be essential to convey the potential benefits that care technology could provide.

(v)   Members noted that once the initial re-modelled pathway for Leicestershire County Council's care technology services was underway, the initial focus would be on

providing services for elderly and frail people. However, there would be potential to develop the service further later on and to broaden the impact by adding pathways focussed on other cohorts such as for people with early stage dementia.

RESOLVED:

(a) That the presentation regarding the transformation of care technology services for Leicestershire be noted;

(b) That Mr Luke Muir from PA Consulting Group and Mr Mark Allen from Hampshire County Council be thanked for attending the meeting and answering the Committee's questions.

61. Leicester, Leicestershire and Rutland Care Record.

The Committee considered a presentation of the Director of Adults and Communities which provided an update on the progress with the development of the Leicester, Leicestershire and Rutland (LLR) Care Record. A copy of the slides marked 'Agenda Item 9', is filed with these minutes.

The Chairman welcomed Laura Godstchalk, LLR Care Record Programme Manager at NHS Leicestershire Health Informatics Service to the meeting to co-present this item with the Director.

In response to questions raised, Ms Godstchalk, confirmed the following:

(i) As the LLR Care Record was a platform being formed using the current clinical systems from each organisation involved, the responsibility for ensuring the records stored were correct and not out of date would continue to fall with the clinical staff treating the person.

(ii) Although it would not be possible for a person to withdraw particular parts of their Record to stop them being viewed, an option for people to 'opt out' of being registered on the LLR Care Record was being developed. Assurance was provided that clinicians would not usually write verbatim notes on a person's medical record so the information stored would be succinct and if an individual had a particular objection to certain information being shared, they would be able to raise this directly with the relevant local organisation. Members were pleased to note that safeguards would be in place to ensure that only the Health and Social Care Professionals directly involved in a person's care would be able to view an individual's Record.

(iii) There were already certain categories that were legally restricted where data sharing was concerned, and these were therefore classed as information of a highly sensitive nature which would not routinely be shared via the LLR Care Record. These included a person's gender reassignment and HIV/AIDS status. Officers undertook to share the full list of categories with Committee members outside of the meeting for information.

RESOLVED:

(a) That the presentation regarding the work to create a shared care record for Leicester, Leicestershire and Rutland be noted;

(b) That Ms Godstchalk be thanked for attending the meeting and answering the Committees questions;

(c) That further information to confirm the categories classed as highly sensitive in nature that would not be shared routinely via the Leicester, Leicestershire and Rutland Care Record be provided to Committee members outside of the meeting.

62. Charging for Social Care and Support Policy.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to brief the Committee on a number of proposed changes to the Council's Charging for Social Care and Support Policy to be introduced from 11 April 2022 and invite comment on the revised Policy prior to approval for implementation being sought from the Cabinet at its meeting on 29 March 2022. A copy of the report marked 'Agenda Item 10', is filed with these minutes.

Arising from discussion, the following points were made:

(i) The Director reported that a circular issued to all local authorities after the Committee report had been published confirmed the Government's intention to raise the statutory minimum amounts for the Minimum Income Guarantee (MIG) and Personal Expenses Allowances (PEA) for 2022-23 by 3.01%. This meant that the PEA amount would rise from £24.90 to £25.65. The calculation of the MIG depended on a range of factors (such as age and disability) so it was not possible to provide an exact amount in the same way.

(ii) A member raised concern that people planning for their future with good intentions could be negatively affected by the rules around deprivation of capital and clarification on the assessment process was sought. The Director confirmed that these rules would only apply if, at the time a person gave away an asset, they had a reasonable expectation of the need for care or support and the need to contribute towards the cost of that care or support.

(iii) Members noted that there was no time limit (like with inheritance tax) which would make the giving away of an asset such as property, exempt from being considered as part of an application for care or support services. Regarding advice available for those looking to make decisions about their future, Members were advised to signpost people to the Department which could provide guidance based on an individual's circumstances. Members noted that a care funding booklet was also available setting out each provision. It was emphasised that such advice could only be given based on a person's circumstances at the time the enquiry was made. Members also noted that if a number of asset-related actions had been taken over a period of time (for example, if a person had given away £10K four times in one year), the circumstances around each would be individually considered as part of the assessment process.

(iv) Predominantly there were two kinds of financial assessments used to determine how much a person would be charged for their care. These were based on

whether the care/support would be provided in the person's own home/community or in a residential setting. The outcome of the financial assessment largely depended on the type of care to be provided. Once this had been confirmed through a care assessment the financial assessment would then be completed. The process for those requiring care in a residential setting would usually be more complex, for example taking account of whether the placement would be temporary or permanent and whether they were a property owner.

(v)   Members were assured that the complexities of the process did not mean that care would be delayed; responding to people's care needs would always be the priority. Unless the person had made a choice to wait, a care package could begin, and charges could be back dated once the outcome of the financial assessment had been confirmed. This may happen if, for example, a person needed additional time to collect information to inform their assessment.

(vi)   Regarding the information available to the public about charges for care, the Director confirmed that there was an online financial assessment tool on the Council's website which offered a provisional result based on the information provided by the person completing the form. The Department would then evaluate the details of those identified as being eligible for care and support services and a notification letter would be issued. Members noted that the Department was currently considering ways to improve the tool for use and publication more widely.

RESOLVED:

(a)   That the report and revised Charging for Social Care and Support Policy set out at Appendix A be noted.

(b)   That the comments now made be forwarded to the Cabinet for consideration at its meeting on 29 March 2022.

63.   Leicestershire Adult Learning Services.

The Committee considered a report of the Director of Adults and Communities which provided an overview of the Leicestershire Adult Learning Services' (LALS) performance for 2020/21 from the context of an annual self-assessment and potential OFSTED inspection. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

At this point of the meeting, Mrs. L. Broadley CC declared a non-registerable interest in this item as her daughter worked for the County Council supporting the running of adult learning classes at Wigston Library.

Members noted that for a Service to receive an overall grade of "Outstanding" by OFSTED, each part of the assessment criteria (particularly achievement rates) needed to achieve a high standard of at least 10% above the national average.

Regarding the LALS' overall position and how close it had been to moving from "Good" to "Outstanding", the Director confirmed that this was a mixed picture but that a number of the programmes within the LALS were already performing at the "Outstanding" level. For example, the Apprenticeship Programme's achievement rates were currently above the national average. Whereas some of the lengthier programmes had been more affected by the Covid-19 pandemic. The Skills for Life English and Maths provision was one such example where achievement rates had dropped during the period. Members were

pleased to note that this would therefore be an area where greater focus would be given over the next year. Members highlighted that English and Maths courses including the ESOL (English for Speakers of Other Languages) were vital to help people improve their life chances and also to help non-English speakers communicate with their families.

RESOLVED:

That the Leicestershire Adult Learning Service's performance for 2020/21 be noted.

64. Use of Resources in Adult Social Care.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to share the Local Government Association's (LGA) 2020/21 report on Use of Resources in Adult Social Care and to seek the Committee's views on the Use of Resources in Leicestershire. A copy of the report marked 'Agenda Item 12', is filed with these minutes.

Arising from discussion the following points were made:

(i) Members noted that Leicestershire was in the top decile of authorities for provision of Direct Payments which was positive. However, a survey the Department had conducted earlier in 2021/22 had highlighted a need to simplify the processes for setting up and receiving Direct Payments which the Department would be working to achieve. In response to a question raised, the Director explained that Direct Payments were a highly audited area, and that the processes relating to them were complex. Therefore, making these processes less intensive was expected to be beneficial both to service users and to the Council. This might also encourage more people to apply or at least stabilise current application levels.

(ii) Regarding the average hourly rates for home care, the Director clarified that the reason why a number of the rates for Leicestershire were much higher than the external rates, was because the Council's reporting method for this area differed from other local authorities in that it not only took into account care workers, but also a range of other factors such as occupational therapy services, crisis response services and overhead management costs. The Director acknowledged that this was an area the Department needed to look into for future years to ensure the best comparisons could be made.

(iii) A member raised concern that not enough money was being spent on care for older adults in Leicestershire. It was commented that whilst care services in Leicestershire were excellent it was concerning that spend was significantly less than neighbouring authorities for this cohort which suggested that local residents were not being provided with the full level of services they perhaps should be. It was felt that this was the result of years of austerity and lack of fair funding for Leicestershire. In response to a question raised, the Director confirmed that the proportion of the Council's total budget spent on Adult Social Care was consistent with other Shires/two-tier local authorities.

RESOLVED:

That the report regarding the Use of Resources in Adult Social Care in 2020/21 be noted.

65.   <u>Date of next meeting.</u>

It was noted that the next meeting of the Committee would be held on 6 June 2022 at 2.00pm.

2.00 – 3.47pm   CHAIRMAN
7 March 2022

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Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 JUNE 2022

CONSULTATION ON DRAFT LEICESTER, LEICESTERSHIRE AND RUTLAND CARERS STRATEGY 2022-2025

JOINT REPORT OF THE DIRECTORS OF ADULTS AND COMMUNITIES, CHILDREN AND FAMILY SERVICES AND PUBLIC HEALTH

Purpose of the Report

1. The purpose of this report is to advise the Committee on the outcomes of an engagement exercise and invite comments on the draft joint Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025, as part of the formal consultation process (subject to Cabinet approval on 27 May 2022).

2. The report also outlines the procurement of Carer Support Services.

3. The LLR Carers Strategy 2022-2025, attached as Appendix A, is a joint Strategy which is being developed by Leicester City Council, Leicestershire County Council and Rutland Council and the Clinical Commissioning Groups (CCGs) across the LLR area.

4. The document is a refreshed version of the LLR Joint Carers Strategy 2018–2021 Recognising, Valuing and Supporting Carers. The aim of the refresh is to make the Strategy clearer and more accessible.

Policy Framework and Previous Decisions

5. The relevant policy framework includes:

   - The Care Act 2014
   - The Children and Families Act 2014
   - The White Paper - People at the Heart of Care: adult social care reform - December 2021.
   - Adults and Communities Department Ambitions and Strategy for 2020 – 2024
   - Leicestershire Joint Health and Wellbeing Strategy 2022-2032
   - SEND and Inclusion strategy 2020-2023
   - Leicestershire County Council Provisional Medium Term Financial Strategy (MTFS) 2021.
   - Leicestershire County Council Strategic Plan 2022-2026.

6.   The LLR Joint Carers Strategy 2018–2021 "Recognising, Valuing and Supporting Carers" set out eight key strategic priorities relating to unpaid carers of all ages, and was written as a joint Strategy by Leicester City, Leicestershire County and Rutland Councils and CCGs across the LLR area.

7.   An engagement exercise undertaken during the summer of 2021 demonstrated that Leicestershire Carers continue to identify with the priorities contained in the 2018-2021 Strategy.

8.   On 27 May 2022, the Cabinet will be asked to approve a formal six-week joint consultation, alongside the partner Councils and CCGs on the priorities and actions identified for supporting unpaid carers, to commence week beginning 6 June 2022, during National Carers Week.

Background

9.   The LLR Joint Carers Strategy 2018–2021 "Recognising, Valuing and Supporting Carers", sets out eight key strategic priorities relating to unpaid carers of all ages. The priorities were built upon the feedback of carers across the LLR area and are set out in the diagram below:

10.   Each partner organisation was responsible for their individual supporting delivery/action plans for delivery of the Strategy priorities (Appendix B) to this report sets out the most recent review of Leicestershire's plan). This plan has been used to drive improvements across the organisation including:

- Training sessions for staff working with carers
- Online carers assessment application system
- Dedicated carers team within the Customer Service Centre.

11. There have also been a number of collective achievements from the 2018-2021 Strategy including:

- Launch of the Carers Passport across the LLR area
- Quality markers introduced in GP surgeries
- Staff training around carer awareness, across a range of organisations
- Information for carers reviewed and updated this includes web pages and information booklets.
- Increase in the numbers of people on carers registers
- An LLR carers group working with Sortfied Community Interest Company (a social enterprise and consultancy) promoting carers engagement.

12. There remain ongoing challenges which will be addressed by the Strategy refresh, notably:

- Continuing to raise awareness of the issues faced by carers and promoting early identification of carers.
- Ensuring information is updated regularly.
- Involving carers at a strategic level in service planning and design.

13. The Government White Paper, "People at the Heart of Care: adult social care reform", published in December 2021, builds on the national Carers Action plan 2018-2020 and is centred around three core strands:

   a. **Working with the sector to kick-start a change in the services provided to support unpaid carers.**

   i. The Department of Health and Social Care has pledged to work with the sector (including local authorities) to further explore:
      - the different models of respite
      - how respite services are accessed by carers
      - any barriers to accessing these services that carers might experience.

   b. **Identifying, recognising and involving unpaid carers.**

   i. Increase the voluntary use of unpaid carer markers in NHS electronic health records, including introduction of a marker indicating the presence of a contingency plan.
   ii. Creation of Integrated Care Boards (ICBs) to involve carers when exercising their commissioning functions, ensuring impact on carers is considered.
   iii. A new assurance framework for local authorities which will include assessing how local authorities are meeting the needs of unpaid carers.

   c. **Supporting the economic and social participation of unpaid carers.**

    i. Tackling loneliness and improve the health and wellbeing of unpaid carers.

    ii. Plans to provide more choice and control to unpaid carers to help them to access and stay in work whatever their personal circumstances, including flexible working and the introduction of carer's leave.

    iii. Young Carers - adult and children's services need to work together and take a 'whole family' approach to the identification and support of young carers. Local authorities must now offer young carers assessments and consider young carers' needs when assessing support for adults.

Engagement with Carers in Leicestershire

14. It was originally intended to begin the refresh of the Strategy in the summer of 2020 but this was delayed due to the Covid-19 pandemic.

15. In the summer of 2021 work on the refresh began, through engagement with carers in Leicestershire and voluntary sector partners regarding the current Carers Strategy and their caring situations. This included an online survey, which received 62 responses, and group sessions where officers met with carers. Additional feedback was provided by the voluntary sector partners on behalf of some carers who had been unable to attend the meetings.

16. The progress of the County Council's current implementation plan was shared with carers. This detailed achievements to date and ongoing developments. The implementation plan has been used alongside the carer feedback to prepare the Strategy refresh and the subsequent supporting action plan for 2022-2025 (attached as Appendix C).

Feedback from the Engagement

17. An overview of Leicestershire's engagement findings and next steps can be found in the engagement summary report attached as Appendix D.

18. County Council officers met with partner organisation leads across the LLR area to consider the outcome from the engagement. It was indicated that similar feedback themes had been received and the priorities should remain broadly the same as the existing Strategy, with some amendments to current priorities suggested.

19. The top priorities in the Strategy for carers were found to be:

- Priority 7 - Carers can access the right support at the right time – Services and Systems that work for carers.
- Priority 5 - Carers have a life alongside caring - Health, employment and financial wellbeing.

20. Carers do not identify particularly well with Priority 6, concerning carers and the impact of Technology Products and the living space. They felt issues around living spaces were not generic enough to be a main priority to a small number of carers. However, with the wealth of technology available, all organisations are keen to see this priority continue to be represented and have therefore suggested an alternative

priority titled "Care with Confidence – Technology and skills supporting you to care effectively".

21. Feedback from Leicestershire young carers is not included in the engagement summary document, as it was received following production of the document. The young carers requested removal of Priority 8, Supporting Young Carers, as they would like to be recognised and included in all the other priorities, albeit as a recognised group with particular needs. However, young carers in other areas within LLR wished to retain a specific priority. It is therefore proposed to keep Priority 8 as currently drafted as well as including young carers in the other priority areas. It is hoped that by ensuring young carers get the visible representation within priorities numbers 1 to 7 they are able to see the recognition they are receiving as part of an inclusive group.

22. A key element from the feedback was that the existing Strategy document is overly and unnecessarily long. It is intended that the refresh will result in a document that is simpler and easier to read whilst still clearly relating back to the original Strategy.

Re-procurement of Carers Support Service

23. The current Carers Support Service contract "Support for Carers" is provided by Voluntary Action South Leicestershire (VASL). An extension of this contract was approved in June 2021 utilising the plus one of the contract to extend until 31 October 2022.

24. The Service currently provides the following:

   a) A telephone advice line open Monday-Thursday 9 am-5pm and Friday 9am-4.30pm.
   b) Carers Support Groups – Face to face meetings have been reinstated in localities, however, the service continues to offer a well-attended Zoom group allowing participation from across the County.
   c) Carers Passport Scheme
   d) Links to GP surgeries
   e) Telephone Befriending Service
   f) Care for Carers – help to look after their own health and wellbeing
   g) Social Media pages
   h) Information for professionals – refer a carer for help.

25. The Support for Carers Manager is a member of the local partnership delivery group which meets regularly and is actively involved in the ongoing work to deliver the aims of the Strategy, such as GP quality markers (measures devised by NHS England used by GPs to demonstrate how effective they are in recognising and supporting carers), young carers project work, and led on the launch of the LLR Carers Passport Scheme in November 2020.

26. A strategic review of the current service has been completed, comprising analysis of performance and service manager meetings, and carer and stakeholder feedback collected via a short online survey.

27. The outcome of this indicates:

- The current service is performing well and referrals are consistent
- The service provider adapted very well to ensure continued delivery of service during the Covid-19 pandemic.
- The service provider has been a key driver in the launch of the Carers Passport Scheme across the County and working in partnership to aid launch across LLR.
- An increase in the number of people in contact with the service including:
  o rise in number of working age carers
  o rise in number of male carers
- Black and Minority Ethnic carer numbers were impacted during the pandemic, but these are now on the rise again.

28. A procurement process is needed to secure a new contract to commence on 1 November 2022. It is proposed to publish the tender documents on 13 June 2022 to facilitate an award of contract in August with a contract start date of 1 November 2022. Feedback from the informal engagement on the Carers Strategy indicates the Strategy priorities are still very relevant to carers. This has informed the specification for procurement including requirements to:

- Identify and meet carers needs and outcomes with a focus on strengths and not on their deficits.
- Promote and improve carers quality of life and inclusion in society and community life.
- Assist carers to stay healthy and live well themselves.
- Support carers to identify and access opportunities for employment, leisure and volunteering as appropriate.
- Support working carers through signposting to agencies that can support employer good practices assisting in improving the lives of working carers.
- Support the development of carer friendly communities.
- Engage and support carers to plan for the future.

Consultation and Next Steps

29. Each partner to the Strategy is engaging in its review through their respective organisations.

30. A formal consultation exercise will assure the partnership that the draft refreshed Strategy fairly reflects priorities from a carer's perspective and will support the development of a more detailed implementation plan for Leicestershire.

31. It is intended that the consultation will be undertaken for six weeks beginning on 6 June 2022 and closing on 17 July 2022. The plans for Leicestershire are set out in the table overleaf and the draft consultation documents are attached as Appendix E.

Date	Activity
6 June 2022 – National Carers Week	Launch formal consultation for six weeks, which will include a face to face consultation event.
6 June 2022	Meeting of the Adults and

	Communities Overview and Scrutiny Committee (the Chairman and Spokespersons of the Children and Families Overview and Scrutiny Committee and the Health Overview and Scrutiny Committee to be invited to attend for this item).
17 July 2022	Consultation closes.

32. The consultation will seek the views of the general public, carers, service users, organisations that work with carers, and Council staff through an online questionnaire and via targeted group consultation with carers, particularly those who are currently accessing support from the Council.

33. The consultation will determine the final version of the refreshed Carers' Strategy for the coming three years, establish future implementation plans across the partnership, and set out specific actions for the County Council to address in Leicestershire.

34. The consultation findings will also further inform the County Council's approach to future support for adult and child carers, and guide future commissioning decisions.

35. The consultation outcomes, the final refreshed Strategy and an action plan for Leicestershire will be submitted to the Adults and Communities Overview and Scrutiny Committee and the Cabinet in the autumn ahead of Carers Rights Day on 25 November 2022, when it is intended to launch the Carers Strategy refresh.

Resource Implications

36. Within the Adults and Communities Department funding for specific adult carers services includes voluntary sector support, access to one-off and regular personal budgets and respite provision. The total spend for 2020/21 was £2.53m, consisting of £171,000 used to fund the carers support service across Leicestershire and £2.36 million spent through carers direct payments post carers assessment, although it must be highlighted that some carers support may also be delivered within the personal budget of the cared for person, therefore this does not represent carer support costs in its totality.

37. The proposed contract value for the Carers Support Service is £684,000 (across a four year period) giving the successful provider a level of security to deliver services and attract inward investment into the County to support carers. This is the same yearly total spend as the current contract.

38. The Children and Family Service has an in-house service supporting young carers across Leicestershire.

39. There are no specific resource implications relating to the proposed consultation on the Strategy. Any additional resource implications arising from the outcome of the consultation and the resulting implementation plan will be reported to this Committee and the Cabinet in the autumn.

40. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

41. Partner organisations are progressing through their respective governance processes to ensure alignment with the planned consultation launch date.

42. A further report will be submitted to this Committee and the Cabinet in the autumn presenting the outcome of the consultation, the refreshed LLR Carers Strategy and supporting action plan for consideration and approval by the Cabinet.

Conclusions

34. The Committee is invited to comment on the draft refreshed LLR Carers Strategy 2022-2025 and action plan.

Background Papers

Report to the Cabinet: 16 October 2018 – LLR Carers Strategy 2018-2021
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5184&Ver=4

Leicestershire County Council Strategic Plan 2018-22
https://bit.ly/3Pe6nh5

Delivering Wellbeing and Opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24
https://bit.ly/3swoTaI

People at the Heart of Care: Adult Social Care Reform White Paper
https://bit.ly/3w7FfsE

Leicestershire Joint Health and Wellbeing Strategy 2022-2032
https://bit.ly/3L8nbTe

SEND and Inclusion Strategy 2020-2023
https://bit.ly/3N8CJIi

Leicestershire County Council Provisional Medium Term Financial Strategy (MTFS) 2021
https://bit.ly/39Pzw1L

Report to the Cabinet: 27 May 2022 – Draft joint Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=6744&Ver=4

Circulation under the Local Issues Alert Procedure

43. None.

Equality and Human Rights Implications

44.   A comprehensive Equalities and Human Rights Impact screening assessment has been conducted and approved by the Adults and Communities Departmental Equalities Group. The Strategy was noted to have a positive impact on carers and all of the protected characteristics.

Appendices

Appendix A   Draft LLR Carers Strategy 2022-2025
Appendix B   Current Progress - Strategy Review 2021
Appendix C   Draft Action Plan Leicestershire
Appendix D   Review of Carers Strategy Engagement 2021
Appendix E   Draft Consultation documents

Officers to Contact

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JOINT CARERS STRATEGY REFRESH 2022-2025
Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland

Contents

1. Foreword

The COVID-19 pandemic has been a challenging time for everyone. While many people have played an important role enabling others to cope with those challenges, it is especially important to recognise all those people who look after someone who couldn't manage without their support. Carers play an essential role in our communities, often without recognition of the commitments they make and the substantial impact that their selfless commitment to others can have on their own wellbeing. We would like to express our thanks to carers across Leicester, Leicestershire & Rutland and publicly recognise the outstanding contribution they make to our communities.

We have heard carers tell us how they can feel isolated, that they may experience higher levels of strain on their own physical health and wellbeing, and that they often feel worried about what the future holds since the pandemic. We have been mindful of this when setting the priorities detailed in the refreshed strategy. Central to this is that carers have told us that they want to have opportunities to live their own life alongside their caring role. We have listened to what they have said to us. We want to ensure that carers across Leicester, Leicestershire & Rutland have access to services that support their physical and mental health and promote their wellbeing. One important element of this is identifying carers early and ensuring that the right support is accessible in the right places and at the right time for all carers.

We recognise that in order to achieve this vision and the best possible outcomes for carers, NHS and local authority partners need to work collaboratively. We therefore publish our strategy jointly as a sign of how we intend to work together. With our minds now set firmly on 'recovery' and living with COVID, this refreshed strategy reflects our ongoing commitment to carers. We look forward to seeing the implementation of the plans within the strategy over the next five years and being part of a system that ensures carers are not only recognised but are valued and supported to live healthy and fulfilled lives.

2. Carers Foreword

3. Who is the Strategy for?

'We would describe a carer as anyone who supports and cares, unpaid, for a family member or friend living with a disability, long-term illness, substance misuse or a mental health need, who would not manage without their help.'

One of the biggest challenges in developing a strategy for carers, is that there are many definitions that apply, including within various national policy and legislation documents. Comments provided to us by carers across Leicester, Leicestershire and Rutland have suggested that the following factors are important to acknowledge explicitly:

- That a carer does not always live with the person they care for.
- That a caring role should not be defined by the number of hours they provide care.
- That the carer could be caring for their son, daughter, husband, wife, mother or father, but that this list is not exhaustive, and the relationship between the carer and the person may also extend beyond traditional family roles.
- Sometimes a carer can be caring for more than one person, across differing generations.
- Carers may also receive support from a carer themselves.
- Receipt of a carers allowance does not mean that they are in a paid carer role.
- The carer can be any age; adult carer over the age of 18, parent carer who provides care to a child or an adult, young carers under the age of 18 and young adult carers who are aged between 18 and 25 years.

It is recognised that some people do not relate to the term 'carer' however, for the purpose of this strategy this will be the term used to encapsulate the diverse nature of the caring role.

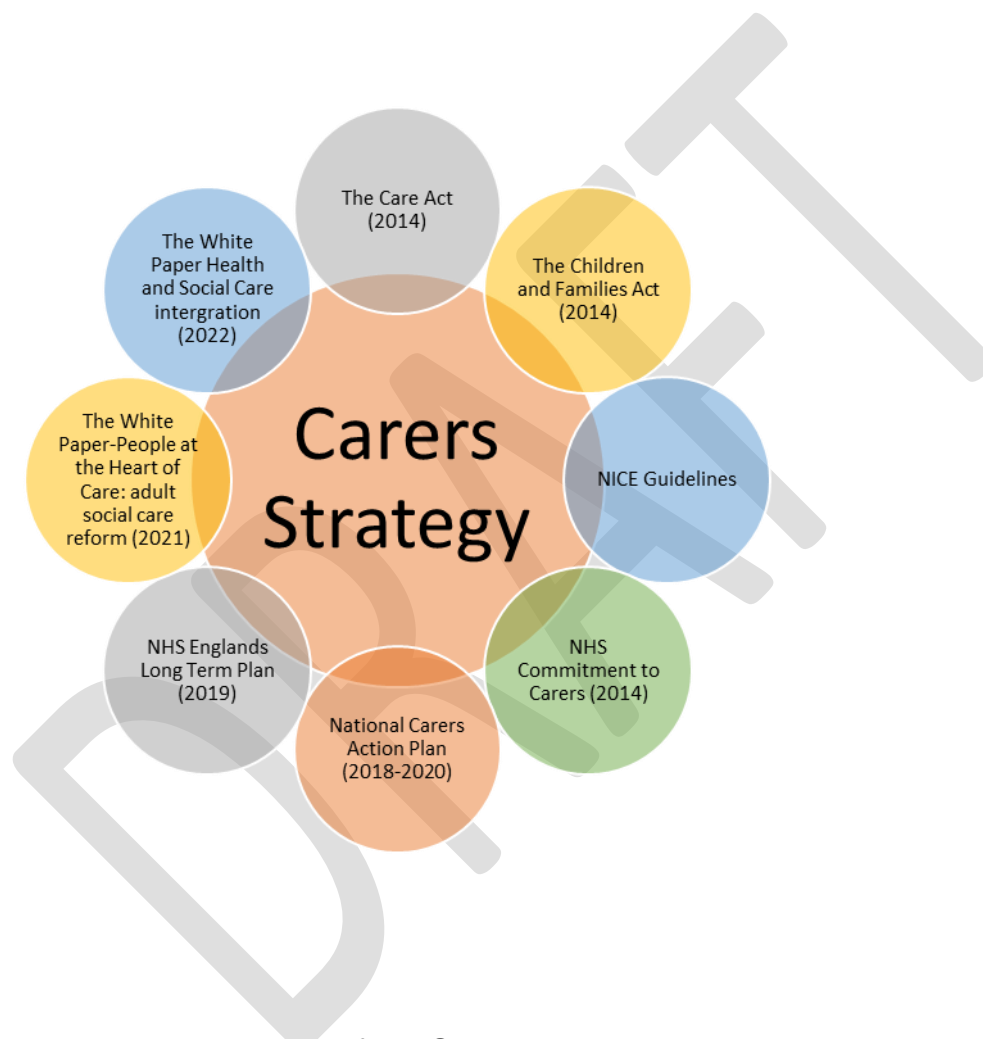## 4. Profile of carers in Leicester, Leicestershire and Rutland

<mark>NEED CENSUS DATA – not due until Summer 2022.</mark>

Census Data to be included

- Carers Gender
- Ethnicity
- Age
- Number of Hours spent Caring

5. National Policy and Legislation

This carers strategy works to support the aims of the Government as highlighted within these national policy and legislative documents.

6. Our local vision for Carers

'Carers, of all ages across Leicester, Leicestershire and Rutland will be identified early, feel valued and respected. They will be offered appropriate support wherever possible to enable them to continue their caring role and maintain their own health and wellbeing'.

This strategy has been refreshed to reflect the accomplishments of the previous strategy such as:

- Launching a Leicester, Leicestershire and Rutland carers passport.
- The incorporation of quality markers in GP surgeries.
- Staff training around carer awareness within a number of health and social care organisations.
- A review of the information and advice available to carers with necessary updates.
- Larger numbers of carers registering with their GPs.
- A new regional carer co-production group.

It builds on existing actions and represents the voice of local carers across Leicester, Leicestershire and Rutland, particularly following the COVID-19 pandemic. It also sits alongside other local plans, such as the Health and Wellbeing Strategies for Leicester, Leicestershire & Rutland 2022-2032 and Social Care Strategies for Adults and Children's Services across Leicester City & Leicestershire and Rutland County Council's. Ongoing challenges such as continuing to raise awareness of carer issues, promoting the early identification of carers, and continuing to keep information up to date remain embedded within the priorities of the refreshed strategy.

The organisations signed up to this strategy have committed to work together to deliver our local vision for carers. These include Leicester City Council, Leicestershire, and Rutland County Councils, (responsible for social care), Leicester, Leicestershire & Rutland Clinical Commissioning Groups who work alongside GP surgeries, Leicestershire Partnership NHS Trust, University Hospitals of Leicester, voluntary and community sector organisations (notably organisations delivering carer support services and speaking on behalf of carers), and Healthwatch Leicestershire. This means the strategy is a guiding document for both health and social care support.

7. The impact of the COVID-19 pandemic

No one could have anticipated that during the life of the 2018-2021 strategy, there would be a pandemic that would have such a monumental impact on carers' lives. As a nation we are moving to recovery and living safely with Covid but for carers there are lasting effects on many areas of their lives: their mental and physical health, employment and finances, their emotional wellbeing, with many taking on a new role as a carer.

Increase in carer numbers

Carers UK estimate that an additional 4.5 million people became carers overnight, in March 2020 which equates to 1 in 4 UK adults providing care to an older, disabled or ill relative or friend at the height of the pandemic. If we apply this across Leicester, Leicestershire and Rutland this suggests there would be around 220,000 adult carers.

> We acknowledge this increase and prioritise carer identification

Loneliness

Carers had already told us they experience feelings of loneliness; and Carers UK research shows that the number of carers feeling isolated doubled from 2020-2021 from 9% to 18%. This was also echoed by carers locally. Those feelings increased because of physical distancing and shielding, the closure of community services, unemployment, and the loss of loved ones which subsequently affected the mental well-being and resilience of the caring community.

Prior to the pandemic, young carers were already an under-identified and under-recognised group. The closure of schools, universities and other educational settings during the pandemic meant that many young carers lost regular forms of contact, increasing the invisibility of young carers.

> We acknowledge and prioritise the need for carers to have a life alongside caring

Providing more care

According to Carers Trust, 58% of young carers are caring for longer since Coronavirus and are spending on average ten hours a week more on their caring responsibilities. Among young adult carers the proportion is even higher at 63.6%. A Carers UK report released in October 2020 states that 81% of carers reported they were providing more care since the start of the outbreak for one or more of the following reasons:

- The needs of the person they care for have increased.
- That local services reduced their offer or closed altogether.
- Someone they rely on for breaks was no longer available.
- They were worried about paid health and social care staff having contact with the person they care for.

As a result of this, 72% of carers have not had any breaks throughout the pandemic.

> We acknowledge the need for carers to have a break from caring and prioritise actions to support this

Financial Impact
Carer's UK State of Caring report 2021, stated that 36% of carers said their financial situation had got worse since the start of the pandemic, largely due to people being at home more, using more energy, being unable to work either due to being furloughed or as a result of the increase in care they were providing. Locally, carers have also highlighted these challenges, and this remains an area of concern as they also tackle the cost of living and fuel crises. Caring households are significantly more likely to have had difficulty paying for at least one type of living expense since the beginning of the pandemic compared to non-caring households.

> We acknowledge and prioritise the need for carers to have appropriate advice around their financial circumstances

Sortified The East Midlands' Unpaid Key Workers: Supporting Unpaid Carers by adapting services and responding to need during the COVID-19 crisis
The East Midlands Association of Directors of Social Services (EM ADASS) recognised the impact of the pandemic on carers and commissioned a community interest company called Sortified to work with local carers to establish a simple list of recommendations for councils, based on their experiences of the pandemic.The subsequent report outlined areas where carers required support both on an immediate and long-term basis. As we are now learning to live with COVID-19 some of the immediate concerns presented in the report are now resolved, however those that remain, have been built into our priorities within this strategy. The full report can be found at: East Midlands Carers — Sortified
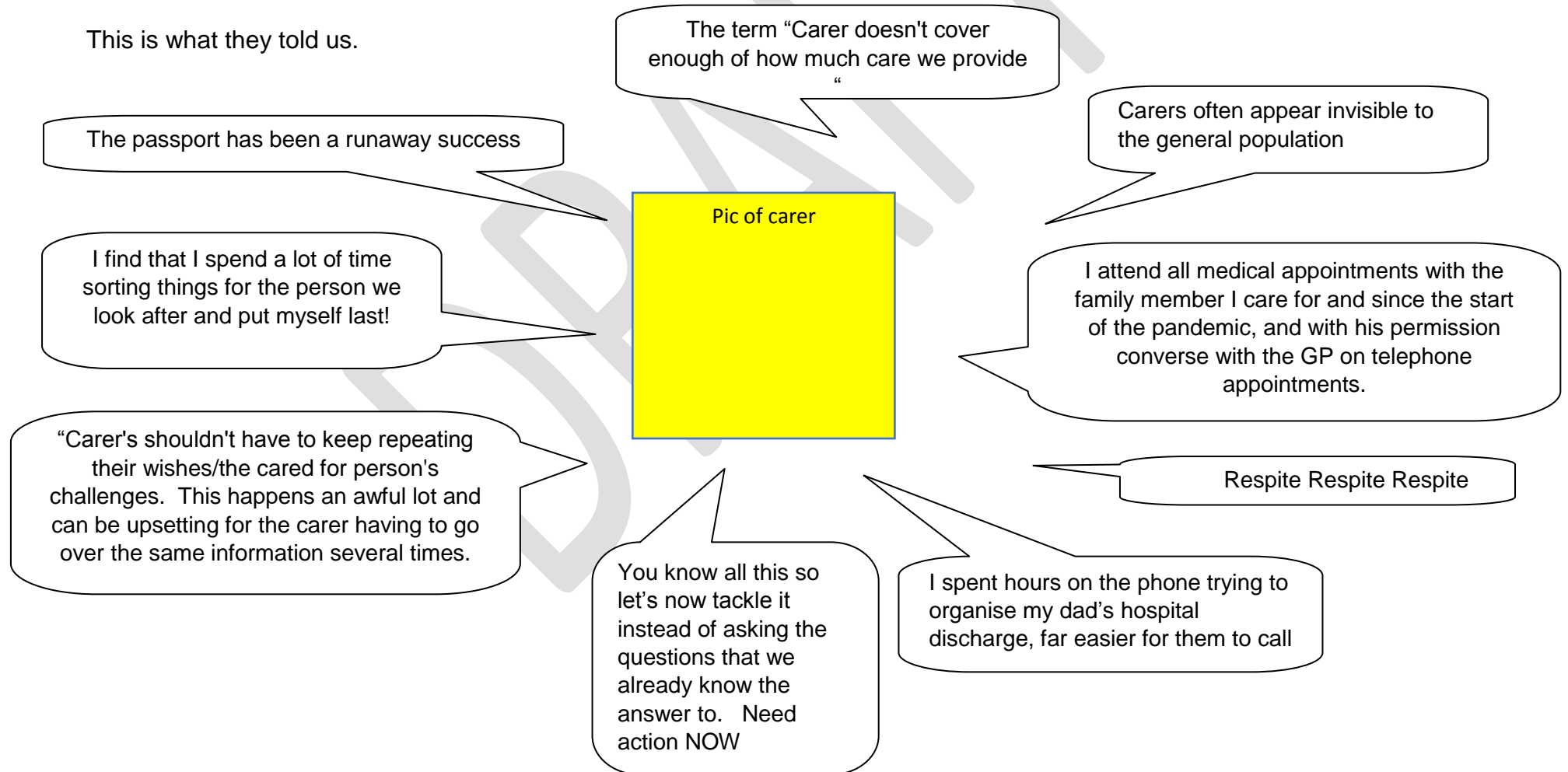
8. What Leicester, Leicestershire and Rutland Carers say –

During the summer of 2021 we tried to speak to as many local carers as we could about the 2018-2021 Carers Strategy and their caring situations.

The carers were from a range of backgrounds including parent carers, carers of different ethnic origins, young carers, older carers and working carers.

This is what they told us.

The term "Carer doesn't cover enough of how much care we provide "

Carers often appear invisible to the general population

The passport has been a runaway success

Pic of carer

I find that I spend a lot of time sorting things for the person we look after and put myself last!

I attend all medical appointments with the family member I care for and since the start of the pandemic, and with his permission converse with the GP on telephone appointments.

"Carer's shouldn't have to keep repeating their wishes/the cared for person's challenges. This happens an awful lot and can be upsetting for the carer having to go over the same information several times.

Respite Respite Respite

You know all this so let's now tackle it instead of asking the questions that we already know the answer to. Need action NOW

I spent hours on the phone trying to organise my dad's hospital discharge, far easier for them to call

9. Guiding Principles

The strategy continues to be underpinned by the guiding principles that reflect both the national and local requirements of carers.

The above principles have been translated into key priorities and actions (as detailed in section 9) and each partner organisation will be expected to build upon them in the development of their individual delivery plans.

Although funding in relation to carers is not directly addressed within this strategy, the financial position faced by both health and social care organisations cannot be ignored. Therefore, the available resources for each organisation will be reflected in the individual plans that will be developed by the partners, which will underpin this strategy and the guiding principles.

10. Key priorities and associated actions

<table>
<tr><td colspan="3">1. Carers are identified early and recognised - Building awareness of caring and its diversity</td></tr>
<tr><td>What the engagement told us</td><td>What will we carry forward</td><td>What are our new actions</td></tr>
<tr>
<td>Identification is still an issue for carers, linked to lack of understanding of what caring is.

Engagement recognised the need for GP surgeries to improve identification of carers.

Lack of recognition was cited as a barrier to being kept informed; this was mentioned as a particular issue in hospital settings.

Carers not receiving Carers Allowance feel they aren't recognised like those who receive it.</td>
<td>Ongoing staff training development to aid awareness and identification.

Ongoing review of information and use of pages to aid carers to identify themselves.

Continued promotion of Digital Resource for Carers & Employers for Carers resources.</td>
<td>Continued promotion and growth of the Carers Passport scheme.

Improving access to primary care and health checks for carers as a means of supporting carers to maintain their own physical and mental health and wellbeing.

A social seeding programme to provide ongoing relationships and alliances through the ICS and ensure it is reaching out to carers across cultures.

Ensure better carer identification and consideration of their needs on admission to and discharge from hospital.

Use of social media, to raise carer awareness, particularly around Young Carers.</td>
</tr>
<tr><td colspan="3">How will we know this has worked?</td></tr>
</table>

- Increase in identified carers – GP registers, council systems, carers recorded to be accessing commissioned services.
- An increase in the number of carers registered for a carer's passport.

2. Carers are valued and involved - Caring today and in the future

What the engagement told us	What will we carry forward	What are our new actions
Carers told us they would like simple acknowledgement of the role they play in supporting the person they care for. Carers still do not feel valued, they report feeling forgotten about during the pandemic and isolated. Those carers that are identified, report not being recognised as experts by experience in the health and wellbeing of the cared for. Carers reported lack of feeling valued, and comment this is often linked to not being recognised as a carer.	Further staff training – to ensure carers are recognised as experts by experience. Move towards a more co-productive approach to the planning and delivery of services. Ongoing work with hospital teams regarding discharge.	Create an agreed approach for communicating with carers across Leicester Leicestershire and Rutland. The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system. Development of 'You Said We Did' approach – showing that carer voice influences and shapes the design and delivery of our services. Utilise an 'integration index' to be co-produced to measure the extent to which the local health service and its partners are genuinely providing joined up, personalised and anticipatory care. Ensure that adult services are aware of and include young carers that may be involved in supporting the person receiving care.
How will we know this has worked?		

- Increased satisfaction level from carers within the next national carers survey
- Positive outcomes feedback from commissioned services

3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Knowing where to look for required information was noted as a barrier for carers. Carers told us that when they were identified as the main contact for the person they care for they were kept informed in some instances. Carers like to use their GP for information and support. Lack of recognition was cited as a barrier to being kept informed; carers feel they aren't offered the information as the person dealing with them doesn't view them as a carer.	Further sessions planned for key staff to ensure all teams have access to knowledgeable staff member for support around working with carers. Consider best communication pathways particularly in light of the COVID-19 pandemic.	Ensuring carers can access the information they need, in the formats they require. Refresh of the internet pages to ensure information is clear, pages are easy to navigate and language used isn't "too corporate". Including information for Young Carers. Including information on advocacy and getting carers voices heard. Development of relationships with schools and colleges to improve young carers awareness.
How will we know this has worked?		

- Increase in the proportion of carers who say they find it easy to find information about services
- Increase in carers identified
- Increase in numbers of carers accessing carer support

4. Carer Friendly Communities

What the engagement told us	What will we carry forward	What are our new actions
Carers told us they would like to see the use of volunteers to support carers. Carers told us that by raising awareness of caring in communities, community venues and local businesses may become more accommodating.	Continue to take the views of carers into account in future commissioning exercises, including consideration of updated geographic and demographic data from the updated census 2021. Continue to work with communities to support carers through awareness raising within existing community groups.	We will ensure that the priorities within the Carers' Strategy are aligned with The Integrated Care Board's People and Communities Strategy 2022/2023 Continued promotion and growth of the Carers Passport scheme. Specifically targeting community schemes and groups within neighbourhoods. Development of relationships with schools and colleges to improve young carers awareness.

How will we know this has worked?

- Carers report greater satisfaction in the accessibility of services
- Increase in the proportion of carers who say they find it easy to find information

5. Carers have a life alongside caring – Health, employment and financial wellbeing		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Loneliness, isolation and not having time for themselves were key themes fed back by carers, all having the potential to affect their mental wellbeing negatively. The financial impact of caring for someone was of real concern to carers. Carers are neglecting their own physical health and wellbeing, putting off routine appointments and in some cases elective surgeries because they are unable to find appropriate support for the person they care for. Carers do not get enough time for themselves. Although we received limited feedback from working carers, we know that flexibility is a key factor in the ability to continue working.	Ongoing review of information and use of web pages - to ensure carers know where they can go for financial advice or support CareFree promotion ensuring all workers are aware and are utilising the offer. Carers' breaks provision still under review. CCGs will continue to encourage carers to take up screening invitations, NHS health checks and vaccinations, where relevant.	Ensuring carers have the information they need to keep themselves well. Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers' needs are recognised. Work to improve transition planning with young carers, to consider their future aspirations in terms of college, university, leaving home. Continue work with Leicestershire Partnership Trust to develop a Lived Experience Framework. This alongside trust-wide systems and processes will allow for the creation of paid opportunities for those with lived experience whilst developing skills and experience.
How will we know this has worked?		

- Increase in number of carers accessing CareFree breaks.
- Increased satisfaction level from carers within the next national carers survey.
- Increase in the numbers of carers receiving information and advice regarding finance and benefits.
- Increase in number of young carers receiving transition assessments.

6. "Care with Confidence – Technology and skills supporting you to care effectively"

What the engagement told us	What will we carry forward	What are our new actions
Local carers didn't identify with the previous title of priority 6 - *Carers and the impact of Technology Products and the living space*. However, what did come through was that carers have been reliant on technology or gadgets during the pandemic. There was acknowledgement that housing needs still exist, where properties aren't always suitable particularly for carers supporting someone who has severe needs.	We will continue to work with professionals from housing, equipment and adaptations to improve the carers' pathway and embed carer awareness.	Ensure carers are informed of technology solutions that can support them. Work to enable carers to be confident using technology and / or gadgets. Introduce mechanisms to better support patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions.

How will we know this has worked?

- Increase in the proportion of carers who say they find it easy to find information

7. **Carers can access the right support at the right time** - Services and Systems that work for carers		
What the engagement told us	**What will we carry forward**	**What are our new actions**
Carers tell us they want to receive support that recognises their individual circumstances, and they sometimes needed support to navigate through the health and social care system. Carers want to be able to help themselves too and are looking for access to carer courses, to support them in their caring role. Carers want support with health and wellbeing particularly mental health support for carers, both for their own health and with support managing caring for somebody with a mental health condition. Carers require support with hospital discharge, starting right at the point of admission ensuring they are kept informed and involved.	Ongoing use of Carers Delivery Group (CDG) to ensure that all organisations work together to improve support for carers. People will be signposted to sources of support post-caring.	Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers' needs are recognised. The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system. Targeted work to raise the profile of the Carers Passports within hospital and GP services. To ensure that carers are supported to plan for emergencies. Work alongside LOROS and the Carers Matters Stakeholder group to understand what matters to carers supporting a loved one at the end of life. Roll out of Young Carers passport across Leicester, Leicestershire, and Rutland.

How will we know this has worked?
• Improvements in carer reported quality of life and satisfaction with social services.

8. Supporting Young Carers

What the engagement told us	What will we carry forward	What are our new actions
A number of Leicestershire young carers wanted to remove priority 8 and have actions for supporting young carers embedded within the actions for the other priorities. Young carers identified the need to be 'young people' and want time for themselves. Young carers want to be able to find the information they need. Young carers need support to identify as young carers, which is mindful of the needs of the whole family, particularly within schools, and colleges. Young carers say they often miss education due to their caring responsibilities which can impact their life choices.	. Embed the whole family approach. Working with educational establishments.	Develop young carer support that acknowledges young carers miss out on childhood and other key activities as well as providing appropriate mental health support where required. Work with young carers to improve the way that the health system including GPs supports young carers Local authorities will work with young carers to ensure that their aspirations of going to college, university, leaving home, are considered as part of their work with young carer services . Under 11 years support for young carers.

How will we know this has worked?
- Increased number of young carers known to services will be reported.   - Young carers report feeling listened to and respected.   - Organisations can evidence a more robust approach to working with young carers and their families.   - The impact of caring on young carers is taken into account in assessments and transition planning across social care.   - Young carers report improved outcomes at home, school or in employment.

11. Monitoring progress

The Carers Delivery Group has led on the development of this strategy and recognises the impact that positive carer support can have across all workstreams. The group will oversee delivery of the strategy's priorities, and report progress to the respective partner organisations' governance arrangements and Health and Wellbeing Boards.

Leicestershire County Council Carers Strategy Review Spring/Summer 2021

Priority 1. Carers are identified early and recognised - Building awareness of caring and its diversity			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
Carer identification was a key theme. Services that work with carers reported a difficulty in getting carers to recognise themselves as carers. Carers described not accessing support until they reached crisis point as they had not recognised themselves as carers before that point.	Awareness raising Increase general public carer awareness Promoting identification of carers through GPs, pharmacies, housing representatives and staff Co-production of staff training package addressing issues raised by carers through engagement	• Completion of initial staff training sessions – content driven by carers • Further sessions planned for key staff to ensure all teams have access to knowledgeable staff member for support around working with carers • Revamp of carers pages on LCC internet pages • Promotion of digital resource (DRC) • Promotion of Employers for Carers (EfC) scheme • GP information packs developed and circulated, have recently been revamped. • General carer awareness eLearning released to all LCC staff across all departments to encourage carer identification and support internally. • General carer awareness eLearning also released through communities website for all districts and community groups to access.	• Ongoing staff training development • Ongoing review of information and use of pages • Continued promotion of DRC & EfC resources

Priority 2. Carers are valued and involved - Caring today and in the future			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
Carers do not feel supported, valued or empowered in their caring role, often not being kept informed, or not seen as a key partner in care.	Co-production of staff training Increase involvement of carers GP link pack for carers and GP staff Seek carers views during commissioning exercises Hospital discharge packs: develop a joined-up approach to carer involvement	• Development of staff training sessions – content driven by carers. Including carers videos using Leicestershire carers. • A group of carers reviewed the services we commission. A carer was also part of the panel that built the specification for the carers support service. • Completion of initial staff training sessions – content driven by carers. To be built into new starter training too. Embedding • Carers reviewed and drove changes made to the carers assessment form which is now a lot shorter and easier to use than before • A GP carers information leaflet was developed with carers and distributed to GP surgeries. Has since been re-vamped.	• Further staff training • Ensuring carers are involved as a matter of course • Ongoing work with hospital teams regarding discharge

Priority 3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
There was recognition through engagement that information about carer issues was difficult to find and carers needed to actively seek out support and information rather than it being offered.	Review of information and advice provided to carers – use of CDG meetings to ensure consistent approach to information and advice within LLR across organisations, teams and resources Ensure staff are appropriately trained and are aware of the local carers offer, and how to access it Carers to be made aware they are able to use the advocacy services available. Through updated staff guidance and information and advice available	• Carers Delivery group work together to drive a consistent approach to carers across the LLR. • Completion of initial staff training sessions – content driven by carers • The advocacy contract refresh contained a specific reference to carers ability to access the support offered. • Launch of the carers passport scheme, to prompt information provision when recognised.	• Further sessions planned for key staff to ensure all teams have access to knowledgeable staff member for support around working with carers. • Consider best communication pathways particularly in light of the COVID-19 pandemic.

47

Priority 4. Carer Friendly Communities

What we found	What we set out to do	Progress so far	What's ongoing
Feedback included carers wanting services and support available "in smaller pockets within localities as access to services is often difficult due to the obscure shape of the localities". Other feedback from carers included "help should be offered rather than having to ask for it" Those in minority or geographically isolated groups need support too.	Work with local communities to aid early identification of carers and promotion of carer awareness. Working alongside broader partners, district councils, educational services, parish councils and across the voluntary sector Carers Passports in communities and employment Encourage / support growth of new carer support groups in localities and hard to reach communities	• Housing Services Partnership receives updates on strategy progress • Carers Awareness eLearning released on communities website to allow use by external partners, district, parish councils and voluntary sector • Launch of Carers Passport – aid carer recognition in communities	• Staff training being extended to Local Area Coordinators • Capacity to support local initiative development

Priority 5. Carers have a life alongside caring – Health, employment and financial wellbeing			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
Carers feel their caring role is not valued at work and flexibility was a key factor in the ability to continue to work Carers cite financial worries as one of their biggest concerns. Carers highlighted that they often neglect their own health and wellbeing Carers also felt respite was essential to enable to them to continue within their caring role.	As employers themselves, partners will review their carer friendly policies and aim to set a good example to others. The assessment process will consider the use of flexible and responsive respite provision to enable carers to have a break, including short beaks to families with a child with Special Educational Needs and Disability. Identification of specific benefits and finance advice for carers	• Developed a new internal policy to support working carers • Promoted resources to support internal working carers, including internal carers passport scheme My Profile • Promoted the Employers for Carers (EfC) umbrella membership • Reviewed access to short breaks and respite for carers • Joined CareFree for Carers – organisation that provides carer breaks • Revamp of carers pages on LCC internet pages includes page on finance and benefits for carers	• Continued promotion of EfC • Launch of CareFree for carers stalled due to COVID-19 • Carers breaks provision still under review • Ongoing review of information and use of web pages

49

Priority 6. Carers and the impact of Technology Products and the living space			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
Home environment plays a key part in enabling a carer to undertake their caring role. A carer's perspective should be considered throughout relevant assessment processes. Although most workers would consult carers and some positive feedback was received the approach was not consistent. Across LLR local authorities do not hold enough information on carers and their tenure status. Some Leicestershire carers found equipment often took a long time to be acquired due to the longevity and inconsistency in processes followed, having a real impact on their ability to care.	Raising awareness of the issues facing carers within housing, equipment and adaptations Gather more information on carers and tenure status Implementation of Lightbulb project Work with district councils to provide consistent housing message Provision of carer training to housing staff	• Representation on the Housing Partnership Board • Lightbulb staff received carer awareness training to support them in identifying and supporting carers • Carer awareness training has been circulated to the housing partnership group via the communities website.	• Carers and Tenure work outstanding needs specific project • SCIP team looking at consistency on approach across districts

Priority 7. *Carers can access the right support at the right time* - Services and Systems that work for carers			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
Carers wanted to receive support that recognised their individual circumstances, and sometimes needed support to navigate through the system. Throughout all engagement work carers felt access to services was challenging due to lack of integration (with the exception of many carers based in Rutland) and felt the services they received were often disjointed due to interdepartmental transfers or change in funding streams. Some carers felt confused about which organisation is responsible for what, and felt health and social care should work better together.	Assessments will take a strength-based approach Each partner will look at its carer's pathway to reduce the potential for a disjointed approach. Review of carers offer Carers skills development project. Develop consistent offer and promote good practice with Occupational Therapy teams	• Staff Training • LLR Carers Delivery Group works together to try and reduce disjointed approach • Streamlined carers assessment form • New portal online application system • New dedicated carers team within CSC – recently increased to 5 team members • Team training session ran with occupational therapy team	• Ongoing use of Carers Delivery Group (CDG) • Carers skills training still being explored • Ongoing communications with OT's • Ongoing review of support offer

51

Priority 8. Supporting Young Carers			
What we found	**What we set out to do**	**Progress so far**	**What's ongoing**
Young carers identified the need for services to be more integrated. This is particularly significant at the point of transition from children to adult services.

Young Carers say they often miss education due to their caring responsibilities; this can impact on them when it comes to employment.

Young carers identified the need to be 'young people' rather than in the carer role all the time, leading to the need for 'time off' or respite time.

Young adult carers should have the same opportunities to access education, employment and training as their peers. | Adult and children's health and social care teams will work to identify and be aware of young carers

All partners will take the needs of young carers into account in planning and assessment processes particularly in relation to how the care needs of adults impact on them.

Health and social care processes will take a whole family approach to include referrals being made to early help or specialist commissioned services for a statutory assessment of their needs or provide signposting information

Recognise and address the difficulties around accessing education, employment and training for young carers during transition periods.

 Educational establishments will acknowledge they may be the first point | • Training for adult social care staff included, identification of young carers, referral routes for support and consideration of whole family approach

• Transition team have carers champion rep. | |

	of contact for young carers and their parents and can respond appropriately Using a whole family approach, develop and promote transition assessments for young adult carers approaching 18 that identify and support the young carers wish to engage with education, employment and training.		

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Action Area (LLR Priority Area(s))			Description	Key Strategic Lead	Timescales
CS1	Develop Leicestershire County Council Staff's understanding of carers (1, 2,4,6,7,8)	CS1.1	Training for staff regarding carers to be embedded in new starter induction with a focus on: - - Carer Awareness - Carers Assessments - Recognition and Valuing Carers	HR / OD Business Partner / LCC Learning and Development / Commissioning Officer (Carers Lead)	Apr 23
		CS1.2	Ensure all teams across the Council (including maintained schools / academies staff) have access to knowledgeable staff members for support around working with carers / carers rights within the workplace	Commissioning Officer (Carers Lead)/ Service Managers/ Targeted Early Help and Children's Social Care/ Education, SEND and Commissioning	To be determined post consultation
		CS1.3	Reinvigorating the Carers Champions roles across the Adults and Communities Directorate	Commissioning Officer (Carers Lead)	Dec 22
		CS1.4	Staff training extended to Local Area Coordinators and Housing Support Officers in lightbulb project.	LCC Learning and Development	To be determined post consultation
		CS1.5	Training to be shared with all District Councils for cascade to staff.	Chief Exec/Communities	To be determined post consultation
		CS1.6	Further develop the Council's intranet pages for carers support and promote as part of the Council's commitment to carers	Communications & Digital/	Apr 23

				Commissioning Officer (Carers Lead)	
CS2	Information activity (1,2,3,5,6,7,8)	CS2.1	Updating of key definitions to aide self-identification of carers. This will include use of consistent language across literature / web pages and through commissioned activity	Communications & Digital/ Commissioning Officer (Carers Lead)	Dec 22
		CS2.2	Ensure carers have clear pathway expectations across a range of potential scenarios / settings including – - Information on the care and support assessment journey for both the carer and cared for - Hospital discharge information / pathways back home including support entitlement to benefit both the cared for and wider family environment (including home environment) - Where can they find support re: care co-ordination?	Lead Commissioners/Hospital Teams/ Commissioning Officer (Carers Lead)/Carers Delivery Group	To be determined post consultation
		CS2.3	Learning from the COVID-19 pandemic the development of a single County wide Business Continuity Plan (BCP) for carers will be produced across system partners in the County and wider	Commissioning Officer (Carers Lead)	Dec 22
		CS2.4	Development of pathway diagrams for both Council and partner / provider websites. These will include downloadable information for carers to print or access remotely on the web (including Young Carers)	Commissioning Officer (Carers Lead)/Lead Commissioners/Care Pathway/Targeted Early Help and Children's Social Care	To be determined post consultation
		CS2.4	Promote the range of services and support available to carers (including Young Carers) including but not limited to: - - Advocacy and getting carers voices heard	Targeted Early Help and Children's Social Care/ Commissioning Officer (Carers Lead)/	To be determined post consultation

			- Financial advice or support - Usable technology/gadgets to support carers both readily available universally and / or from the Council's care tech strategy / programme - Ensure all carers know how to access the current Mental Health services and support - Those services and support available through the Council's commissioned carers resources	Carers Delivery Group	
		CS2.5	Pro-active dissemination of materials that share roles & responsibilities of Adult services in the County and how these can be accessed		To be determined post consultation
		CS2.6	Pro-actively commission the Carers Support Resource contract with the Voluntary Sector to support all carers in the County with information / advice and support	Commissioning Officer (Carers Lead)	Nov 22
CS3	Innovative approaches with carers (1,2,3,5,6,7,8)	CS3.1	Targeted promotion and active growth of the Carers Passport scheme in the County (including the roll out of the Young Carers Passport)	Targeted Early Help and Children's Social Care /Commissioning Officer (Carers Lead)/ Carers Delivery Group/ Commissioned Carers Support Service Manager	Ongoing
		CS3.2	Promotion of Employers for Carers & Digital Resource for Carers	HR / OD Business Partner /Commissioning Officer (Carers Lead)/Communications & Digital Commissioning	To be determined post consultation
		CS3.3	Explore further tools around self-identification including: -	Targeted Early Help	To be

				and Children's Social Care /Commissioning Officer (Carers Lead)/ Carers Delivery Group	determined post consultation
			- Whole family identification - Working with educational settings (including early years providers) - Active work with religious settings through targeted interventions and promotions (e.g. Carers Week / Carers Rights Day / Mental Health Week etc)		
		CS3.4	Promotion of the Care Free programme to support more carers to access carers breaks / short breaks to support them in their caring role. This includes ensuring both Council staff and people in the community working with carers are fully aware of the initiative and benefits for carers	Commissioning Officer (Carers Lead)/ Communications & Digital/Lead Commissioners/Care Pathway	Apr 23
		CS3.5	Enable more carers to be able to use technology to support them in their lives. This will include, but not limited to: - - Promotion of online training and courses for carers to promote confident use of technology - Working with Leicestershire Adult Learning Services to explore the development of carers specific courses - Encourage use of technology solutions to promote different solutions / opportunities to traditional carers - Promotion of carers initiatives through the Council's Shire Grants scheme to support development of carers skills training (targeting hard-to-reach carers and communities)	Commissioning Officer (Carers Lead)/Carers Delivery Group/ Communities/ Adult Learning	To be determined post consultation
		CS3.6	Maximise the available opportunities within existing work programmes. These will include: - - Targeting carers (especially those in hard-to-reach communities) in accessing the new Multiply project to upskill maths skills / numeracy skills - Promotion of local library services and benefits of community HUBS to support	Adult Learning/ Communities/Lead Practitioners/ Commissioning Officer (Carers Lead)	Apr 23 (to be confirmed)

			carers social interaction / community cohesion and friendship ties - Developing carers support / promoting carers resources and support as part of the Adult & Communities Directorate's Three (3) Conversations model		
CS4	Improving communication (1,2,3,8)	CS4.1	Increase the use of social media to raise carer awareness across the County including the sharing of Every Voice Counts carer stories	Commissioning & Quality/ Communications & Digital	To be determined post consultation
		CS4.2	Voice Project work around the Label of Young carers	Targeted Early Help and Children's Social Care/ Commissioning Officer (Carers Lead)	To be determined post consultation
		CS4.3	Development of Young Carers / carers videos on YouTube to detail the lived experiences of Leicestershire's carers	Targeted Early Help and Children's Social Care/ Communications & Digital/ Commissioning Officer (Carers Lead)/Carers Delivery Group	To be determined post consultation
		CS4.4	As part of the commissioned Carers Support Resource contract, work towards the development of a Central Register of carers to enable easier communication of information	Commissioning Officer (Carers Lead)/Commissioned Carers Support Service Manager/Commissioning & Quality	Nov 22
		CS4.5	Pro-active communication and information for parents / carers of children with a disability as their child transitions into adult services	Service Manager/ Lead Practitioners/ Commissioning	To be determined post

					Officer (Carers Lead)	consultation
		CS4.6		Targeted work with the County's Special schools / post 16 provision / resource bases / Pupil Referral Units to promote carers support and opportunities. This will also include work with mainstream schools	Targeted Early Help and Children's Social Care/ Education, SEND and Commissioning	To be determined post consultation
		CS4.7		Ongoing use of the Carers Delivery Group (CDG) to ensure partnership approach to actions are in place / delivered and progress is tangible to carers in the County	Lead Commissioner Communities/Commissioning Officer (Carers Lead)	Ongoing
CS5	Involving Leicestershire's carers (2,7,8)	CS5.1		Active engagement of carers in both service reviews and new service designs. Use of co-production principles will be key to ensuring that this is true joint working.	Commissioning & Quality/ Engagement and Consultation Manager	To be determined post consultation
		CS5.2		Development of either an LLR or localised Carers festival recognising achievements and contributions to the County and / or region	Lead Commissioner Communities/Commissioning Officer (Carers Lead)/Carers Delivery Group	To be determined post consultation
		CS5.3		Pro-actively seek the views of families and carers in the quality / delivery of care services to the person cared for. The Council will seek to enhance resources to capture these views to improve services		To be determined post consultation
		CS5.4		Development of Localised You said we did – showing that voice is influencing & shaping the offer now & building towards a model of co-production		To be determined post consultation
		CS5.5		Engagement of the County's Parent / Carer Forum (PCF) as part of the development of SEND / Children's and Adults services	Targeted Early Help and Children's Social Care/ Education,	To be determined post

				SEND and Commissioning/ Commissioning Officer (Carers Lead)/	consultation
CS6	Working with communities (4,8)	CS6.1	Working with local community organisations / District Council's / Parish Council's to promote carers support / identification of carers.	Communities/ Commissioning Officer (Carers Lead)/Carers Delivery Group/	Apr 24
		CS6.2	Active use of the County's Shire Grants programme to develop local carers community resources where there is a need	Communities/ Commissioning Officer (Carers Lead)	To be determined post consultation
		CS6.3	Engagement with local businesses across the County to identify potential carers support including carers concessions	Commissioning Officer (Carers Lead)/ Commissioned Service Manager/ Communities	Apr 24
		CS6.4	Ensure that Equality and Diversity is a consideration in all parts of service design / carers initiatives	Commissioning Officer (Carers Lead)/ Commissioning & Quality	Ongoing
		CS6.5	Targeted work with hard-to-reach communities / rural communities where carers access to information and support may be limited	Commissioning Officer (Carers Lead)	Apr 23
CS7	Young Carers (8)	CS7.1	Development of a new Young carers champions in the County Council with clear definition of the role	Targeted Early Help and Children's Social Care	To be determined post consultation
		CS7.2	Work with the Council's Young Carers Service to develop involvement within the LLR Carers Strategy deliverables and priorities / County Council's Action Plan.	Commissioning Officer (Carers Lead)/	Ongoing

				Team and Partnership Manager Targeted Early Help and Children's Social Care	

1. Carers are identified early and recognised - Building awareness of caring and its diversity
2. Carers are valued and involved - Caring today and in the future
3. Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting
4. Carer Friendly Communities
5. Carers have a life alongside caring – Health, employment and financial wellbeing
6. Care with Confidence – Technology and skills supporting you to care efficiently
7. Carers can access the right support at the right time - Services and Systems that work for carers
8. Supporting Young Carers

Review of Carers Strategy Engagement 2021

Introduction

An engagement period was held over the summer 2021 to gauge how Leicestershire carers feel about the current carers strategy and their caring situations.

There was a formal online survey which had 23 questions, the strategic planning officer met with 3 groups to discuss the strategy priorities, and there were additional thoughts sent in by the voluntary sector partners on behalf of carers who had been unable to attend the meetings.

This report outlines the findings from all of the above methods, combining findings from the survey and the groups using both quantitative and qualitative data.

62 respondents completed the online survey.34 were present at the groups. (one of the focus groups contained a mixture of city and county residents, at least 4 were city residents –comments pertaining specifically to the city have been shared with city leads)

Summary

Key areas of focus drawn from this engagement for Leicestershire are

- **Definition** – Although carers seem to agree 'Carer' is the best term to use there is further work required ensuring that the definition used allows carers to easily recognise themselves, alongside allowing others to understand what a carer is and how this can impact their life. We will also be considering if the definition can be strength based to encourage positive associations with the 'carer' label.

- **Strategy Priorities** – Ranked in order of importance from respondents with any additional comments to take forward
    1. **Priority 7 -Carers can access the right support at the right time – Services and Systems that work for carers** Access to carer courses, support with health and wellbeing particularly mental health support for carers, need to ensure all carers know they can access the current MH services.
    2. **Priority 5 -Carers have a life alongside caring - Health, employment and financial wellbeing** It was felt that this priority was far too broad and the areas covered were each worthy of their own priorities, Health, Employment, Financial Wellbeing and Breaks/Time out should have a greater focus and even potentially be priorities of their own. It was accepted that carers do not get time to themselves, predominant reasons given were
        - Due to the level/amount of care provided
        - Difficulty getting respite
        - Unable to get appropriate support for the cared for
        - Due not having time for themselves carers we spoke to are neglecting their own health and wellbeing, putting off routine appointments and in some cases elective surgeries because they were unable to find appropriate support for the person they care for.

3. **Priority 2 -Carers are valued and involved - Caring today and in the future** the engagement indicates carers still do not feel valued, this was linked to not being recognised as a carer those that are identified as carers not being recognised as a key partner in the health and wellbeing of the cared for.

4. **Priority 1 -Carers are identified early and recognised - Building awareness of caring and its diversity** General feeling is identification is still an issue for carers linked to lack of understanding. Engagement identified the need for GP surgeries to improve identification of carers. Lack of recognition was cited as a barrier to being kept informed; this was mentioned as a particular issue in hospital settings.

5. **Priority 8 - Supporting Young Carers** – only one person responding to the engagement was under 18, this is interesting as it shows adults feel this is still a significant priority for the carers strategy.

6. **Priority 3 -Carers Are Informed - Carers receive easily accessible, appropriate information, advice and signposting**….as above lack of recognition was cited as a barrier to being kept informed, knowing where to look for required information was also noted as barrier for carers. Consideration needs to be given to some of the most prominent suggestions to help carers stay informed
   - hard copies/ alternative formats of information for carers who require it
   - GPs to cascade more information for carers
   - central register of carers to enable easier communication of information
   - pop up clinics carers can attend for advice and information
   - refresh of the internet pages to ensure information is clear, pages are easy to navigate and language used isn't "too corporate".
   - Including information on advocacy and getting carers voices heard

7. **Priority 4 - Carer Friendly Communities** use volunteers to support carers and make use of community venues, and local businesses such as garden centres etc to help identify and provide information to carers.

8. **Priority 6 - Carers and the impact of Technology Products and the living space** Not a high priority for those involved in the engagement, they acknowledge housing needs still exist, where properties aren't always suitable for somebody who is being cared for but there was recognition that that this potentially will be an issue for a particular type of carer i.e. those looking after someone with severe needs.

Of the five suggested potential other priorities from working insights **Older Carers** and **Parent Carers** were the highest placed and additions suggested by the respondents were

- **Carers finances**- access to correct benefits grants and income maximisation, this was a key issue raised in many responses and is reflective of the strain felt by carers during the pandemic.
- **Carers heath** – recognising carers put themselves last and often at detriment to their own health and wellbeing.
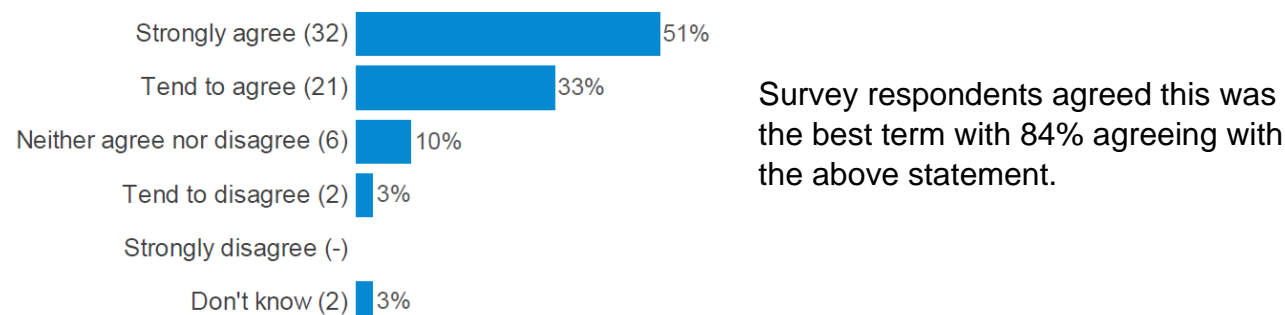
- ▪ **Wanting one point of contact** – with agencies that work together meaning carer isn't repeating their story or that of their cared for and that they aren't being passed from department to department.

- **Contact with LCC**- feedback on the satisfaction of carers after contact with LCC will be reported back to the relevant teams.

- **Passport Scheme** – Two thirds of those engaging aren't registered for a carers passport – consideration is to be given to access to the scheme and the referral process, more promotion is required to ensure scheme is widely recognised in communities. Although wider feedback on the scheme has been good, participants in the engagement did not echo this with most saying they hadn't used due to COVID restrictions. It is clear there is ongoing work required in this area.

- **Future Proofing** – The information provided about carers and the pandemic indicates more needs to be done around future proofing for carers. Carers along with most felt isolated however forgotten and unsupported are themes fed back from carers on their pandemic experience. Carers have used more technology but stressed this cannot be a replacement for face to face interactions in the long term. More needs to be done longer term to ensure carers always feel valued and supported. They have propped up our care system during the pandemic and now express they feel, used, and cast aside.

- **Demographics -** When completing formal consultation recommend ensuring male carers and a range of ethnic backgrounds are targeted specifically to respond alongside young and young adult carers.

These key areas will be shared with partner organisations across Leicester Leicestershire and Rutland in Nov 2021. We will collate common themes from all partners engagement, insights and reports to plan the full strategy refresh.

Survey Questions

Participants of the online survey were asked the following questions

1. **'Carer' is the best term to use to identify those who support another person who cannot manage without their help.**
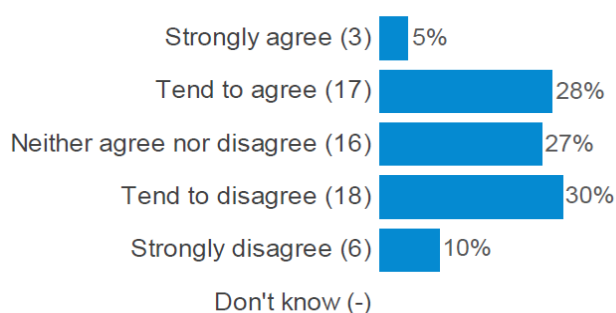
Strongly agree (32) — 51%
Tend to agree (21) — 33%
Neither agree nor disagree (6) — 10%
Tend to disagree (2) — 3%
Strongly disagree (-)
Don't know (2) — 3%

Survey respondents agreed this was the best term with 84% agreeing with the above statement.

Comments were invited about the term and in general carers agreed that it was easily understandable and recognised, however there were additional suggestions that the definition/ term doesn't acknowledge the different levels of caring someone provides in terms of range of support or amount of care they provide. This may not help to identify family cares where they see themselves as wife/husband mother/father etc, there were also calls for the term to be shifted to a more strength based definition.

To aid identification it is important this is a term/definition that carers can identify with.

2. **To what extent do you agree or disagree that people have become more aware of unpaid carers?**

The current strategy has a focus on carer awareness, yet less than 35% respondents felt that people were now more carer aware.

Strongly agree (3) — 5%
Tend to agree (17) — 28%
Neither agree nor disagree (16) — 27%
Tend to disagree (18) — 30%
Strongly disagree (6) — 10%
Don't know (-)

A lot of comments regarding awareness referenced people having a general lack of understanding of what a carer is and the impact this has on those that are carers. thus creating lack of recognition for carers and all they do.

3. **What could help with getting unpaid carers recognised and identified earlier?**

GP surgeries were cited as a key point for awareness to start with and all professionals to recognise carers and their value was also high on the responses as to what could help. Ensuring all hospital staff were carer aware was another reoccurring theme.

4. *In the 12 months before the pandemic, had you noticed more information regarding carers in your GP surgery?*

Yes, a lot (2) — 3%
Yes, a little (11) — 18%
No (40) — 64%
Don't know/ Not applicable (10) — 16%
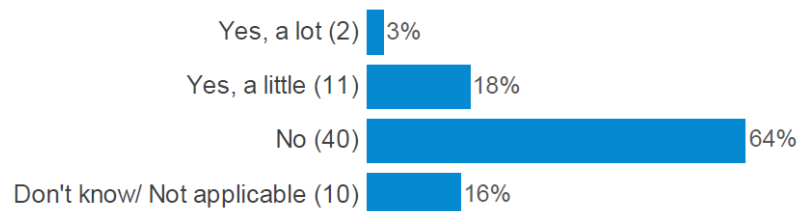
5. *When needing support from Health and Social Care, to what extent do you agree or disagree that carers are kept informed about the person they are caring for?*

Strongly agree (9) — 15%
Tend to agree (7) — 11%
Neither agree nor disagree (14) — 23%
Tend to disagree (14) — 23%
Strongly disagree (12) — 19%
Don't know (6) — 10%

The comments in general indicate carers do not feel they are kept informed; many describe difficulties in gaining information even though they have been noted as the carer on files or on occasion have Lasting Power of Attorney in place. Both in Adult Social Care and Health carers report not being recognised and therefore not kept informed.

6. *Are you aware of the carers pages on the Leicestershire County Council website?*

Yes (32) — 51%
No (30) — 48%
Don't know (1) — 2%

Those that were familiar with the pages were asked

7. *Overall, how would you describe the carers pages on the LCC website?*
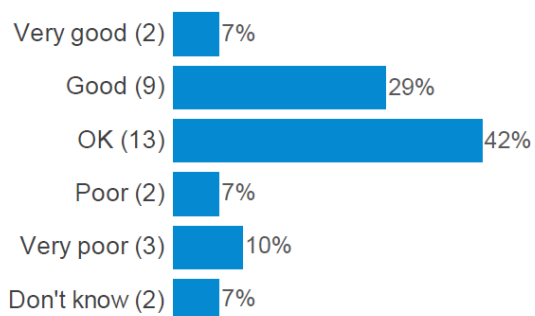
It's good to see there is a general positive response around the pages.

There were positive comments including

"it's good to know it's there and must be better than not having anything"

"Easy to read information"

"It's clear and easy to use and to follow"

However, there were comments around the information being too general, pages being wordy, not clear enough, difficult to navigate and language used too corporate. Additional comments were also made around the fact that the information was online and may not be accessible to all. The comments provided will be used to make improvements to the LCC pages.

8. *What else could be done to ensure carers are getting the information they need?*
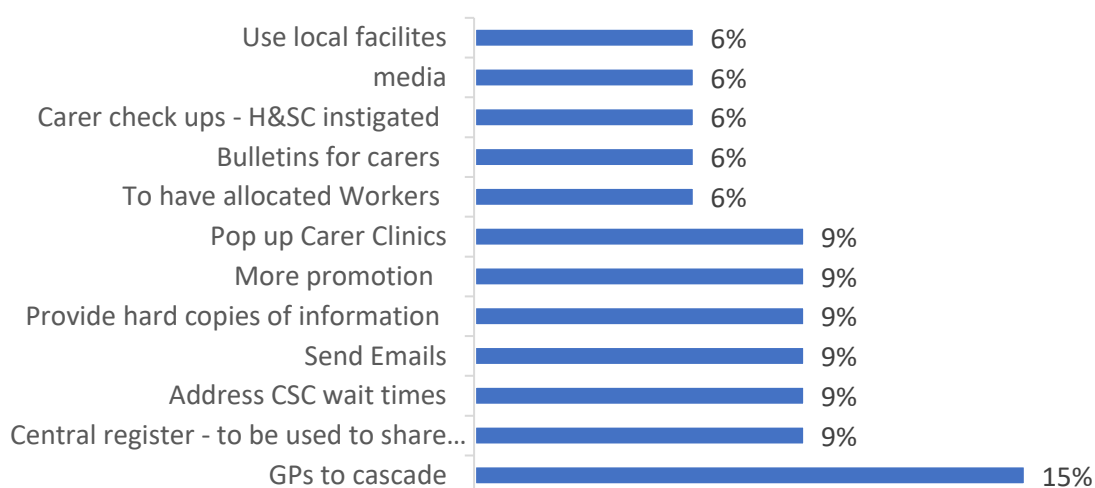
There were a variety of suggestions as in the table, some of which are currently being worked on and others which should not be too difficult to implement. The need for hard copies of information has been voiced in a variety of responses.

9. Have you contacted Leicestershire County Council in the last 12 months regarding a carer matter?

Yes (29) — 46%
No (34) — 54%
Don't know (-)

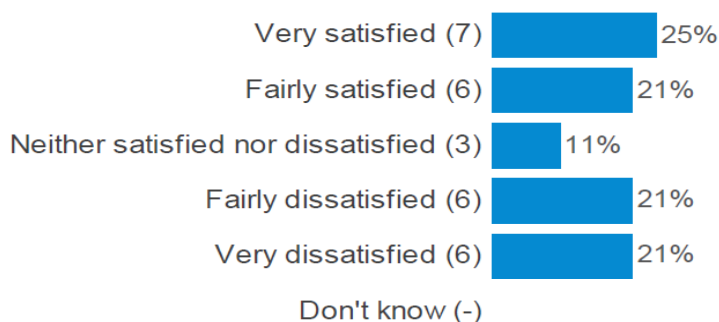Less than half the respondents had contacted LCC in the last year for a carer matter. If they had they were asked….

10. Were you provided with appropriate information, advice or signposting?

Yes (15) — 52%
No (11) — 38%
Don't know (3) — 10%
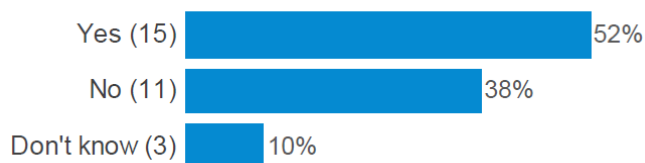
50% felt they had received appropriate information advice or signposting, there wasn't an option for comment around this question and it was not discussed in the focus groups. However, we did ask the following question to gauge how satisfied people were with their responses which gave the chance for further comment.

11. Thinking about the most recent time you contacted Leicestershire County Council regarding a carer matter, how satisfied or dissatisfied were you with the information, advice or signposting provided?

Very satisfied (7) — 25%
Fairly satisfied (6) — 21%
Neither satisfied nor dissatisfied (3) — 11%
Fairly dissatisfied (6) — 21%
Very dissatisfied (6) — 21%
Don't know (-)

Of those that were very/fairly satisfied commented that they'd received good advice and support, staff were supportive, helpful and polite and that they'd received a comprehensive assessment.
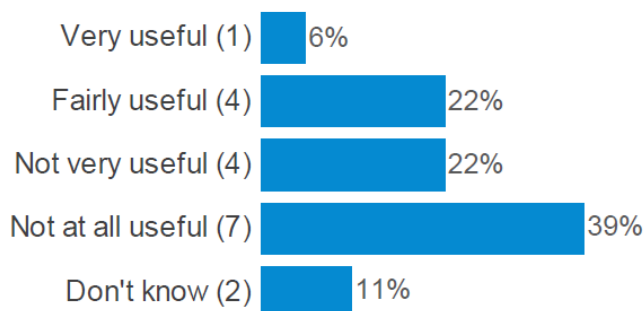
Those who were very/fairly dissatisfied said they hadn't received a response at all or those that had felt communication was poor, there was a lack of information/support provided and CSC wait times were challenging.

12. **Have you registered for the carers passport scheme across Leicester, Leicestershire and Rutland?**
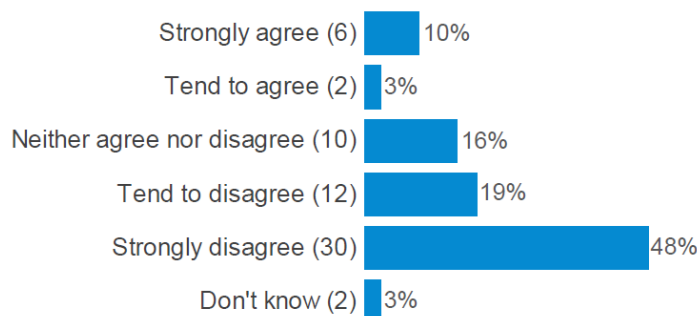
Yes (19) — 31%
No (39) — 63%
Don't know (4) — 7%
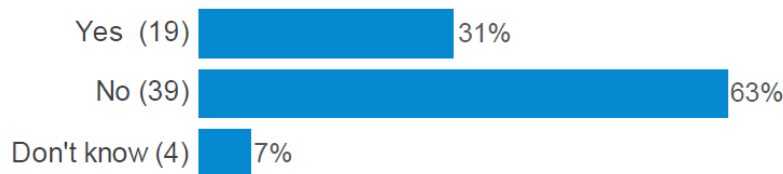
This was an unexpected result as the strategy engagement survey had been promoted in the same places as the carers passport. At the focus groups the majority were aware of the passports but some had not registered for one. Reasons for not registering were that they are being supported by a non-commissioned service in the city and expressed they had enough to do without contacting another agency for the passport, they felt one should be given automatically.

13. **Overall, how useful, if at all, have you found the scheme?**

Very useful (1) — 6%
Fairly useful (4) — 22%
Not very useful (4) — 22%
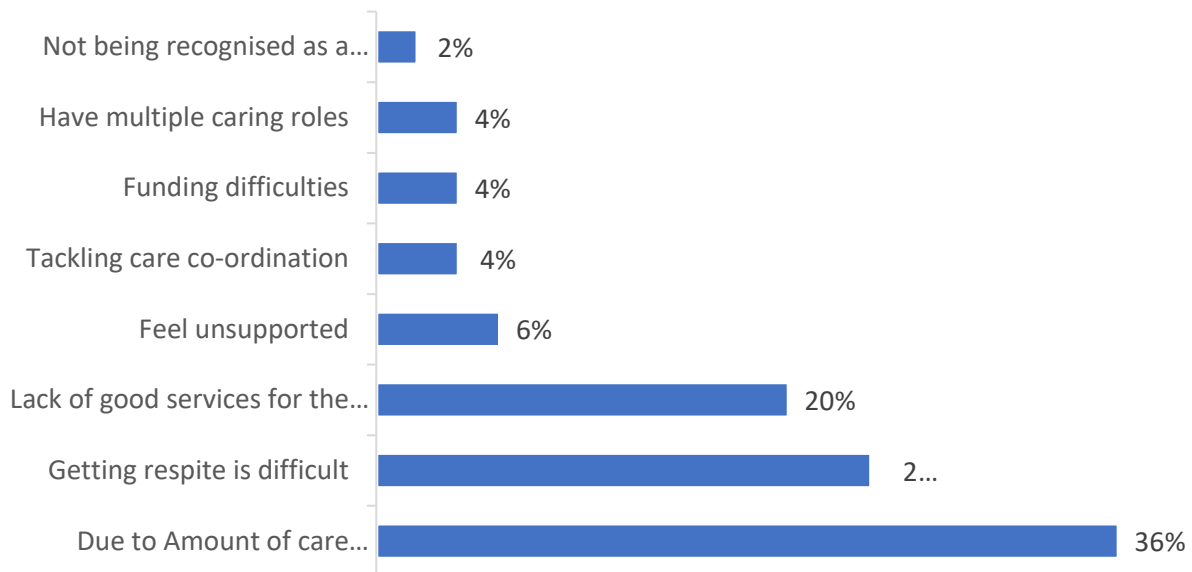Not at all useful (7) — 39%
Don't know (2) — 11%

Of those that haven't found it useful comments were that they haven't had chance to use it due to COVID or that they have registered but not received it, there was also a comment about the passport not being widely recognised however this is an ongoing focus for the Carers Delivery Group to promote and ensure organisations recognise the scheme.

14. **To what extent do you agree or disagree that carers are able to have enough time for themselves?**
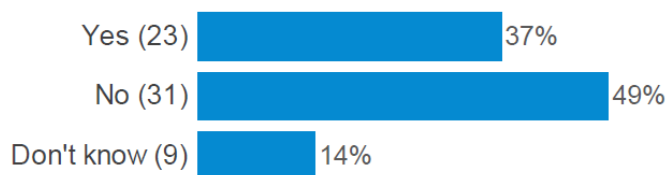
Strongly agree (6) — 10%
Tend to agree (2) — 3%
Neither agree nor disagree (10) — 16%
Tend to disagree (12) — 19%
Strongly disagree (30) — 48%
Don't know (2) — 3%

Respondents were then asked why they felt this way, the most common responses are shown below.

Why carers dont get enough time to themselves

Category	%
Not being recognised as a…	2%
Have multiple caring roles	4%
Funding difficulties	4%
Tackling care co-ordination	4%
Feel unsupported	6%
Lack of good services for the…	20%
Getting respite is difficult	2…
Due to Amount of care…	36%

15.   Are you aware of young carer support?

Response	%
Yes (23)	37%
No (31)	49%
Don't know (9)	14%

There were a variety of ways the awareness came about some had actively sought the information, some had come across it on the LCC web pages and others had been informed by the commissioned Support for Carers service or friends and family.

<u>Strategy Priorities</u>

Looking at how carers feel about the current strategy priorities and considering are they still relevant to the new strategy.

16.   How important, if at all, are the current strategy priorities?

Respondents were asked to rate the priorities as either

- Very important
- Fairly important
- Not very important
- Not at all important
- Don't know

There were no responses of 'Not very important' or 'Not at all important' the table below shows the total positive responses of either very or fairly important.

Priority Importance
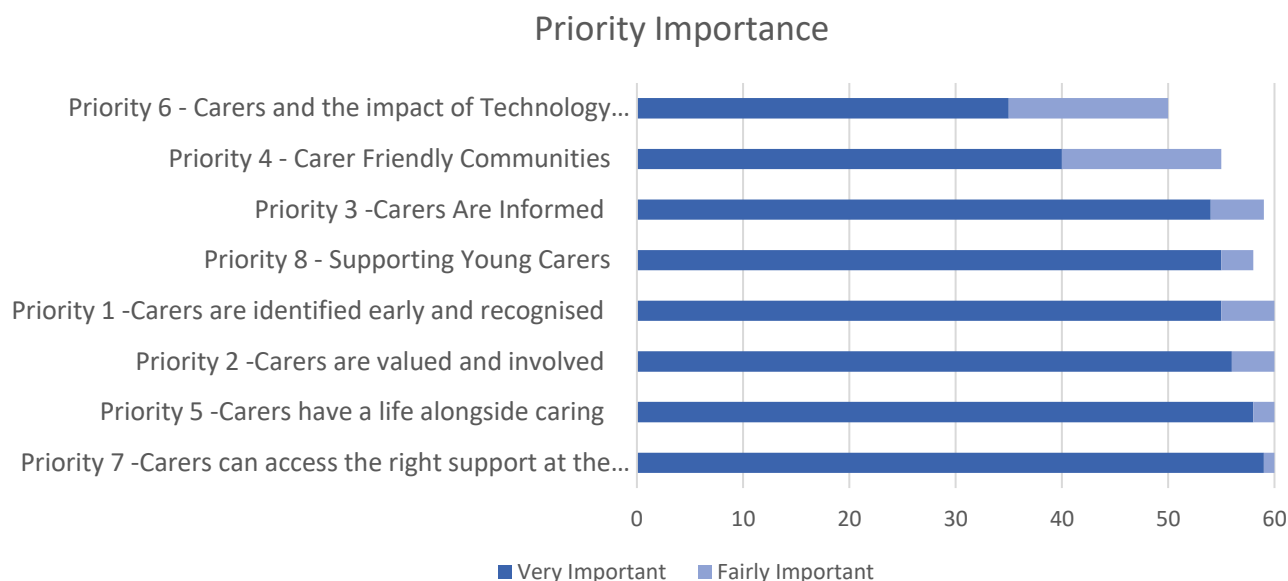
The focus groups reflected the online findings in terms of priority importance however the groups expressed they felt '*Priority 5 Carers have a life alongside caring*' was too large a priority and the elements of Health, Employment, Financial Wellbeing and Breaks/Time out should have a bigger focus and even potentially priorities of their own.

When asked if there are other priorities we should consider? reoccurring themes were

- **Carers finances**- access to correct benefits grants and income maximisation
- **Carers heath** – recognising carers put themselves last and often at detriment to their own health and wellbeing.
- **Wanting one point of contact** – with agencies that work together meaning carer isn't repeating their story or that of their cared for and that they aren't being passed from department to department.
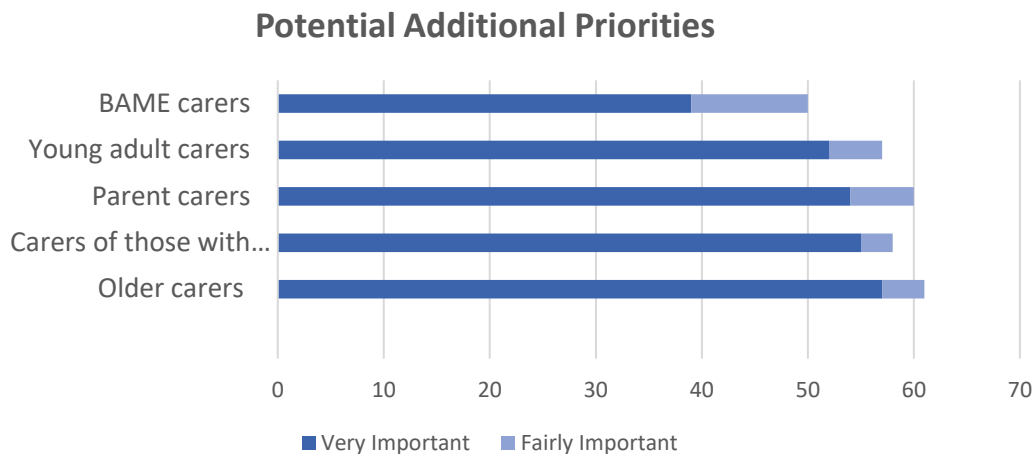
Through working with carers being a partner of the Carers Delivery Group insights show consistent themes arising. We asked respondents if any of these themes should be specifically identified within the strategy.

17. ***How important, if at all, is it for us to specifically identify the following types of carers and their challenges within the strategy document?***
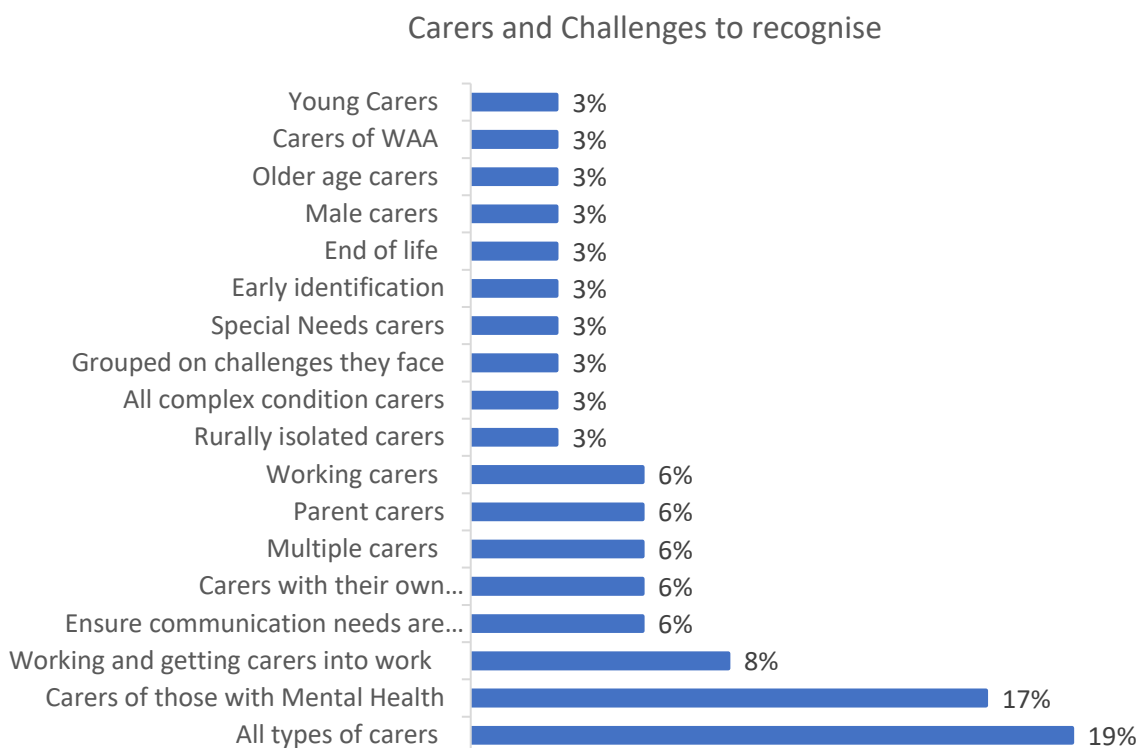   - *Older carers*
   - *Carers of those with dementia*
   - *Parent carers*
   - *Young adult carers*

- ***BAME carers***

Potential Additional Priorities

Chart categories (top to bottom): BAME carers, Young adult carers, Parent carers, Carers of those with…, Older carers

Legend: ■ Very Important   ■ Fairly Important

18. What, if any, other types of carers and challenges should we specifically identify within the strategy document?

Carers and Challenges to recognise
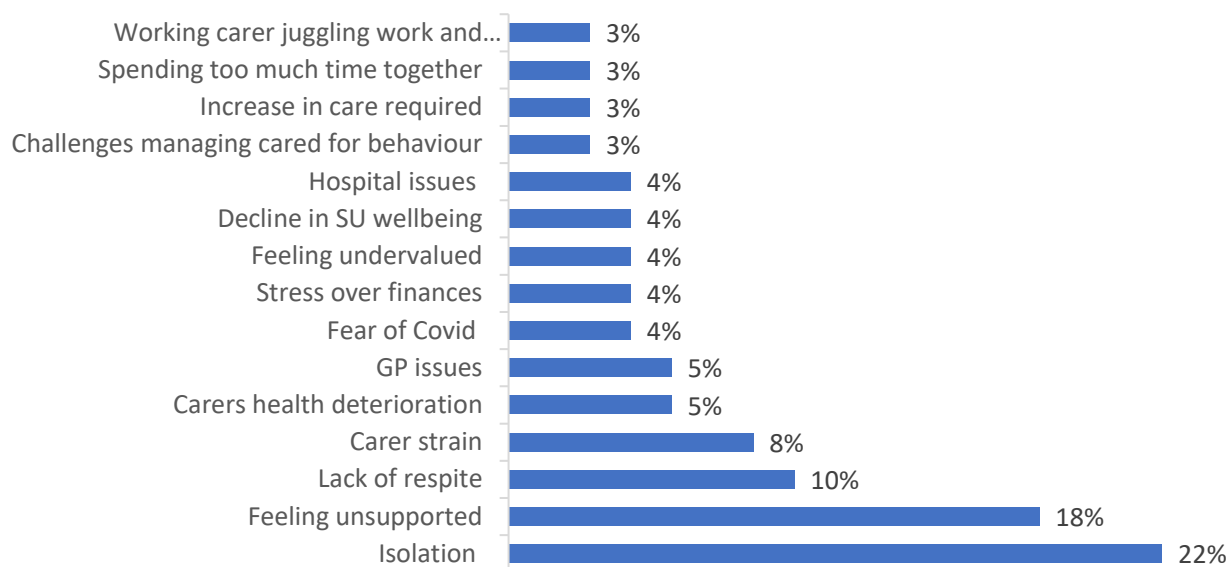

Category	Percentage
Young Carers	3%
Carers of WAA	3%
Older age carers	3%
Male carers	3%
End of life	3%
Early identification	3%
Special Needs carers	3%
Grouped on challenges they face	3%
All complex condition carers	3%
Rurally isolated carers	3%
Working carers	6%
Parent carers	6%
Multiple carers	6%
Carers with their own…	6%
Ensure communication needs are…	6%
Working and getting carers into work	8%
Carers of those with Mental Health	17%
All types of carers	19%

Answers were themed to allow responses to be shown in a table.. A common theme was wanting to recognise all carers irrespective of their cared for diagnosis and recognising carers who support those with mental health problems.

Covid-19 Lockdown and Carers

19. Please tell us about the biggest challenges you have faced over the last year.
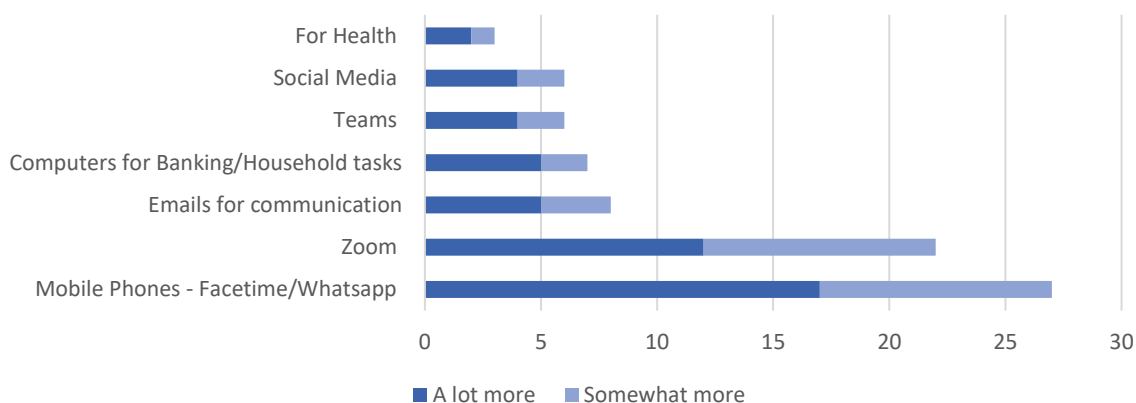
Carers biggest challenges during COVID-19 pandemic

Challenge	Percentage
Working carer juggling work and...	3%
Spending too much time together	3%
Increase in care required	3%
Challenges managing cared for behaviour	3%
Hospital issues	4%
Decline in SU wellbeing	4%
Feeling undervalued	4%
Stress over finances	4%
Fear of Covid	4%
GP issues	5%
Carers health deterioration	5%
Carer strain	8%
Lack of respite	10%
Feeling unsupported	18%
Isolation	22%

The table shows the reoccurring themes of answers, with no surprise being the biggest challenge for carers was isolation, many responses spoke of feeling forgotten and unsupported.

20.   Have you used technology more over the last year?

Response	Percentage
A lot more (27)	43%
Somewhat more (19)	30%
About the same (15)	24%
Somewhat less (-)	
A lot less (1)	2%
Don't know/ Not applicable (1)	2%
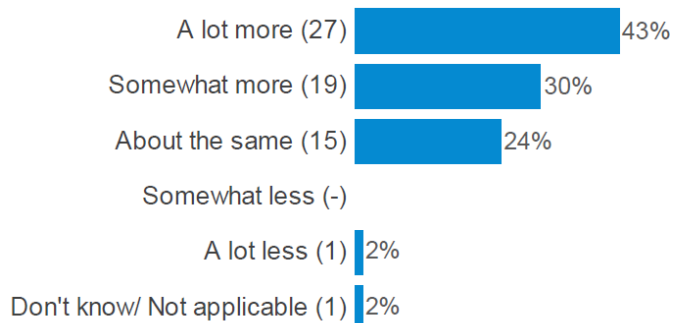
Carers indicated they has used more technology and for a variety of reasons as shown below.

What technology has been used more

Technology	A lot more	Somewhat more
For Health		
Social Media		
Teams		
Computers for Banking/Household tasks		
Emails for communication		
Zoom		
Mobile Phones - Facetime/Whatsapp		

■ A lot more   ■ Somewhat more

The biggest rise in use of technology was to allow carers to stay in contact with family and friends and join virtual groups to socialise.

21.   Thinking about carers, what do we do well?

What do we do well?

Category	%
Carers Team	5%
Other	14%
Assessments	24%
Commissioned service	24%
Nothing/very little	32%
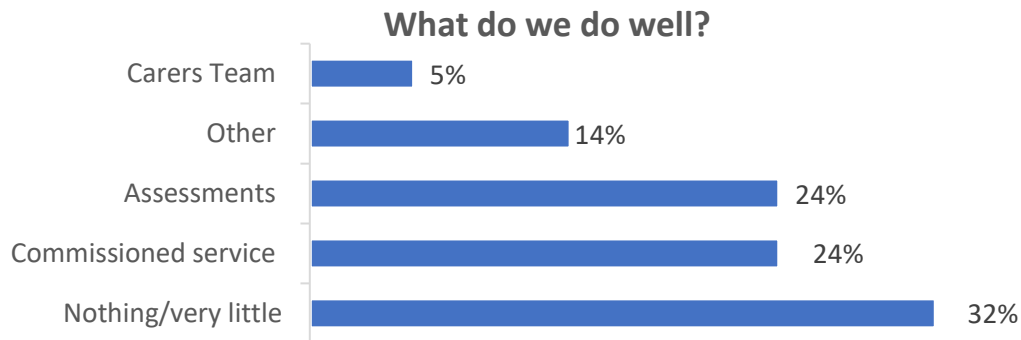
A third of responses were negative however it is good to see the commissioned service, Carers Assessments and the carers team being cited as things we do well. Those grouped as 'Other' included positive comments around being there when needed, engagement and aiding to get carers vaccinated earlier.

22.   Thinking about carers, what could we do better?

What could we do better

Category	%
DIY Support/Carers directory where to spend…	5%
Clearer increased support offer	5%
Out of hours support	5%
More support for cared for	5%
Helpline	5%
Better communication with carers	5%
Alternative formats for information	5%
Offer respite	7%
Financial support/information	9%
Value carers	11%
Everything	11%
Misunderstood the question	30%
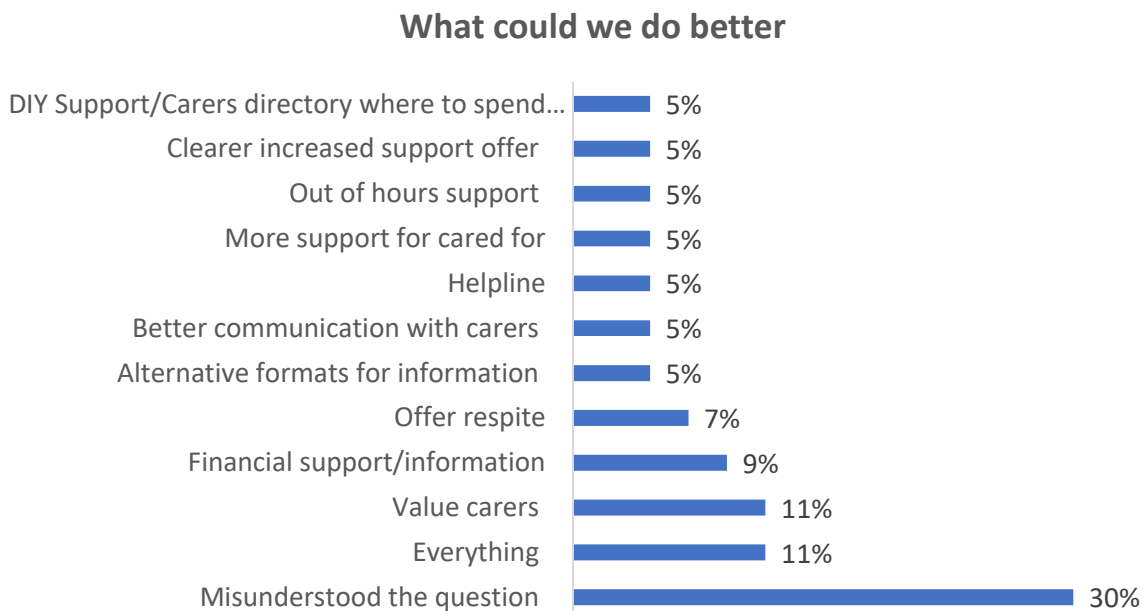
23. Do you have any other comments or suggestions?

Other comments or suggestions

Category	Percentage
Respite	5%
One point of contact	5%
Multicultural needs	5%
Face to face support	5%
everything	5%
Consistant Support	5%
Support Carers	9%
More Funding from Governement	9%
Emergency Support	9%
Deaf support	9%
Carers MH reviews	9%
Value Carers	14%
Finances - lack of financial support/pay for unpaid...	14%
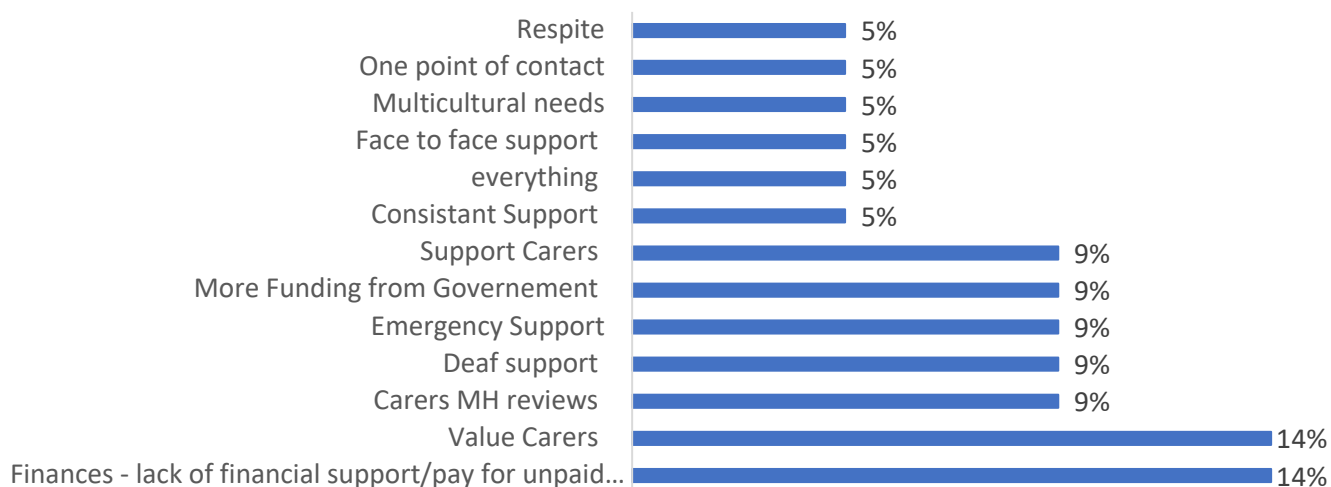
Equalities Data Summary

The majority of respondents were female, there were a good range of ages, and approximately half have an illness disability or infirmity. The majority of respondents were of white ethnic background. When completing formal consultation recommend ensuring male carers and a range of ethnic backgrounds are appropriately represented.

Gender
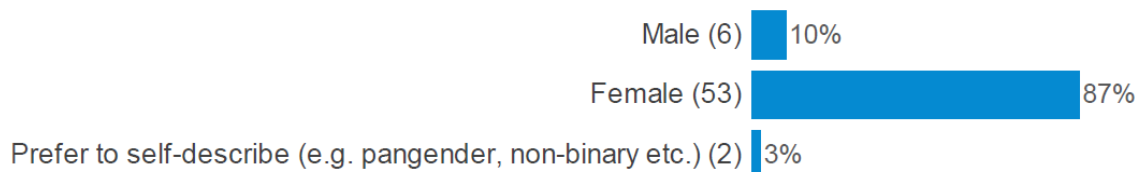
Gender	Percentage
Male (6)	10%
Female (53)	87%
Prefer to self-describe (e.g. pangender, non-binary etc.) (2)	3%

Age

Age	Percentage
Under 15 (-)	
15-24 (1)	2%
25-34 (2)	3%
35-44 (10)	17%
45-54 (10)	17%
55-64 (17)	29%
65-74 (12)	20%
75-84 (5)	9%
85 and over (2)	3%

Do you have a long-standing illness, disability or infirmity?

Yes (26) 43%
No (34) 57%

What is your ethnic group?
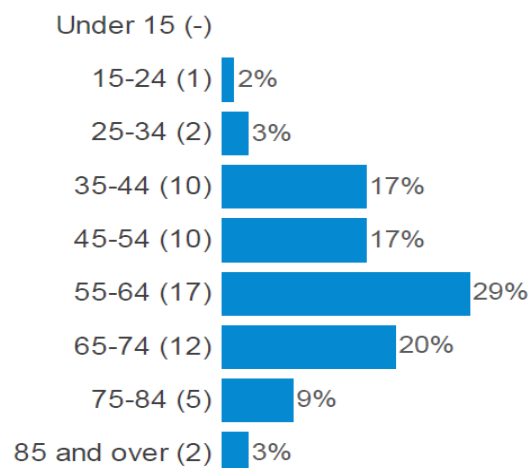
White (58) 95%
Mixed (-)
Asian or Asian British (2) 3%
Black or Black British (1) 2%
Other ethnic group (-)

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Have your say on the refreshed Leicester, Leicestershire and Rutland draft Joint Carers Strategy 2022 - 2025

Recognising, valuing and supporting carers in Leicester, Leicestershire and Rutland

Tell us how this might affect you

Online: **www.leicestershire.gov.uk/carers-strategy**
For general enquiries or comments about this consultation
phone **0116 305 0232** or email **ascengage@leics.gov.uk**

Public consultation: Please submit your views by midnight on **17 JULY 2022**

Introduction

During the COVID-19 pandemic the number of carers in the UK increased by 4.5 million to over 13 million, it is anticipated that post pandemic the figure will drop, however it is unlikely to return to its Pre-COVID figure of 9.1 million.

In Leicestershire we estimate there are around 100,000 carers. We await the latest census data to confirm the figure.

Looking after a person that you care about is something that many of us want to do. Caring can be very rewarding, helping a person develop or re-learn skills, or simply helping to make sure your loved one is as well and supported as they can be.

The draft Joint Carers Strategy 2022-2025 sets out a shared vision and priorities for recognising, valuing and supporting carers by Leicester City Council, Leicestershire County Council, Rutland County Council and the Clinical Commissioning Groups (CCGs) for Leicester, Leicestershire and Rutland.

The strategy reflects recent legislation and national guidance with regards to the role and duties of Local Authorities and NHS bodies towards carers. The strategy also seeks to respond to the issues related to caring that have been highlighted locally and set out how the partners signed up to this strategy will work together to address these.

You may recall last year we asked for your help to review the carers strategy and provide information on key areas important to you. The responses we received highlighted which priorities people feel are important within the strategy, and what areas require further focus.
Identification of carers remained a key theme, as lack of identification creates barriers to accessing appropriate advice, information and support and being recognised and valued.

We also responded to comments regarding the definition of "who is a carer?" and worked with local carers to put together the text around the definition to support identification of carers. We hope this allows carers to easily recognise themselves and allow others to help them self-identify.

There are 8 key priorities to support carers across Leicester, Leicestershire and Rutland to continue in their caring role and to maintain their own health and wellbeing.

The strategy describes our partnership actions for each priority and we want to know your views on these: this feedback will be used to further develop our detailed action plans which will support the Joint Carers Strategy.

Further information on the engagement work and the proposals in the draft Joint Carers Strategy 2022-2025 can be viewed at www.leicestershire.gov.uk/carers-strategy

Who is a carer?

'We would describe a carer as anyone who supports and cares, unpaid, for a family member or friend living with a disability, long-term illness, substance misuse or a mental health need, who would not manage without their help.'

This definition was developed from feedback from our local carers, who also feel it is important that we acknowledge the following factors:

- That a carer does not always live with the person they care for
- That a caring role should not be defined by the number of hours they provide care
- That the carer could be caring for their son, daughter, husband, wife, mother, or father, but that this list is not exhaustive, and the relationship between the carer and the person may also extend beyond traditional family roles
- Sometimes a carer can be caring for more than one person, across differing generations
- Carers may also receive support from a carer themselves
- Receipt of a carers allowance does not mean that they are in a paid carer role
- The carer can be any age; Adult carer over the age of 18, parent carer who provides care to a child or an adult, young carers under the age of 18 and young adult carers who are aged between 18 and 25 years

What is the council consulting on?

We are consulting and seeking feedback on the refreshed Joint Carers Strategy 2022-2025 and Leicestershire's action plan. We are seeking feedback about our priorities and our commitments in relation to those priorities.

Guiding Principles

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers. These principles have been translated into key priorities and proposed actions.

Carer Identification

We will continue to identify carers of all ages and signpost them to relevant information and services if they require assistance.

PROPOSED ACTIONS:

- Continued promotion and growth of the carers passport scheme.

- Improving access to primary care (services like general practice, community pharmacy, dental, and eye health) and health checks for carers to support them to maintain their own physical/mental health and wellbeing.

- Plans to provide ongoing relationships through the Integrated Care System (the organisations that meet health and care needs across an area), and ensure it is

reaching out to carers across cultures.

- Ensure better Carer identification and consideration of carer needs on admission through to discharge from hospital.

- Use of social media, to raise carer awareness, particularly around Young Carers.

Carers are valued and involved

We will listen to carers and involve them in the development of services that enable them to continue to provide their caring role.

PROPOSED ACTIONS:

- Create an agreed approach for communicating with carers across Leicester Leicestershire and Rutland.

- The Carers Delivery Group (the organisations who are working together on the strategy) will seek to influence the information provided to carers around the differing care pathways across the Integrated Care System (the organisations that meet health and care needs across an area).

- Development of 'You Said We Did' approach – showing that carer voice influences and shapes the design and delivery of our services.

- Create and use a measure of how local health service and its partners are providing joined up, personalised and anticipatory care.

- Ensure that adult services are aware of and include young carers that may be involved in supporting the person receiving care.

Carers are Informed

We will ensure that accurate advice, information and guidance are available to assist carers to navigate health and social care services.

PROPOSED ACTIONS:

- We will ensure carers can access the information they need; in the formats they require

- Refresh of organisations internet pages to ensure information is clear, pages are easy to navigate, and language used isn't "too corporate". Including
  - Information for Young Carers
  - Information on advocacy and getting carers voices heard

- Development of relationships with schools and colleges to improve young carers

awareness.

Carer friendly communities

Communities will be encouraged to support carers

PROPOSED ACTIONS:

- We will ensure that the priorities within the carers strategy are aligned with The Integrated Care Board, People and Communities Strategy 2022/2023

- Continued promotion and growth of the carers passport scheme. Specifically targeting community schemes and groups within neighbourhoods.

- Development of relationships with schools and colleges to improve young carers awareness.

Carers have a life alongside caring

Carers will be supported to maintain their own physical and mental health and wellbeing and encouraged to have a life outside of their caring role.

PROPOSED ACTIONS:

- Ensuring carers have the information they need to keep themselves well.

- Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers needs are recognised.

- Work to improve transition planning with young carers, to consider their future aspirations in terms of college, university, leaving home.

- Continue work with Leicestershire Partnership Trust to develop a Lived Experience Framework. This alongside trust-wide systems and processes will allow for the creation of paid opportunities for those with lived experience whilst developing skills and experience.

Care with Confidence

Supporting carers to feel confident using technology and gadgets that can help them in their caring role.

PROPOSED ACTIONS:

- Ensure carers are informed of technology solutions (Gadgets) that can support them.

- Work to enable carers to be confident using technology/gadgets.

- Help support patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions

Carers can access the right support at the right time

We will respect and promote the needs of carers ensuring they have access to the information they require, support to plan for the future, with processes and carers assessments that consider their needs.

PROPOSED ACTIONS:

- Creating strong links with the Mental Health organisations to ensure carers needs are recognised.

- The Carers Delivery Group (the organisations who are working together on the strategy) will seek to influence the information provided to carers around the differing care pathways across the Integrated Care System (the organisations that meet health and care needs across an area).

- Continued promotion and growth of the carers passport scheme. Specifically targeting Hospital and GP services.

- Ensuring carers are supported to plan for emergencies

- Work alongside LOROS and the Carers Matters Stakeholder group to understand what matters to carers supporting a loved one at the end of life.

- Roll out of Young Carers passport across Leicester, Leicestershire, and Rutland.

Supporting Young Carers

Young Carers needs will be considered, across organisations, including their health wellbeing and aspirations.

PROPOSED ACTIONS:

- Developing young carer support that acknowledges young carers miss out on childhood & other key activities and supports their mental health where required

- Working with young carers to improve the way that the health system including GP's supports young carers

- Local authorities will work with young carers to ensure that their aspirations of going to college, university, leaving home, are considered as part of their work with young carer services

- Under 11 years support for young carers

Each partner will support these key priorities through their own individual action plans, based around their carers offer.

How will the consultation work?

The consultation begins on 06 June and will end at midnight on 17 July 2022.
There will be a drop in public consultation event at Leicester City Football Club on 28 June 2022, 1.30 - 5.30pm.

To submit your views please fill out the consultation questionnaire and make sure it reaches us by midnight on 17 July 2022 at the latest. The survey is available online at www.leicestershire.gov.uk/carers-strategy.

If you are able to, please complete the questionnaire online as it will save us money.
If you need a paper copy of the questionnaire, please call 0116 305 0232

You can send your completed questionnaire to the following freepost address:
LLR Carers Strategy,
Leicestershire County Council,
Have Your Say,
FREEPOST NAT 18685,
Leicester,
LE3 8XR

If you need help to complete the questionnaire or have any questions about the consultation, please call 0116 305 0232 or email ascengage@leics.gov.uk

Please telephone 0116 305 0232 if you would like the information in an alternative format.

What happens next?

After the consultation closes in July, we'll analyse the results and share with cabinet and residents in autumn 2022.

Have your say on the refreshed Leicester, Leicestershire and Rutland draft Joint Carers Strategy 2022-2025

Recognising, valuing and supporting carers in Leicester, Leicestershire and Rutland

During the COVID-19 pandemic the number of carers in the UK increased by 4.5 million to over 13 million, it is anticipated that post pandemic the figure will drop, however it is unlikely to return to its pre-COVID figure of 9.1 million.

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There remain 8 key priorities to support carers across Leicester, Leicestershire and Rutland to continue in their caring role and to maintain their own health and wellbeing.

The strategy describes our partnership actions for each priority and we want to know your views on these: this feedback will be used to further develop our detailed action plans which will support the Joint Carers Strategy.

Please read the supporting information provided before completing the survey.

Thank you for your assistance. Your views are important to us.

Please note: Your responses to the main part of the survey, including your comments) may be released to the general public in full under the Freedom of Information Act 2000. Any responses to the questions in the 'About you' section of the questionnaire will be held securely and will not be subject to release under Freedom of Information legislation, nor passed on to any third party.

Your role

Q1   In what role are you responding to this consultation? Please select more than one box if applicable.

☐	Young carer (aged under 18)	Go to Q4
☐	Young adult carer (aged 18-24)	Go to Q4
☐	Person who uses social care	Go to Q4
☐	Family member/carer of an adult or child who uses social care	Go to Q4
☐	Family member/carer of an adult or child who does not use social care	Go to Q4
☐	Interested member of the public	Go to Q4
☐	Member of council staff	Continue to Q2
☐	Employee of a social care provider	Continue to Q2
☐	Representative of a voluntary sector organisation or charity	Continue to Q2
☐	GP/pharmacist or other healthcare professional	Continue to Q2
☐	Other professional/stakeholder, e.g. elected member, council representative, business etc.	Continue to Q2
☐	Other (please specify below)	Continue to Q2

Please specify 'other'

Q2   If you are a representative of a service provider, voluntary organisation/charity, GP/pharmacist or other professional/stakeholder, please provide your details.

Name:

Role:

Organisation:

Organisation postcode:

This information may be subject to disclosure under the Freedom of Information Act 2000

Q3   Are you providing your organisation's official response to the consultation?

☐	Yes	Go to Q7
☐	No	Go to Q7

Q4   Which district do you live in?

☐ Blaby   ☐ Melton

☐ Charnwood   ☐ North West Leicestershire

☐ Harborough   ☐ Oadby and Wigston

☐ Hinckley and Bosworth

Q5   Are you a current user of a carers service, such as receiving a carer's personal budget, attending a carer's group, or receiving some other specific support for carers?

☐ Yes

☐ No

☐ Don't know

Our draft strategy

Q6   How well, if at all, do you think the draft carers strategy accurately reflects carers issues?

Very well	Fairly well	Not very well	Not at all well	Don't know
☐	☐	☐	☐	☐

Why do you say this? Is there anything missing?

The strategy is underpinned by a number of guiding principles that reflect both the national and local requirements of carers. These principles have been translated into key priorities and proposed actions.

Q7 How important, if at all, are the following priorities to you?

	Very important	Fairly important	Not very important	Not at all important	Don't know
Carer identification	☐	☐	☐	☐	☐
Carers are valued and involved	☐	☐	☐	☐	☐
Carer friendly communities	☐	☐	☐	☐	☐
Carers are informed	☐	☐	☐	☐	☐
Carers have a life alongside caring	☐	☐	☐	☐	☐
Care with Confidence – Technology and skills supporting you to care effectively".	☐	☐	☐	☐	☐
Carers can access the right support at the right time	☐	☐	☐	☐	☐
Supporting young carers	☐	☐	☐	☐	☐

Q8 To what extent do you agree or disagree that these are the right priorities?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this? Are there any other priorities that should be included in the strategy?

Q9 To what extent do you agree or disagree with the joint actions proposed to deliver these priorities?

Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	Don't know
☐	☐	☐	☐	☐	☐

Why do you say this? Are there any other actions that should be included in the strategy?

Q10 Is there anything you particularly **like** about the draft strategy?

Q11 Q10 Is there anything you particularly **like** about the draft strategy?

Q12 Do you have any comments about the Leicestershire County Council draft action plan?

Q13 What would make the most difference to your life as a carer?

Q14 Do you have any other comments?

Please continue if you are a carer, social care user/ family member of a social care user or an interested member of the public (as identified in Q1). Otherwise, please skip to the instructions at the end of the questionnaire.

About you

We are committed to ensuring that our services, policies and practices are free from discrimination and prejudice and that they meet the needs of all sections of the community.

We would therefore be grateful if you would answer the questions below. You are under no obligation to provide the information requested, but it would help us greatly if you did.

Q15 What is your gender identity? Please tick one box only

☐ Male

☐ Female

☐ Other (e.g. pangender, non-binary etc.)

Q16 Is your gender identity the same as the gender you were assigned at birth?

☐ Yes   ☐ No

Q17 What was your age on your last birthday? (Please enter your age in numbers not words)

Q18 What is your full postcode? This will allow us to how far people have to travel to access services. It will not identify your house.

Q19 Are you a parent or carer of a young person aged 17 or under?

☐ Yes ☐ No

Q20 If yes, what are the ages of the children in your care? Please tick all that apply

☐ 0-4 ☐ 5-10 ☐ 11-15 ☐ 16-17

Q21 Are you a carer of a person aged 18 or over?

☐ Yes ☐ No

Q22 Do you have a long-standing illness, disability or infirmity?

☐ Yes ☐ No

Q23 If yes, please tell us which condition(s). Please tick one box only.

☐ A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)

☐ Blindness or severe visual impairment

☐ A specific learning difficulty (e.g., dyslexia, dyspraxia or AD(H)D)

☐ Deafness or severe hearing impairment

☐ A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder)

☐ A mental health difficulty (e.g., depression, schizophrenia, or anxiety disorder)

☐ A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)

☐ An impairment, health condition or learning difference that is not listed above

☐ Prefer not to say

Q24 What is your ethnic group? Please tick <u>one </u>box only.

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Any other Asian background
- [ ] Caribbean
- [ ] African
- [ ] Any other Black / African Caribbean background
- [ ] Mixed - White and Black Caribbean

- [ ] Mixed - White and Black African
- [ ] Mixed - White and Asian
- [ ] Any other Mixed / Multi Ethnic backgrounds
- [ ] White / Welsh / Scottish / Northern Irish / British
- [ ] Irish
- [ ] Gypsy or Irish Traveller
- [ ] Any other White background
- [ ] Arab
- [ ] Any other ethnic group

Q25 What is your religion? Please tick <u>one</u> box only

- [ ] No religion
- [ ] Bha'i
- [ ] Buddhist
- [ ] Christian (all denominations)
- [ ] Hindu
- [ ] Jain
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Any other religion

Q26 Which of these activities best describes what you are doing at present?
Please tick <u>one</u> box only

- [ ] Employee in full-time job (30 hours plus per week)
- [ ] Employee in part-time job (less than 30 hours per week)
- [ ] Self employed full or part-time
- [ ] On a government supported training programme
- [ ] Full-time education at school, college or university.
- [ ] Unemployed and available for work
- [ ] Permanently sick / disabled
- [ ] Wholly retired from work
- [ ] Looking after the home
- [ ] Doing something else

Q27 Many people face discrimination because of their sexual orientation and for this reason we have decided to ask this monitoring question. You do not have to answer it, but we would be grateful if you could tick the box next to the category which describes your sexual orientation. Please tick <u>one</u> box only

- [ ] Bi-sexual
- [ ] Gay
- [ ] Heterosexual / straight
- [ ] Lesbian
- [ ] Other

Thank you for your assistance. Your views are important to us.

When the consultation closes in April, we will update the strategy taking into account views that have been expressed.

Please return your completed survey to:

LLR Carers Strategy Consultation
Leicestershire County Council Have Your Say
FREEPOST NAT 18685
Leicester LE3 8XR

Data Protection: Personal data supplied on this form will be held on computer and will be used in accordance with the Data Protection Act 1998. The information you provide will be used for statistical analysis, management, planning and the provision of services by the county council and its partners. The information will be held in accordance with the council's records management and retention policy. Information which is not in the 'About you' section of the questionnaire may be subject to disclosure under the Freedom of Information Act 2000.

Leicestershire
County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 JUNE 2022

PROGRESS UPDATE ON THE DEVELOPMENT OF THE ARCHIVES, COLLECTIONS AND LEARNING HUB

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. To update the Committee on work undertaken on the development of the Archives, Collections and Learning Hub, following a pause in activity due to the Covid-19 pandemic. The report sets out information on proposed next steps and includes indicative timelines for delivery.

Policy Framework and Previous Decisions

2. The development of the Archives, Collections and Learning Hub will support the County Council in achieving its aims under the Great Communities outcome of the Strategic Plan, in particular to ensure Leicestershire's cultural and historic heritage is enjoyed and conserved.

3. On 6 March 2018, this Committee supported the proposal to develop a new Collections and Learning Hub, with the Cabinet subsequently approving the development of the Hub on the County Hall Campus on 12 June 2018. The Committee received a further update on the development proposals, including the management, maintenance and governance of the Museum Service collections, at its meeting in March 2019.

Background

4. The County Council's Archive and Museum Collections and its Creative Learning Service for schools are currently housed in six buildings in various locations across Leicestershire. One of the principal drivers for the development of the Archives, Collections and Learning Hub is that the strong rooms at the Record Office, Wigston have reached their storage capacity, in addition each of the six buildings mentioned have drawbacks either through limited capacity, poor condition, having limited or no public access or being a tenancy with ongoing and rising revenue costs.

5. A programme of work has been in place since 2017 to relocate the Collections and Learning Hub with both the Cabinet and Scrutiny receiving updates.

6. On 12 June 2018, the Cabinet approved the development of a Collections and Learning Hub, including a new Record Office, on the County Hall campus. Two options were approved to be developed in further detail. One was a refurbishment of the Eastern Annexe, with an indicative capital investment requirement of £16.54m

and additional net present value (NPV) of £7.8m. The other was a new build on the County Hall campus, with an indicative capital investment of £34.61m and additional NPV of £23m.

7. Further work saw these options evolve into a preferred two-phase development. Phase one would see the Record Office move to the County Hall campus, with public facilities occupying existing space in the Pen Lloyd building and building of a new archive storage facility. Phase two would create the collections hub, bringing together museum collections and the operations centre for the Creative Learning Service.

8. The facility would offer visitors a search room and research facilities, and access to the archives of Leicester, Leicestershire and Rutland, as well as single point access to the wealth of museum collections held by the Council. Schools would have access to resources to support the curriculum as part of the Creative Learning Services offer.

9. It was agreed that the vision was to create a new Archives, Collections and Learning Hub which enabled public access to a range of cultural resources, in particular archival and museum collections, through a single centralised facility, providing secure and environmentally sound storage.

10. The total revenue costs of operating the Record Office are shared proportionally between the Record Office partners – the County Council, Leicester City Council, and Rutland Council. The relocation to the County Hall campus is not expected to result in an increase in revenue costs to partners.

Impact of Covid

11. At the point of commissioning, design architects (Pick Everard) were appointed to undertake a costed feasibility study of phase one. However, this activity was paused due to the Covid-19 pandemic.

12. Since that time, given the pressure on the capital programme, the Council re-commissioned Pick Everard to carry out a feasibility study into any potential new options resulting from the changes on the campus, in particular the Ways of Working programme which sees more people working from home and less pressure on car parking. The feasibility study was considered important to determine whether there were any changes to the original high level estimated costs.

Proposals/Options

13. The options considered are summarised below:

    a) Conversion of existing spaces in Pen Lloyd and Rutland Buildings.
    b) New build strong rooms on the sunken garden site and adapt room G60 for public research facilities to provide a new Record Office and adapt the Eastern Annexe to deliver all the other elements of the Archives, Collections and Learning Hub. The model being worked on before the pause.
    c) New build strong rooms adjacent to the Eastern Annexe and adapt the rest of the building to effectively provide all elements of the Archives, Collections and Learning Hub in a single space.

d) A complete new build, providing all elements of the Archives, Collections and Learning Hub in a single space.

14. Option (a) - to convert existing spaces in the Pen Lloyd and Rutland buildings to accommodate the whole of the Archives, Collections and Learning Hub in one space - was assessed as unworkable due to insufficient space and access layouts being impractical.

15. Work to determine costs and spatial requirements for the three remaining options (b) – (d) was carried out involving officers from Adults and Communities and Strategic Property Services with Pick Everard. This work included the current status of, and potential cashable savings from, multiple buildings occupied by the services to be re-located into the Archives, Collections and Learning Hub.

16. The options considered remain within the original financial parameters, although the upper cost estimate has reduced to £30 million.

Preferred Option

17. Whilst each option explored has its merits the preferred option is Option C (the building of strong rooms adjacent to the Eastern Annexe and adaption to the rest of the building for public research facilities to provide a new Record Office and storage for Registration Services, conservation and technical workshops, facilities for museum collections, public engagement spaces and operational centre for Creative Learning Services).

18. This option will deliver the required standards, including those of the General Registrar's Office and The National Archives, and space for the delivery of services whilst realising the original hub vision of co-location of all heritage and learning assets in one building with a single point of public access. It would enable the service structure delivered in the 2020 Communities and Wellbeing restructure to work to maximum effect and efficiency.

19. It would also enable the co-location of technical and conservation teams, kit and equipment (in the Eastern Annexe) alongside all of the collections reducing risk from unnecessary movement of objects and it will be more efficient in terms of staff time and skills sharing.

20. Achieving the Archives, Collections and Learning Hub in a single building has the potential to present a powerful and positive identity, communicating the clear message of a unique 'one stop shop' for the County's archival, museum and creative learning resources not on display/available in community localities.

21. In addition, it is proposed to include the requirement of the Registration Service. The current storage provision for the Registration Service does not meet the specification set by the General Register Office.

22. Current storage provision for the Registration Service is within the Pen Lloyd building, County Hall, Glenfield, and whilst security improvements have been made, this still falls short of the specification required by the General Registrar Office. The Collections Hub provision, based at County Hall, could satisfactorily address this issue within the scope of the project.

23. The Museum Service is expected to be invited to reapply for Museum Accreditation towards the end of 2022 and the Archive Service is expected to be invited to reapply for Archive Accreditation in 2023. For both applications to be successful it will be important for the County Council to demonstrate it has a clear way forward to address various storage needs. The Committee considered a report regarding the accreditation process and commented on the preparations being made for the next submission at its meeting in March 2021.

Service benefits

24. The proposed approach would enable a consolidation of the archive and museum collections on one campus and enable the decommissioning of the six sites across the County to be re-purposed, sold, rented to other bodies or for the County Council to end its tenancy. It would enable the:

    • closure of six current storage and access facilities utilised by the service across the County;
    • release of £114,700 per annum of rental and operational costs;
    • generate £17,000 per annum of rental potential for County Council commercial properties;
    • potential generation of £800,000 of capital returns from the sale of the County Council owned buildings surplus to requirements whilst saving an additional £13,000 per annum of running costs associated with these premises.

25. All options considered were premised on bringing benefits to both the Service and to service users; particularly those who are users of the museum collections and Creative Learning Services as the collections will be co-located on one site rather than six.

Consultation

26. Further consultation, including extensive public engagement, will take place once detailed designs are available. Details will be shared with this Committee at that time.

Resource Implications

27. The forecast implementation costs are based on the information available at this stage of the project. As the project evolves and more detailed survey and design work is undertaken more thorough and robust costs can be confirmed.

28. Option C is anticipated to be the lowest cost of those considered and presents the best value option for the Council to deliver its vision. Based on the current financial indicators this option is £4m cheaper than option b) and £12m cheaper than option d).

29. The ongoing financial benefits of the preferred option would realise £144,000 per annum from the running costs of all existing sites together with the ending of associated tenancies. Further work is required to better understand the ongoing relative revenue implications, including any efficiencies delivered through new ways of working.

Estimates	Proposed indicative cost model
Capital	£15,888,000
Revenue	£1,355,000
Potential Savings (Release of buildings)	-£944,000
Total	**£16,299,000**

30. Forecast implementation costs include capital costs, costs for management and movement of collections. These also include temporary relocation costs associated with collections and service operations currently housed in the Eastern Annexe (which will need to be moved during refurbishment) and dilapidation costs for premises the County Council would vacate. The costs also include a contingency of 10%.

31. An additional inflationary risk contingency has been included to mitigate against further inflationary pressures. However, the full inflationary impact is exceedingly difficult to forecast in the current environment.

Project Costs

32. An estimated £574,000 has been identified by the Adults and Communities Department for project staffing for three years and these costs are included in the table above.

33. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Risk and Limitations

34. A risks and limitations assessment has been completed on the preferred option. This is summarised below:

	Risk/Limitation	Risk rating
Preferred option	• Requires the relocation of teams working in either G60 and/or Eastern Annexe. • The condition of the Eastern Annexe will require a further Survey. • Impact on car parking • Construction on live campus is potentially challenging	Medium

35. It is important to note that there is the potential for unforeseen elements to arise which are difficult to mitigate against. Robust project management of the programme will be in place to manage such elements and escalate matters through the appropriate channels as necessary.

Timetable for Decisions

36. The governance arrangements for the project have been re-established with key officers across the Council.

37. Work to determine further detail and cost assurances will take place to include:

    a) Resuming the previous competitive tender for Architectural services along with the other indicated design team members through a nominated framework to enable programme efficiencies and continuity.

    b) The resumption of the competitive tendering process in June 2022, for the workstreams outlined in paragraph 37 c) below to be delivered over the summer and autumn of 2022.

    c) The appointment of the project team to progress the preferred option to the next stage in the Royal Institute of British Architects (RIBA) plan of works. This will include:

        • Accurate spatial analysis and planning for archive records and museum collections.
        • Measured surveys of the museum collections to inform the spatial planning
        • Commissioning of surveys to inform the design including surveys of the existing building(s).
        • Review and agree the sustainability requirements of the project
        • Stakeholder engagement with the Local Planning Authority
        • Further development of the specialist racking design
        • Develop the overall design including engagement with architects, structural engineers, civil engineers, mechanical and electrical engineers.
        • Scope of an engagement plan with the public / targeted communities.

38. Subject to the outcome of the above work, further reports will be presented to the Cabinet and this Committee as appropriate.

Conclusions

39. The Committee is asked to note the work undertaken to date following a pause in activity and invited to comment on the future proposals.

Background papers

• Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2018 and 11 March 2019 – Archives, Museums and Heritage Collections Hub/Collections and Learning Hub and Museum Service Collections - https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MID=5355https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MID=5687#AI58873
• Report to the Cabinet: 12 June 2018 – Archives, Museums and Heritage Collections Hub - https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MID=5181#AI55440
• Report to the Adults and Communities Overview and Scrutiny Committee on Museum Accreditation – Review of the Last Period of Submission (2015-19) and Preparations

for Next Submission (2022-2026)
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MID=6461

Circulation under the Local Issues Alert Procedure

40.	This report will be circulated to all Members of the County Council.

Equality and Human Rights Implications

41.	An Equality and Human Rights Impact Assessment (EHRIA) will be undertaken once plans for the preferred option have been developed, although it is anticipated that this project will enhance access to the cultural resources held in trust by Leicestershire County Council.

Other Relevant Impact Assessments

42.	Environmental Impact: The design brief for the new build strong rooms requires designs to show how they will seek to employ Passivhaus principals. This will enable the building to be highly energy efficient, reduce CO_2 levels to the minimum and provide the stable environmental conditions that are a prerequisite of archival storage, without the introduction of additional mechanical control measures.

43.	A full travel plan will be developed for the preferred option, but the location of County Hall on regular bus routes from the City Centre means that use of public transport can be encouraged.

44.	Aspects of this project relating to the joint provision of the Record Office for Leicestershire, Leicester and Rutland will be developed in partnership with Leicester City and Rutland Councils.

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Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 JUNE 2022

UPDATE ON THE SOCIAL CARE REFORM PROGRAMME

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

1. The purpose of this report is to inform Committee members on the work underway to prepare for the Social Care Reforms set out in a previous report to this Committee on 24 January 2022.

Policy Framework and Previous Decisions

2. 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 emphasises the right of individuals to have choice and control and as much independence as possible. The Act also stipulates that Local Authorities should also work with local care market to ensure it is healthy, sufficient to meet local needs and is diverse.

3. The Adults and Communities Ambitions and Strategy for 2020-2024 set out in "Delivering Wellbeing and Opportunity in Leicestershire", sets out the Department's direction of travel in its provision of care and the reforms will impact on future reviews of the Strategy.

4. Social Care Reform and the policy framework underpinning it was previously discussed at this Committee's meeting held on 24 January 2022.

Background

5. 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.

6. There are a number of key ambitions outlined as part of the White Paper. These include:

    - Shaping healthy and diverse social care markets
    - Reducing variation in quality and promoting safety of care

- Supporting the social care workforce
- Enabling individuals to navigate the system and finding the right care and support
- Accelerating adoption of Technology in Social Care
- Expanding the choice of housing options
- Driving integration of health and care services
- Supporting local authorities to deliver reform.

7. A further white paper, "Joining up care for people, places and populations" released in February 2022 sets out plans to make integrated health and social care a reality for everyone across England and to level up access, experience and outcomes across the country (https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations).

8. In order to meet the proposals contained within the White Papers, together with the requirements of the Health and Care Act 2022, and the Building Back Better Charging Reforms, a Social Care Reform Programme has been established. The Programme and its governance are described in the presentation appended to this covering report.

9. The presentation also provides the Committee with the Assurance of Local Authority Social Care as enacted in the Health and Care Act 2022.

10. The Government has introduced 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 includes 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.

Consultation

11. The Government has set out details of the engagement it has undertaken to shape the content of the People at the Heart of Care White Paper (Annex A of the Policy paper refers). This included local authorities, providers, workforce representatives and professional bodies, voluntary and community sector organisations, and people with lived experience including unpaid carers.

12. 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.

13. As the programme progresses, local stakeholders and the public will be consulted on any significant changes which will be made to services as a result of the programme workstreams.

Resource Implications

14. The impact of the Programme and cost of reform are still being scoped.

15. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

16.	Further reports will be presented to the Cabinet and this Committee on the Social Care Reform Programme over the course of the next 12 months.

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

Joining up care for people, places and populations" health integration white paper
https://www.gov.uk/government/publications/health-and-social-care-integration-joining-up-care-for-people-places-and-populations)

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

Report to the Adults and Communities Overview and Scrutiny Committee: 24 January 2022 – Adult Social Care Reform and Charging
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6838&Ver=4

Circulation under the Local Issues Alert Procedure

17.	None.

Equality and Human Rights Implications

18.	This report is a briefing document, and as such is not subject to an Equalities and Human Rights Impact Assessment (EHRIA). Any subsequent changes in policies arising from the reform will be subject to appropriate assessments. Individual workstreams will be examining the equality or human rights implications arising from their work programme and will be completing EHRIA's accordingly.

Appendix

Presentation describing the Social Care Reform Programme governance and focus on the proposed Assurance of Social Care by the Care Quality Commission.

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Adults and Communities Overview and Scrutiny Committee: 6 June 2022

Social Care Reform Programme and update on the Care Quality Commission Local Authority Assurance Process

Jon Wilson, Director of Adults and Communities

Purpose of this presentation

- Update the Committee on the Social Care Reform Programme;

- Seek comment on our Social Care Reform work programme, its governance and work to date;

- Provide the Committee with a more detailed look at one of the key areas of the reforms - *the proposed Assurance by the Care Quality Commission of Local Authority Adult Social Care Provision.*

Social Care Reform

There has been a number of recent Government White Papers that set out a 10 year vision to transform social care across the country. Broadly speaking the Government proposals can be summarised as follows:

- **Charging reform**
  - ➤ Introduction of a cap on personal care costs;
  - ➤ Provide financial assistance to those without substantial assets;
  - ➤ Ensure that self-funders can ask their Local Authority to arrange their care for them.

- **Social care system reform, particularly**
  - ➤ The social care workforce;
  - ➤ Accommodation;
  - ➤ Technology and digital;
  - ➤ Carer Support;
  - ➤ Care navigation and prevention.

- **Health and Care Act**
  - ➤ Improve the integration of health and social care systems;
  - ➤ Introduce Assurance of Adult Social Care.

- **Integration White Paper**
  - ➤ Strengthen the health and care services in places that feel familiar to the people living in them
  - ➤ Expectation for a single person to be accountable at place level, across health and social care

Leicestershire's Social Care Reform Programme

- The Departmental programme has been established to implement the requirements summarised previously.

- The programme of work is complex and challenging, within tight timescales set out by central government.

- The programme aims to achieve the following outcomes:
  - ➤ Implements the required reforms to policy, practice and process by the required timeframes set out by the Department of Health and Social Care;
  - ➤ Ensure sustainability of the Council finances;
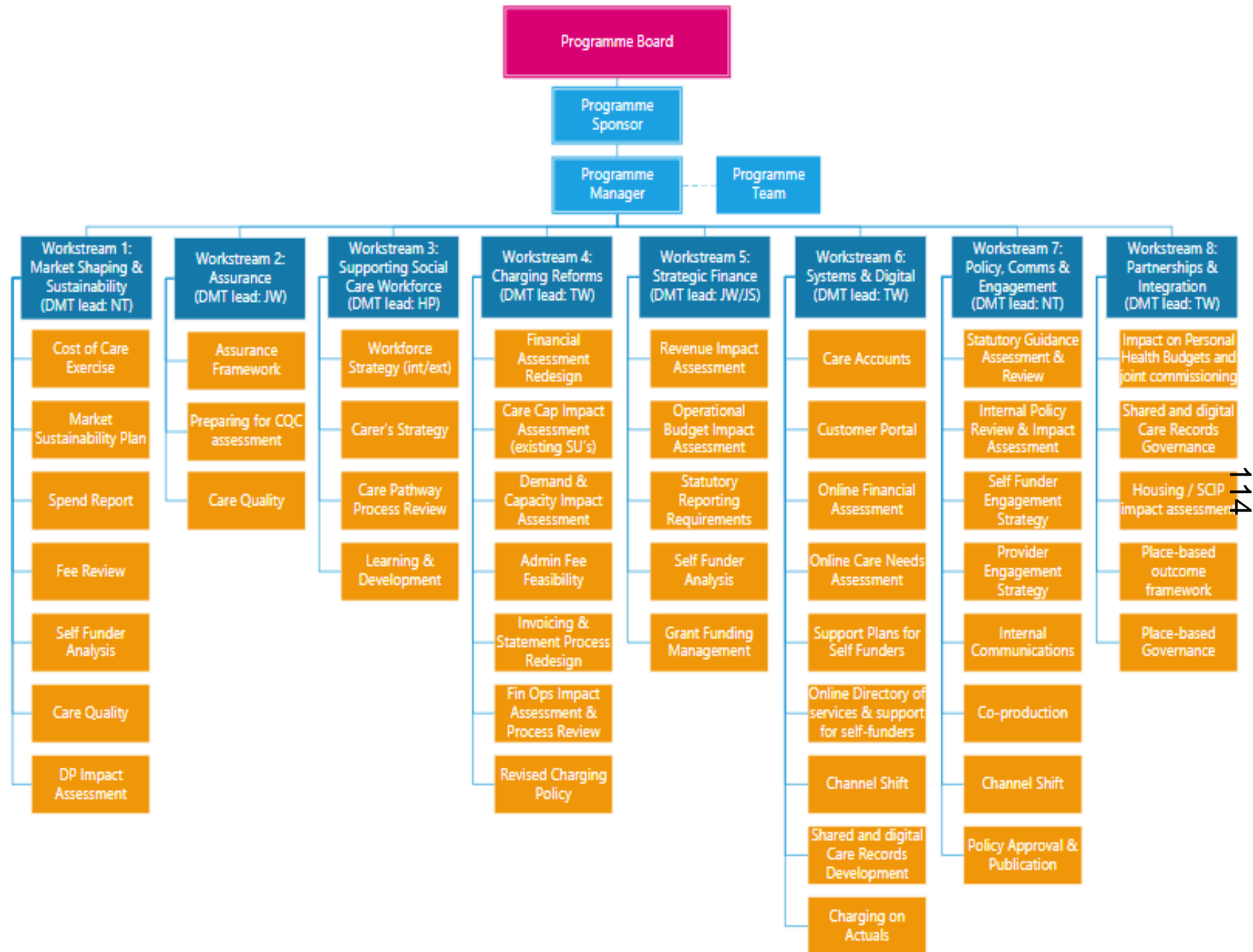 - ➤ Improve Outcomes for people who draw on our services and carers.

Programme objectives

Over-arching objectives for the Social Care Reform Programme are:

- Ensure a robust plan is in place to deliver required reforms, including sufficient resource to implement and embed change.

- Mitigate against financial, reputational and legal risks to the County Council by delivering required Social Care Reforms by dates set out by the Department of Health and Social Care.

- Costs of implementing the Social Care Reforms are understood at an early stage, to support budget development and management, and to bid for any additional funding that may be available.

- Supporting processes are streamlined and digitised where possible to reduce the burden of additional demands on staff and budgets within both the department and the wider organisation.

- Outcomes being met in line with both national policy and individual need for those in receipt of social care.

Governance and key deliverables

Programme Board

Programme Sponsor

Programme Manager — **Programme Team**

Workstream 1: Market Shaping & Sustainability (DMT lead: NT)	Workstream 2: Assurance (DMT lead: JW)	Workstream 3: Supporting Social Care Workforce (DMT lead: HP)	Workstream 4: Charging Reforms (DMT lead: TW)	Workstream 5: Strategic Finance (DMT lead: JW/JS)	Workstream 6: Systems & Digital (DMT lead: TW)	Workstream 7: Policy, Comms & Engagement (DMT lead: NT)	Workstream 8: Partnerships & Integration (DMT lead: TW)
Cost of Care Exercise	Assurance Framework	Workforce Strategy (int/ext)	Financial Assessment Redesign	Revenue Impact Assessment	Care Accounts	Statutory Guidance Assessment & Review	Impact on Personal Health Budgets and joint commissioning
Market Sustainability Plan	Preparing for CQC assessment	Carer's Strategy	Care Cap Impact Assessment (existing SU's)	Operational Budget Impact Assessment	Customer Portal	Internal Policy Review & Impact Assessment	Shared and digital Care Records Governance
Spend Report	Care Quality	Care Pathway Process Review	Demand & Capacity Impact Assessment	Statutory Reporting Requirements	Online Financial Assessment	Self Funder Engagement Strategy	Housing / SCIP impact assessment
Fee Review		Learning & Development	Admin Fee Feasibility	Self Funder Analysis	Online Care Needs Assessment	Provider Engagement Strategy	Place-based outcome framework
Self Funder Analysis			Invoicing & Statement Process Redesign	Grant Funding Management	Support Plans for Self Funders	Internal Communications	Place-based Governance
Care Quality			Fin Ops Impact Assessment & Process Review		Online Directory of services & support for self-funders	Co-production	
DP Impact Assessment			Revised Charging Policy		Channel Shift	Channel Shift	
					Shared and digital Care Records Development	Policy Approval & Publication	
					Charging on Actuals		

Progress So Far

- Programme governance is in place and Board meetings take place monthly;

- Programme Manager has been appointed to co-ordinate the workstreams;

- Programme risk register has been produced to manage and start to mitigate risk;

- Each of the programme workstreams have met to agree their terms of reference, their key deliverables, and the timescales for achieving them;

- A Communications plan is being developed to keep all key stakeholders informed of the planned changes and our progress in meeting them;

- The full resource requirements for delivering the programme is being collated so we can ensure that we have sufficient capacity to deliver this challenging work programme over the next 18 months.

Focus on the Care Quality Commission Assurance Proposals for Adult Social Care

- Health and Care Act – introduces a new legal duty for Care Quality Commission to review and make an assessment of the performance of local authorities in discharging their regulated care functions under the Care Act 2014.

- The exact functions in scope for review will be set out in the secondary legislation.

- Care Quality Commission will be required to publish quality indicators determined by them and approved by Government.

- Care Quality Commission methodology for assessing and evaluating local authorities, including frequency by which it undertakes reviews which it must set out in a statement approved by the Secretary of State.

Assurance of ASC

- CQC will determine if good performance results in less frequent inspections
- If CQC considers that LA is failing to discharge any of its adult social care service functions to an acceptable standard, government will be informed. CQC will be able to recommend special measures
- If failings are not substantial it may choose to give notice to the LA, the actions CQC thinks should be taken. CQC must notify govt
- Intervention could include peer support, improvement panels or direct commissioner appointment

Key themes covered by the Assurance Process

1. **Working with people** – to assess needs, provide support , wellbeing , choice and control.

2. **Provide Support -** including markets, commissioning, integration and partnership working.

3. **Ensuring safety** – safeguarding, systems continuity of care – focussing on areas of risk, i.e. moving between health and social care or transitions between adults and children.

4. **Leadership** – capable, compassionate leaders , learning opportunities, improvements and innovation.

Each theme will include 'I' statements, choice, control and personalisation will be threaded through the entire framework and approach plus 'we' statements.

Other standards might include examples such as 'professional standards for social work'.

Care Quality Commission's initial proposals for the process

The following slides are taken from a presentation made by the Care Quality Commission which provides detail on the proposals for the Assurance process.

They set out how they propose to gather evidence and the type of intelligence they will be looking for under each of the four themes of enquiry.

Single Assessment Framework

Care Quality Commission

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with "I" statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as "We" statements; the standards against which we hold providers, LAs and ICSs to account

People's experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group

5 Key Questions

Quality Statements

Evidence

Specific evidence and quality indicators

Underpinned by best practice standards and guidance

Reporting and rating
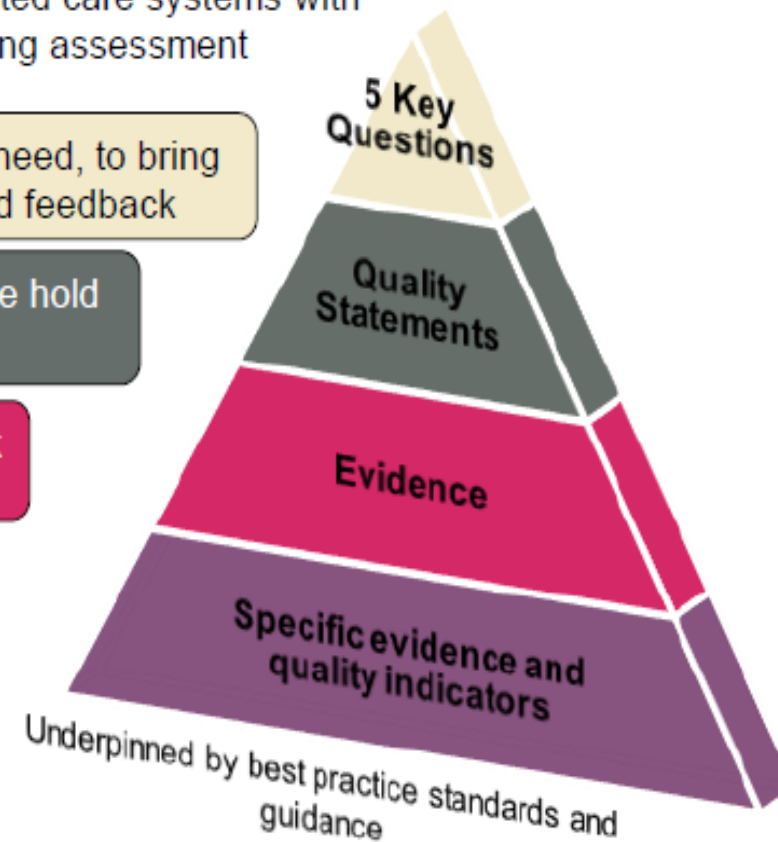
- Early Ministerial is interest in a rating

- If asked to rate, we would use the **four rating levels** for the overall rating: outstanding, good, requires improvement, inadequate.

- Each of the **Quality Statements would be scored, 1-4**

- **Evidence categories within the Quality Statements will also be scored**, 1-4. Scores will be aggregated to Quality Statement level. **We currently don't plan to publish this level of detail.**

- The **overall rating** and **scores for the quality statements will be published alongside a narrative report.**

1. How Local Authorities **work with people**

Care Quality Commission

This includes: assessing needs (including unpaid carers), supporting people to live healthier lives, prevention, well-being, information and advice

- **Assessing needs** - We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.
  - ✓ *I have care and support that is coordinated, and everyone works well together and with me.*
  - ✓ *I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.*

- **Supporting people to live healthier lives** - We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible reduce their future needs for care and support.
  - ✓ *I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.*

People's experience
- Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc)
- Carers Groups (unpaid carers)
- Compliments/complaints and feedback
- Feedback from user and carer surveys
- Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)

Feedback from staff and leaders
- Self-assessment (annual return)
- Interviews and focus groups (ongoing, and consultation as necessary)
- Staff surveys
- Focus groups/interviews
- Councillors, Oversight & Scrutiny Committee
- Other local authority departments
- Principal Social Worker
- Director of Adult Services / Children's Services
- Chief Executive

Feedback from partners
- Healthwatch, providers, third sector
- Local health partners, Gps
- Health & Well-Being Board
- Partnership Boards
- • Healthwatch,
- Provider forums
- Third sector partners
- Local NHS partners, CCGs
- ICB, ICS
- LGA Peer Review / Annual conversation
- Public Health, Police, Education, Leisure, Housing

Processes
- Joint Strategic Needs Assessment
- Training for assessors including specialist assessors and assessment teams
- Assessment and eligibility policy and process
- Financial Assessment and Charging Policy
- Better Care Fund Plan
- Health and Wellbeing plan
- Carers' Strategy
- LA Audits

Outcomes
- Adult Social Care Outcomes Framework
- Data and evidence from professional regulators e.g. NHSE/I, Health Education England
- CQC held data
- Self assessment
- Skills for Care
- Annual Survey of Adult Carers in England (SACE)

Eg:
- Per 1000 population over 65 years, how many have LA funded care
- > Social worker caseloads (number of people receiving support from registered social workers)
- Waiting time for assessment for (i) adults with care needs, (ii) unpaid carers
- % of assessments meeting eligibility criteria for (i) adults with care needs, (ii) unpaid carers
- No of assessments relative to demographics of local population (looking at equality of access)
- Assessments and Reviews (quantitative) – numbers overdue; timeliness of assessment completion;
- Assessments and reviews: number of unallocated people; size of caseloads
- Number of needs assessments undertaken, number of agreement and refusals.
- Number of urgent needs requests. NHS England, annual Survey of Adult Carers in England (SACE)

People's experience	Feedback from staff and leaders	Feedback from partners
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Principal Social Worker • Director of Adult Services / Children's Services • Chief Executive	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing

Processes	Outcomes
• Prevention Strategy • Charging Policy for Prevention Services • Information and Advice Plan • Better Care Fund Plan	• % spend on primary, secondary and tertiary prevention measures (NHSE/I yearly prevention spend); • Quality of preventative services • Person-centred outcomes : % people adopting healthier lifestyles, involved in prevention activity • Demographics and inequalities data over 5 years • Numbers of elders in reablement from hosp and still at home 91 days later • % of people leaving hospital who return to their ordinary place of residence • Rate of perm admissions into care homes (ASCOF) • % spend on third sector / grants. Range of preventative services provided by VCOs – strategy documents and engagements with providers. • Aids and Adaptations – Care and Repair services, Vitaline • Any LA data on levels of use of info & advice services • Waiting times for Care & Repair services (home repairs and adaptations)

2. How Local Authorities **provide support**

Care Quality Commission

This includes: market shaping, commissioning, workforce equality, integration and partnership working

- **Care Provision, integration and continuity** - We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.
  - ✓ *I have care and support that is coordinated, and everyone works well together and with me.*

- **Partnerships and communities** - We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
  - ✓ *Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.*

- **Workforce equality, diversity and inclusion** - We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

People's experience	Feedback from staff and leaders	Feedback from partners
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Other local authority departments • Principal Social Worker • Director of Adult Services / Children's Services • Chief Executive	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing

Processes	Outcomes
• Information Sharing Agreements with partner agencies • Local strategy for Better Care Plan • Local Health and Wellbeing plan • Sustainability and Transformation Plans • Joint Commissioning Strategies • Transition protocols • Continuing Health Care protocols • Governance arrangements for pooled budgets • Evaluation of impact and outcomes from integrated services	• Delayed Transfers of Care: numbers and cost to LA • % budget allocation on pooled budgets / partnerships • Spend on Better Care Fund

CareQuality
Commission

People's experience	**Feedback from staff and leaders**	**Feedback from partners**
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Other local authority departments • Principal Social Worker • Director of Adult Services / Children's Services • Chief Executive	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing • Training providers - accessibility of training for all.
Processes • LA Workforce Strategy (development and well-being) • Staff development/training/qualification records (Values, leadership, equality and human rights, duty of candour, GDPR). • Occupational Health arrangements/offer • Whistle-blowing processes and Speak Up • Capacity and contingency planning • Equality, diversity and inclusion policies; equality impact assessments • Staff training programmes • Employment contracts: terms and conditions • Contract monitoring arrangements for commissioned services • Job descriptions, recruitment processes, appraisal system • Staff recruitment/employment records/DBS check/ fit and proper persons test • Staff support, supervision qualifications and disciplinary records	**Outcomes** • Staff absence levels across staff groups (Capacity Tracker) • Workforce Race Equality Standards (WRES) data • Care certificate • SfC workforce data (vacancies, turnover, ethnicity, demographics of workforce - sector wide and council specific) • Gender pay gap • No of Registered Providers are without a permanent RM across the LA • Use of agency staff and spend and duration	

3. How Local Authorities ensure safety within the system

CareQuality Commission

This includes: safeguarding, safe systems and continuity of care

- **Safe systems, pathways and transitions** - We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
    - ✓ *When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.*
    - ✓ *I feel safe and am supported to understand and manage any risks.*

- **Safeguarding** - We work with people to understand what being safe means to them and work with them as well as our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.
    - ✓ *I feel safe and am supported to understand and manage any risks.*

CareQuality Commission

People's experience	Feedback from staff and leaders	Feedback from partners
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Other local authority departments • Principal Social Worker • Director of Adult Services / Children's Services • Chief Executive	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing

Processes	Outcomes
• Risk management plans • Prioritising of high-risk cases • MARAC processes • Referral pathways to other professionals/services • Correspondence/contact with other professionals/services • Information sharing protocols • Pathway design, evaluation, reviews	• ASCOF data - satisfaction surveys • CQC held data • Delayed transfers of care data (quant) / urgent emergency care data • Access data (quant) • People whose care is not in place on the day they move LA areas • Waiting times for services / support arrangements

People's experience	Feedback from staff and leaders	Feedback from partners
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Other local authority departments • Principal Social Worker and Safeguarding Leads • Director of Adult Services / Children's Services • Chief Executive • LADO/Designated Safeguarding Officer) • Safeguarding Adults Board chair	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing • Safeguarding Adults Board (SAB) members

Processes	Outcomes
• Staff Training: Safeguarding, mental health, closed cultures, LPS/DoLS, EDHR • Local safeguarding plans, policies and procedures, including interagency policies • Safeguarding Adults Review process, Annual Plan and Annual Report; learning from reviews • Incident reports relating to safeguarding, SAB minutes • Staff training levels achieved • Record Keeping: S42 reviews, Court of Protection Orders, MCA • Information Sharing protocols • Monitoring of high-risk cases • MARAC • SUI / Serious Case Reviews – numbers and issues • Risk management and Safety audit / governance processes and outcomes	• No of Safeguarding Adult Reviews and themes • NHSD Safeguarding Adults Collection – data on LA safeguarding concerns/enquiries and on outcomes for the person e.g. whether individual's desired outcomes were considered, and whether they felt those outcomes were achieved • LA data on safeguarding notifications e.g. response time, action, outcome

4. Leadership

Scope of assessment includes: capable and compassionate leaders, learning, improvement, innovation and governance

Proposed Quality Statements:

- **Governance** - We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

- **Learning, improvement and innovation** - We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

- **Capable, compassionate and inclusive leaders -** We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and, embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively and do so with

4. Leadership
Quality statement - Governance

People's experience	Feedback from staff and leaders	Feedback from partners
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Other local authority departments • Principal Social Worker • Director of Adult Services / Children's Services • Chief Executive	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards • • Healthwatch, • Provider forums • Third sector partners • Local NHS partners, CCGs • ICB, ICS • LGA Peer Review / Annual conversation • Public Health, Police, Education, Leisure, Housing

Processes	Outcomes
• Quality and workforce strategies • Quality Assurance Framework • ToR and recent minutes for quality / performance / workforce assurance sub committees, with associated annual work plans. • Corporate and ASC Risk Registers • Information sharing protocols and data security arrangements • Governance and audit records	• QA feedback loop and continuous improvement

People's experience

Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc)

Carers Groups (unpaid carers)

Compliments/complaints and feedback

Feedback from user and carer surveys

Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)

Feedback from staff and leaders

- Self-assessment (annual return)
- Interviews and focus groups (ongoing, and consultation as necessary)
- Staff surveys
- Focus groups/interviews
- Councillors, Oversight & Scrutiny Committee
- Other local authority departments
- Principal Social Worker
- Director of Adult Services / Children's Services
- Chief Executive

Feedback from partners

- Healthwatch, providers, third sector
- Local health partners, Gps
- Health & Well-Being Board
- Partnership Boards
- • Healthwatch,
- Provider forums
- Third sector partners
- Local NHS partners, CCGs
- ICB, ICS
- LGA Peer Review / Annual conversation
- Public Health, Police, Education, Leisure, Housing
- Local Government Social Care Ombudsman

Processes

- Quality Assurance processes and records (internal and independent)
- Quality Framework
- Records relating to the management of incidents and improvement plans
- Learning from complaints and feedback
- Arrangements for sharing learning and best practice internally and externally.
- Accreditation with external best practice schemes
- System incident reporting, investigation, action and shared learning (including LeDeR, whole home / S42 safeguarding reviews, coroners' inquests

Outcomes/performance data

- No of complaints, concerns, whistle-blowing, Duty of Candor events
- LGA Annual social work healthcheck
- Adult Social Care Outcomes Framework
- Self assessment
- Annual Survey of Adult Carers in England (SACE)

4. Leadership
Quality statement – Capable and compassionate leadership

CareQuality Commission

People's experience	Feedback from staff and leaders	Feedback from partners
Feedback from people who use services and unpaid carers, those close to them and their advocates. Includes existing sources (e.g. CQC Give Feedback On Care) as well as bespoke (focus groups etc) Carers Groups (unpaid carers) Compliments/complaints and feedback Feedback from user and carer surveys Feedback from community groups, representative groups for people (e.g. advocacy, Healthwatch)	• Self-assessment (annual return) • Interviews and focus groups (ongoing, and consultation as necessary) • Staff surveys • Focus groups/interviews • Councillors, Oversight & Scrutiny Committee • Director of Adult Services / Children's Services • Chief Executive	• Healthwatch, providers, third sector • Local health partners, Gps • Health & Well-Being Board • Partnership Boards

Processes	Outcomes/performance data
• Staff development/training/qualification records (Values, leadership, equality and human rights, duty of candour, GDPR). • Strategy/Vision document and implementation strategy • Job descriptions, recruitment processes, appraisal system, workforce strategy. • Communications and Engagement plan • Leadership structure	• No of complaints, concerns, whistle-blowing, Duty of Candor events • Workforce equality data (WRES) • Leadership and management vacancy levels • Skills for Care, National Data Set • CQC Held data • Adult Social Care Outcomes Framework • Data and evidence from professional regulators e.g. NHSE/I, Health Education England

Our preparations to meet the CQC Assurance requirements

- We are using the information provided by CQC to start to pull together the evidence base for Leicestershire.

- We are also working with our colleagues across the East Midlands to share best practice and look at where we can work collaboratively.

- We hope to have a draft self-assessment against the four themes by the end of September so that we can identify ang gaps/areas of development which we can address before any assurance visit is scheduled with us during 2023/2024.

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Leicestershire
County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
6 JUNE 2022

PEER REVIEW OF CUSTOMER SERVICES CENTRE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1.   The purpose of this report is to update the Committee on a Peer Review of the Customer Services Centre (CSC) managed and operated by Corporate Resources (Tier 1) and the Adults and Communities Department (Tier 2) conducted on 2 March 2022. The review was carried out by a team led by Catherine Underwood, Corporate Director of People from Nottingham City Council. The review team was asked to consider the following Key Line of Enquiry (KLOE):

      "If the current customer service offer supports the implementation of the Council's Adult Social Care Strategy to promote independence, wellbeing and manage demand, whilst meeting the needs of local people for good information, advice and navigation?"

Policy Framework and Previous Decisions

2.   On 18 September 2020, the Cabinet approved the Department's new integrated Strategy 'Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2020–2024', which is relevant to the Peer Review.

Background

3.   The Peer Review process is designed to deliver sector led improvement. It reviews what is working well, what does not work so well and provides recommendations for improvement.

4.   Providing an efficient and effective service is always a key aim and naturally benefits both the Council and its service users.   Being able to assist a person with their query and discuss their options in the right way contributes to the Prevent, Reduce, Delay and Meet objectives set out in the Adults and Communities Department Ambitions and Strategy and provides a positive impression of the Council.

5.   The KLOE was chosen by the Adults and Communities Department and the review team was chosen based on their skills, experience, and interest in the chosen area.

6.   The CSC is often the first point of contact a person has with the County Council when they need information, advice and guidance on adult social care.

7. The Peer Review process also involved a peer to peer review where frontline teams from Leicestershire and reviewing local authorities met and had the opportunity to look at the KLOE from an operational perspective.

8. A random sample of case files were chosen for the review team to focus on the person's journey and the outcomes that were achieved.

9. The onsite review consisted of a number of meetings with key relevant stakeholders, including people who draw on services, carers and partners identified jointly by the department and review teams.

Outcomes from the Peer Review

10. Strengths and areas of good practice

    a) People who do access the service are very happy with the support, and they were particularly complimentary about social prescribing and local area co-ordination.
    b) There were some good examples of where people have been diverted effectively into more appropriate services e.g. reablement, and health and wellbeing offer, demonstrating that staff understand the strategic direction and ambition.
    c) Leicestershire has a strong Public Health wellbeing offer supported by a vibrant and active community sector.
    d) Many people that the review team heard from who work for the Council have expressed a strong commitment to improvements for the benefit of people who use services.
    e) Front line staff have taken advantage of the experience they gain from working in the Customer Services Team and are able to develop their careers through gaining knowledge and skills in entry level roles, then progressing on to other opportunities in adult social care. The current set-up therefore clearly offers some benefit in terms of developing a 'pipeline' for some social care staff.

11. Challenges and areas that are not working as well

    a) The career progression opportunities meant that as staff move regularly into other higher paid roles in the Council, this leads to high levels of turnover, particularly in Tier 1. It could be that the balance of new colleagues continually being inducted and trained may lead at times to some less than consistent decision making and practice.
    b) The current system is not as effective as it could be. However, the reviewers noted there is a shift to digital to build on to provide additional channels of support.
    c) The current model is fragmented which impacts not only on the customer journey and satisfaction, but also the ability to see how and where decisions are made, and risks managed.
    d) Reviewers indicated that there may be a tension with the introduction of the 3 Conversations Model which has, as one of its principles, a focus on reducing the number of times people are transferred between professionals and have to tell their story. Since the review took place, work is underway to embed the 3 Conversations model. The 3 Conversations approach is outlined below.

- The first conversation is designed to explore people's needs and connect them to personal, family and community sources of support that may be available.

- The second, conversation seeks to assess levels of risk and any crisis contingencies that may be needed, and how to address these.

- The third conversation focuses on long-term outcomes and planning, built around what a good life looks like to the person, and how best to mobilise the resources needed (including personal budgets), and the personal and community assets available

12. There are significant levels of data, with a focus on throughput and activity rather than outcomes. This reduces a rounded evaluation of the Service and may present challenges within the new adult social care assurance framework.

13. The improvement plans for the CSC presented to the review team were clearly well thought through but could benefit from a greater level of research and evidence to increase confidence.

Peer to Peer Review findings

14. <u>What's working well</u>

   a) Target Operating Model (TOM) has improved throughput and increased turnaround for people (down to three days from eight).
   b) Risk is managed well with good oversight of incoming work.
   c) Joint working across the two tiers is much better since the TOM.
   d) The methods and content of case note recording is good.
   e) The CSC is able to take a high volume of referrals including referrals to Approved Mental Health Professionals.
   f) The CSC is able to signpost and/or redirect referrals to support people to access other support.
   g) Processing referrals before passing onto locality teams and transfers to another team are now much easier and clearer.
   h) Asking the right questions creates better and clearer transition to teams.

15. <u>What's not working so well</u>

   a) Lack of information in referrals from other agencies such as Police and East Midlands Ambulance Service means follow up calls are needed. E-forms need to gather more information.
   b) Specific training for CSC colleagues and annual updates (Tier 1). Develop colleague coaching skills to support new starters.
   c) Tier 1 focus on throughput (numbers and time) can negatively impact needs of service users to have longer contact and conversations.
   d) The two tiers being situated in different departments means that management can be disjointed and creates challenges in seeking support from colleagues.
   e) Need to develop internal and external knowledge of how the process works (what is Tier 1 and 2).
   f) Ratio of Tier 2 colleagues to Tier 1.
   g) At the time of the review and retrospective review of case files a number of staff were working from home and hybrid working which created challenges in

communication and lack of consistency. There are now more staff working in offices.

h) Some referrals to teams are inappropriate and there are still some multiple hand-offs. Work often moves between officers across the CSC as Tier 1 staff may approach Tier 2 staff to discuss a case and then be instructed to collect more information prior to a final decision being made on the next steps.

i) Pre-assessment is sometimes too detailed and service users have to repeat information to Occupational Therapists (OT's) etc. The OT referral route is overly complicated.

j) Recurring referrals soon after closure are not always properly handled.

k) Fairer Charging policy and guidance is not always discussed.

Areas for improvement

16.   Potential areas of improvement to consider

a)   Review of pathways – reconsider the professional and partner pathway and simplify the customer experience to make it less fragmented.

b)   Focus on the workforce challenges and the potential for a career structure which supports recruitment and retention. This may be more effective if the service is part of the Department.

c)   Use evidence and intelligence-based decision making and customer engagement to shape and determine the model, ensuring the solution reflects the strategy and practice model.

d)   Consider how reporting can help understand how people's presenting issues are met; outcomes achieved; and what the expressed experience feels like for people who use services.

e)   Consider developing one dataset of Key Performance Indicators that has a better balance of emphasis on customer experience and outcomes rather than just process and activity.

f)   Review quality assurance processes to support more consistent evidence of practice decisions and recording.

g)   Improve assessments completed on the online portal.

h)   Introduce a checklist for key information such as Fairer Charging.

i)   Improve Assessment and Closure Summaries to address recurring referrals.

Proposals/Options

17.   Following on from the Peer Review, a high-level action plan to address the issues and build on strengths is being developed. The feedback in relation to the findings tended to be focused on process rather than what impact changes to such processes would have on a person's experience. However, qualitative feedback from those contacting the CSC will be factored into the Action Plan.

18.   A fundamental part of addressing the issues raised is to review the structure of the current CSC which has traditionally been split across Corporate Resources and Adults and Communities providing first and second line response to customers. Options to resolve this have been presented to the Adults and Communities Departmental Management Team and the Assistant Director in Corporate Resources with responsibility for the CSC.

19. It was agreed to undertake further work to consider merging the part of the CSC function that provides the front door service for adult social care with the second line adult social care provision under one structure within the Adults and Communities Department. An implementation plan will be developed, but there is no specific date being set for any new model of service. This proposal does not impact the services provided by the CSC to other departments.

20. It is intended that a review of the telephony IVR (Interactive Voice Response) will be undertaken to assess how efficiently people, including professionals, flow through the current system. Consideration will also be given to developing the Council's website, so that it mirrors the customer journey and offers a route map that clearly demonstrates the process from start to finish.

21. Work will also be undertaken to look at using different channels for people contacting the Department and identifying sources of intelligence and statistics on population profiles and digital exclusions and usage, surveying where there are gaps. As well as identifying feedback mechanisms that are currently in place, their effectiveness and how to get more meaningful feedback on the Department's services will also be examined.

22. Key performance indicators will be reviewed in line with the CSC proposals and a sample audit will be conducted to identify examples of best practice on case note recording and updated guidance issued on proportional case note recording at distinct stages of interaction.

23. Implementation of the 3 Conversations Model is underway, which is looking at new ways of working to ensure that officers better utilise people's individual strengths and assets and connect people to local communities. Partners including Local Area Co-ordinators, local Clinical Commissioning Groups and others are involved with this work.

24. Digital opportunities will continue to be explored and identified to add to or improve the online options available to people accessing the Department's services. This includes the embedding of on-line self-assessments for identifying care and support needs, the further development of professional portals for partners to submit information to the Department and the implementation of shared health and social care records.

25. The Adults and Communities Departmental Management Team and the Assistant Director of Corporate Resources with responsibility for the CSC in that Department have agreed that work should be undertaken to look at how the work of the CSC can be delivered and managed under one structure. It is therefore proposed that the possibility of merging of the two tiers be further explored. Additionally, in order to address recruitment and retention issues, career progression models within the CSC are proposed and will be built into the service redesign, along with making more use of apprenticeships.

Consultation

26. As part of the recommendations from the Peer Review to understand better how people presenting issues are met; outcomes achieved; and what the expressed experience feels like for people who use our services, work will take place to

examine the feedback mechanisms that are currently in place, their effectiveness and how meaningful feedback on our services can be achieved.

Resource Implications

27. The proposal to review the CSC structure for providing services to adult social care will be further explored to look at whether this can be achieved without increasing the overall budget. This proposal will include services being delivered, provided and managed under one structure, rather than the current model which utilises two tiers within current structure as outlined above.

28. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Conclusions

29. Work will now take place on the recommendations from the Peer Review Team and agreed actions to build on strengths, address issues and improve people's experience of contacting the CSC.

30. The Committee is invited to comment on the findings of the Peer Review and the proposals resulting from it. A further report will be presented to the Committee on progress with the actions identified later in the financial year.

Background papers

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

Circulation under the Local Issues Alert Procedure

31. None.

Equality and Human Rights Implications

32. There are no equality or human rights implications arising from this report. Any options that are mentioned in the report that develop further will undertake an Equalities and Human Right's Impact Assessment, at the time of their development.

Officers to Contact

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Agenda Item 14

The **Leicestershire County Council**

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 JUNE 2022

LEARNING DISABILITY EMPLOYMENT PERFORMANCE UPDATE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1.   The purpose of this report is to provide the Committee with an update on the numbers of people with learning disabilities known to Leicestershire County Council who are in employment, and to advise on the emerging feasibility work to develop more supported employment opportunities. The report is provided in response to a request made by the Committee at its meeting in January 2022.

Policy Framework and Previous Decisions

2.   The Care Act 2014 gives the Council responsibility for ensuring there is a wide range of good quality care and support services available for people to choose from. Emphasis is placed on the importance of enabling adults with needs for care and support and carers with support needs, to participate in work, education, or training where they wish to do so.

3.   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.

4.   The Cabinet approved the Whole Life Disability Strategy 2017-2022 and associated protocol for young people with special educational needs or a disability "Preparing for adulthood" on 14 September 2018. As part of the Council's commitment to pupils with special educational needs and disabilities (SEND) a key focus on supporting young children in preparing for adulthood (PFA) is fundamental to providing the key skills and opportunities at a young age. This approach is embedded in the work across the region and features in the Leicester, Leicestershire and Rutland SEND Joint Commissioning Strategy.

5.   On 22 June 2021, the Cabinet approved the procurement of a new Community Life Choices Services (CLC) Provider Framework, and the new service was implemented on 29 November 2021, with 27 provider organisations on the new framework.

Background

Current ASCOF performance

6. ASCOF 1E measures the proportion of adults with learning disabilities who are receiving long-term services and are in paid employment.

7. Leicestershire's performance against ASCOF 1E in 2020/21 was 10.5% - 148 out of 1,405 - and in the top 25% of authorities in England. During 2021/22, performance fell to 9% - 113 out of 1,253 - although this may remain high enough to be in the top quartile of authorities.

8. Of the 1,253 people with learning disabilities who are recorded as receiving services as defined by the ASCOF measure:

   - 113 are recorded as in paid work, of whom, 77 work less than 16 hours per week, and 36 work more than 16 hours;
   - 1,140 are not actively seeking work;
   - 30 are seeking employment status.

9. Employment rates for adults with a Learning Disability (LD) in Leicestershire are amongst the highest in the Country with performance being in the top quartile of local authorities for the last few years.

10. As expected, the Covid-19 pandemic has had a negative effect on new employment opportunities, and preparation for work has in the main been paused over the last two years whilst Government restrictions have been in place.

11. The pandemic also affected CLC providers who, from March 2020 until mid-2021, had limited service provision available due to staffing capacity and social distance challenges.

12. The numbers of adults with a LD in employment remain good and voluntary work opportunities are beginning to resume. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing.

13. Nationally the employment rates for males with a LD (5.7%) are higher than females (4.4%). In Leicestershire during 2020-21, 12.5% of males with a learning disability known to the Council were in paid employment compared to 5.7% in England. The equivalent figure for females in Leicestershire was 7.6% compared to 4.4% in England.

Current Community Life Choices Services Provision

14. The CLC Provider Framework was reopened on 27 April 2022 to allow other organisations demonstrating the required standards to enter the framework, further expanding choice, and geographical coverage for people using the service. The key outcomes for the Council's CLC service are:

   - The development of skills and confidence for more independent living;
   - Maximising health and wellbeing;
   - Supporting carers' health and wellbeing, including facilitating access to employment, education and training;

- Providing a choice as to when and where services are delivered.

15. The Council currently has eight providers on the CLC framework who offer some degree of work experience, training or the development of work skills in various formats.

16. In pursuit of its ambitions relating to supported employment, the Council has commenced a feasibility study to develop its future approach and enable more people to access training for the workplace and employment. A number of options as outlined below are being considered through a cross-departmental working group comprising adult social care, adult learning, and learning and development functions.

Future options for supported employment ambitions

17. The County Council has submitted an Expression of Interest in a Department for Work and Pensions (DWP) project which would enable 20 selected local authorities to be awarded funding to support adults with learning disabilities and/or autism in receipt of social care into paid employment.

18. However further information from the DWP with the detail of aspects of the scheme for the Councils considering applying, would suggest that this scheme may present too much of a financial risk to the Council due to the payment mechanisms suggested, together with some concerns in relation to governance and management information requirements.

19. A more sustainable local approach which could prove more cost-effective in the longer term is being considered, with the flexible use of personal budgets resulting in a higher prospect of long-term paid employment. This may include working with existing contracted CLC providers or the use of specialist providers of employment based support working with the Council.

20. The Council is preparing a response to the newly announced Multiply project as part of the UK Shared Prosperity Fund. This project gives Leicestershire the option to access significant funds over the next three years. Funding will be confirmed on submission of an investment plan which is currently being developed. A key target area for this funding will focus on adults (post 19) with a disability to support with money management/numeracy skills. The scheme will also work with employers to provide mutual opportunities for both learners and businesses.

Resource Implications

21. Should the Council bid and be successful in joining the DWP scheme outlined in paragraph 17 above, additional establishment resource will be needed to make the project a success (e.g. 1 FTE at Grade 12 for the duration of the project).

22. Bidding Councils must outline a scheme for between 60 and 140 people, with a maximum of £3,500 per person provided by DWP, with the local authority offering a degree of match funding of a minimum of £1,500 per person.

23. Notwithstanding the opportunity to apply for external funding support, the current pressure on the Council's medium term financial strategy is such that any development of employment based support would need to be contained within

existing budgets and demonstrate both improved outcomes for individuals and a sustainable financial position for the Council.

24. The Multiply project is one element of the Government's UK Shared Prosperity Fund with £559m in funding made available nationally to local authorities and devolved areas across three years. The County Council has been allocated £2.9m over three years with the local programme starting in September 2022 following submission of a robust Investment Plan at the end of June 2022.

25. A Programme Board has been established to oversee the initiative and will ensure that links and joint working opportunities with providers (Educational/businesses) are in place to support delivery of the Multiply project over the duration of the funding.

26. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the content of this report.

Conclusions

27. Despite the challenges of the past two years, the Department remains a high performer in the ASCOF indicator for people with a LD in paid employment and although numbers have decreased the Department's ambition to support people into employment is strong.

28. Work will need to take place with local employers and CLC service providers to achieve the Department's ambition of wellbeing and opportunity for the people who are actively seeking employment.

Background papers

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

Whole Life Disability Strategy
https://leics.sharepoint.com/sites/childrenandfamilyservices/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fchildrenandfamilyservices%2FShared%20Documents%2Fwhole%2Dlife%2Ddisability%2Dstrategy%2Epdf&parent=%2Fsites%2Fchildrenandfamilyservices%2FShared%20Documents

Leicester, Leicestershire and Rutland SEND Joint Commissioning Strategy
https://www.leicestershire.gov.uk/sites/default/files/field/pdf/2021/12/2/SEND-LLR-Joint-Commissioning-Strategy-2021-24-Easy-Read.pdf

Report to Adults and Communities Overview and Scrutiny Committee: 24 January 2022 – National Performance Benchmarking 2020/21 and Performance Report 2021/22
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6838&Ver=4

Report to the Cabinet: 22 June 2021 – Procurement of Community Life Choice Services
https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=6444&Ver=4

Circulation under the Local Issues Alert Procedure

29.   None.

Equality and Human Rights Implications

30.   There are no equality or human rights implications arising from this report. Any ongoing work that results from the feasibility study (paragraph 16) will be subject to an individual Equality and Human Rights Impact Assessment. People with learning disabilities are within the group of people with protected characteristics in the Equality Act 2010 and as such the Council is under a duty to advance equality of opportunity between this group and those who do not share this protected characteristic.

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Leicestershire County Council

ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE 6 JUNE 2022

PROVISIONAL PERFORMANCE REPORT 2021/22

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

Purpose of the Report

1. The purpose of this report is to present the Committee with an update of the Adults and Communities Department's performance for the year 2021/22.

Policy Framework and Previous Decisions

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

Background

3. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2021/22. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Ambitions and Strategy for Adults and Communities Department 2020-2024, '*Delivering Wellbeing and Opportunity in Leicestershire*'. This strategic approach is based on a set of principles with the person at the centre, ensuring the support they receive can deliver the right outcomes. Appendix B outlines the 'layered' model designed to maximise independence – Prevent, Reduce, Delay and Meet needs.

4. Appendix A is also structured in line with the Council's Strategic Plan 2018-22 – *Working Together for the Benefit of Everyone*. This sets out the Council's overall policy framework, approach, and includes a high-level overview of a number of strategies which provide the detail on how the Authority plans to deliver positive change for Leicestershire. The Council's new Strategic Plan for 2022-26 will be reflected in reporting of performance in the year 2022/23 onwards.

5. Performance figures are classed as provisional at this stage as the source data for the metrics is currently being compiled, with the signed-off version to be published by NHS Digital in the autumn. However, the final performance figures are not expected to vary greatly from those included in this report and will be presented later in the year alongside national benchmarking.

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

Performance Update: April 2021 to March 2022

7. Appendix A includes four key measures to reflect each of the four layers of the Vision and Strategy. Each of these monitors the proportion of new contacts from people requesting support and what the sequels of these requests were. During 2021/22, there were 28,500 new adult social care contacts, an increase of 11% on the previous year. This notable increase is more due to a lower number of new contacts during the previous year when the pandemic first materialised. Of the new contacts in 2021/22, 56% resulted in a preventative response, such as universal services or signposting. A further 20% resulted in a response relative to reducing need, such as providing equipment or adaptations; 11% resulted in a response relative to delaying need, i.e. the provision of a reablement service that supports people to relearn the skills required to keep them safe and independent at home. Finally, 12% resulted in a long-term service such as a personal budget.

8. Heritage sites were only open intermittently during 2020/21 due to the Covid-19 pandemic and alternative methods of engagement were developed including downloadable family activities and virtual tours. Sites resumed normal opening hours from July 2021, with restrictions on capacity and events in place for most of the year, during which time there were 259,000 visitors. Of this, 102,000 were physical visits (the remainder being visits to the website). Whilst this is a considerable increase on the Covid impacted previous year and above the target for 2021/22, it remains short of the 130,000 physical visits during the 12 months leading up to the start of the pandemic in March 2020.

9. As with Heritage sites, the restrictions on library services during 2020/21 due to Covid-19 meant a considerable reduction in activity such as visits and issues. Libraries resumed normal opening hours in July 2021 and the number of visits (including those to the website) topped 560,000 with the overall number of loans being 1,991,000. As expected, both were considerably higher than the previous year and exceeded local targets.

10. Despite the re-opening of libraries in July 2021, the increasing use of e-loans through the first 12 months of the pandemic was exceeded further during 2021/22 with over 851,000 loans in the year – a 9% increase on the level in 2020/21 and above the target.

11. 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. The current academic year is still ongoing, and the performance of 85% is just short of the 86% target.

12. 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 that very little volunteering in these settings was possible during 2020/21. With these venues re-opening during the summer of 2021, volunteering has steadily increased and there were 9,700 hours of volunteering between then and March 2022 which is 700 hours more than the local target. As with other areas of the service, levels remain lower than pre-Covid when there would have been c25,000 hours of volunteering in the year.

13. The nature of accommodation for people with learning disabilities has a strong impact on their safety, overall quality of life, and reducing social exclusion. One of the Adult Social Care Outcomes Framework (ASCOF) indicators monitors the proportion of service users aged 18-64 with a learning disability who are in settled accommodation and not in a care home. Leicestershire performance in 2020/21 was 84%, higher than the national and shire council's average (78% and 75% respectively). Final figures for 2021/22 will be compiled for statutory data returns to central government for which the current position shows performance to be in line with last year, although slightly short of the 86% target.

14. ASCOF 1E measures the proportion of adults with learning disabilities who are receiving long-term services and are in paid employment. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing. Performance in 2020/21 was 10.5% and in the top 25% of authorities in England. During the past year - 2021/22 - performance fell to 9% although this may remain high enough to be in the top quartile of authorities. Performance will have been impacted by Covid-19 as the pandemic will have had a negative effect on new employment opportunities due to Community Life Choices providers having limited staffing and social distancing challenges.

15. Each year local authorities are required to conduct a survey of people in receipt of social care services. A similar survey of carers is required on a biennial basis and following a hiatus in 2020/21 due to the Covid-19 pandemic both were completed in 2021/22. Findings from the first of these two surveys are still being collated whilst figures for a couple of key metrics from the carer's survey – finding information, and having social contact – are included in Appendix A. Both are showing a notable reduction in performance. It is important that this is viewed in the context of the national position which will be published later in the year, and how the intervening pandemic period since the previous survey maybe impacting the findings. Details of this will be reported to a future Committee meeting as part of the wider analysis of the national ASCOF) for 2021/22.

16. 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. In the 12 months prior to the outbreak of Covid-19 there were, on average, 310 people starting a reablement service per month. As yet, the number of people starting a reablement service has not returned to this level with a monthly average during the past year of 265.

17. Despite the return to pre-pandemic levels of reablement being slower than wished, the outcomes of the service have certainly improved. The ASCOF contains two metrics (2D and 2B part 1) to measure a local authority's performance in this area – the proportion with no continued needs post reablement, and where people live 91 days following hospital discharge and reablement. Performance against these metrics struggled in 2020/21, both nationally and locally (although Leicestershire's position remained higher than the national average). However, there has been notable improvement within the County during 2021/22 with performance during the year exceeding the 85% target set for both metrics (2D and 2B part 1 referred to above) (88.5% and 89.4% respectively).

18. 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. During the early stages of the pandemic there was a notable reduction in permanent care home admissions across the Country and Leicestershire was no different. This resulted in a lower number of admissions for the full year and a target to match this was agreed for 2021/22.

19. For people aged 18-64 performance has been better than the national average during the past four years, more often in the top 25% of authorities. In 2021/22, there were 24 admissions which was higher than the maximum target, but lower than pre-pandemic levels.

20. For people aged 65 or over there were 845 admissions in 2021/22 which is considerably higher than the previous year and the target (maximum of 780 admissions). However, despite an increasing population of people aged 65 or over in the County, the number of admissions in 2021/22 was 5% lower than pre-pandemic levels.

21. The County Council remains committed that everyone in receipt of long-term, community-based support should be provided with a personal budget, preferably as a direct payment. The proportion of service users on a personal budget in 2021/22 was 95%, similar to the previous year and slightly higher than the latest national average of 92%. At 99.9% virtually all carers were on a personal budget during 2021/22. In terms of direct payments, 40% of service users and 99% of carers were in receipt of one in 2021/22. Whilst performance in relation to service users is lower than previous years and short of the 2021/22 target it may be high enough to remain in the top quartile nationally.

22. During 2021/22, the Council received 5,500 safeguarding alerts. An alert can include any concern for welfare and will often require a response from the Authority, but not necessarily in relation to safeguarding. Once an alert has been investigated into any potential risk of abuse or neglect there maybe need for a more in-depth enquiry under Section 42 of the Care Act. During 2020/21, there were 700 completed enquiries, a very similar number to the previous year.

23. 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. Of the safeguarding enquiries completed in 2021/22 where an outcome was expressed, 93% were fully or partially achieved, a similar position to the previous year.

Conclusion

24. The latest year is the second since the outbreak of Covid-19 and has seen a varying shift in activity and performance back towards pre-pandemic levels. The number of visitors to heritage sites and libraries surpassed expectations as set out in the annual targets. In addition, the number of library loans – both physical and electronic – have seen improvements during the past 12 months.

25. Across adult social care, there have been positives in the outcomes of reablement services, and, despite falling slight short of targets, the continued high-level use of

personal budgets and direct payments. However, early findings from the carers survey are disappointing, although as noted, the national context will be helpful. Higher levels of permanent care admissions to residential and nursing homes are also an area to seek improvement in the coming 12 months.

26. Reporting of performance in 2022/23 is currently being established. Monitoring and analysis will continue on a regular basis covering performance measures such as those included in ASCOF and locally agreed targets.

Background papers

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

Circulation under the Local Issues Alert Procedure

27. None.

Equality and Human Rights Implications

28. The Adults and Communities Department supports vulnerable people from all diverse communities in Leicestershire. There are no specific equality and diversity 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.

29. Work has commenced in the Adults and Communities Department to improve the quality and quantity of protected characteristics that are recorded in the information system for individual people. This will continue to benefit performance reporting and ensure we are proactive against discrimination.

Partnership Working and Associated Issues

30. Better Care Fund measures and associated actions are overseen and considered by the Integration Executive and Health and Wellbeing Board.

Appendices

- Appendix A - Adults and Communities Department Performance Dashboard for 2021/22
- 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 2021 – March 2022

PREVENT NEED

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
Local	% of sequels that 'Prevent Need'	Target Band Width	G	55-60%	56.4%	54.7%	N/A
ASCOF 3D pt 1	% of SUs who find it easy to find information	H	N/A	68%	Due June 2022	No Survey in 2020/21 due to Covid-19 pandemic	N/A
ASCOF 3D pt 2	% of carers who find it easy to find information	H	R	62%	49.4%	60.3% (Previous survey conducted in 2018/19)	N/A

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
Local	Heritage visits (inc. website visits)	H	G	214.0k	258.9k	112.2	N/A
Local	Hours of Volunteering (Heritage and libraries)	H	G	9.0k	9.7k	3.1k	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	400.0k	561.5k	230.1	N/A
Local	Total library loans	H	G	1,801.7k	1,991.3k	1,102.0k	N/A
Local	Junior loans	H	G	525.1k	662.9k	192.4k	N/A
Local	E-loans	H	G	815.0k	851.2k	782.6k	N/A
Local	Total community library issues	N/A	N/A	For Information Only	230.9k	58.4k	N/A
Local	Community library children's issues.	N/A	N/A	For Information Only	135.6k	27.0k	N/A

Leicestershire County Council's Strategic Plan 2018-22	Strong Economy
Supporting Outcome	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	A	86%	85.0%	86.0%	N/A

REDUCE NEED

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
Local	% of sequels that 'Reduce Need'	Target Band Width	G	18-23%	20.3%	20.3%	N/A
ASCOF 1I pt 1	% of SUs who had as much social contact as they would like	H	N/A	46%	Due June 2022	No Survey in 2020/21 due to Covid-19 pandemic	N/A
ASCOF 1I pt 2	% of carers who had as much social contact as they would like	H	R	33%	24.7%	30.0% (Previous survey conducted in 2018/19)	N/A
ASCOF 1E	% of people with LD in employment	H	R	10.5%	9.0%	10.5%	Top

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
ASCOF 1G	% of people with LD in settled accommodation	H	R	86%	84.2%	84.3%	Second

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%	11.0%	11.2%	N/A
ASCOF 2D	% of people who had no need for ongoing services following reablement	H	G	85%	88.5%	81.1%	Second
ASCOF 2B pt 1 *BCF*	Living at home 91 days after hospital discharge and reablement	H	G	85%	89.4%	84.7%	Second
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	L	R	<4.1 (17 Adm's)	5.7 (24 admissions)	3.8 (17 admissions)	Top
ASCOF 2A pt 2 *BCF*	Permanent admissions to care (aged 65+) per 100,000 pop.	L	R	<538 (780 Adm's)	576.1 (845 admissions)	528.7 (780 admissions)	Top

MEET NEED

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

Measure	Description	Aim	RAG	2021/22 Target	2021/22 Performance	2020/21 Performance	2020/21 Quartile
Local	% of sequels that 'Meet need'	Target Band Width	G	7-12%	12.3%	13.8%	N/A
ASCOF 1C pt 1a	Adults aged 18+ receiving self-directed support	H	R	98%	94.7%	95.2%	Third
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	H	R	42%	40.3%	42.0%	Top
ASCOF 1C pt 1b	Carers receiving self-directed support	H	G	99%	99.9%	99.9%	Third
ASCOF 1C pt 2b	Carers receiving direct payments	H	G	98%	99.1%	98.9%	Third

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

Measure	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%	92.9%	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%	69%	63.0%	N/A

Key to Columns

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

Delivering Wellbeing and Opportunity in Leicestershire

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

Prevent need

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

Reduce need

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

Delay need

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

Meeting need

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

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Explanation of RAG Rating

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

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

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