



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

*Date/Time:* **Monday, 5 September 2022 at 2.00 pm**

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

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

*Email:* **lauren.walton@leics.gov.uk**

### Membership

Mr. T. J. Richardson CC (Chairman)

Mrs. L. Broadley CC    Mr. L. Hadji-Nikolaou CC  
Mr. B. Champion CC    Mr. J. Miah CC  
Mr. N. Chapman CC    Mrs. A. Wright CC

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

### AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 6 June 2022.	(Pages 5 - 14)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	
6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	



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|-----|---|---|-------------------|
| 7.  | Presentation of Petitions under Standing Order 35.  |   |                   |
| 8.  | Leicestershire and Rutland Safeguarding Adults Board Annual Report 2021/22.                             | Independent Chair of the Leicestershire and Rutland Local Safeguarding Adults Board                         | (Pages 15 - 28)   |
| 9.  | Adult Social Care Reform - Market Shaping and Charging Reform.  | Director of Adults and Communities  | (Pages 29 - 48)   |
| 10. | Extra Care Service Review and Procurement.  | Director of Adults and Communities  | (Pages 49 - 54)   |
| 11. | Initial Consultation Findings on Draft Leicester, Leicestershire and Rutland Carers Strategy 2022-2025. | Director of Children and Family Services, Director of Adults and Communities, and Director of Public Health | (Pages 55 - 84)   |
| 12. | Commissioning and Procurement of Home Care Services.  | Director of Adults and Communities  | (Pages 85 - 92)   |
| 13. | Performance Report for Quarter 1 2022/23 (April-June).  | Director of Adults and Communities and Chief Executive  | (Pages 93 - 106)  |
| 14. | Annual Adult Social Care Complaints and Compliments Report 2021/22.                                     | Director of Adults and Communities  | (Pages 107 - 128) |
| 15. | Dates of future meetings.   |   |                   |

The next meeting of the Adults and Communities Overview and Scrutiny Committee is scheduled to be held on 7 November 2022 at 2.00pm.

Future meetings of the Committee will be held at 2.00pm on the following dates in 2023:

23<sup>rd</sup> January  
6<sup>th</sup> March  
5<sup>th</sup> June  
4<sup>th</sup> September  
6<sup>th</sup> November

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

## **QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY**

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

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

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

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Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 6 June 2022.

PRESENT

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

Mrs. L. Broadley CC  
Mr. B. Champion CC  
Mrs. H. J. Fryer CC

Mr. J. Miah CC  
Mr. J. Morgan CC

In attendance

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

1. Appointment of Chairman.

RESOLVED:

That Mr. T. J. Richardson CC be appointed Chairman for the period ending with the date of the Annual Meeting of the County Council in 2023.

2. Election of Deputy Chairman.

RESOLVED:

That Mr. N. Chapman CC be elected Deputy Chairman for the period ending with the date of the Annual Meeting of the County Council in 2023.

3. Minutes.

The minutes of the meeting held on 7 March 2022 were taken as read, confirmed and signed.

4. Question Time.

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

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

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

6. Urgent Items.

There were no urgent items for consideration.

7. 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.

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

There were no declarations of the party whip.

9. Presentation of Petitions under Standing Order 35.

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

10. Consultation on Draft Leicester, Leicestershire and Rutland Carers Strategy 2022-2025.

The Committee considered a joint report of the Directors of Adults and Communities, Children and Family Services and Public Health, the purpose of which was to advise on the outcomes of an engagement exercise and invite comments on the draft joint Leicestershire, Leicestershire and Rutland (LLR) Carers Strategy 2022 – 2025, as part of the formal consultation process. A copy of the report marked 'Agenda Item 10', is filed with these minutes.

The Chairman welcomed Mr. J. Morgan CC, in his capacity as Chairman of the Council's Health Overview and Scrutiny Committee, and Mrs. H. Fryer CC, in her capacity as the Chairman of the Council's Children and Families Overview and Scrutiny Committee, to the meeting for this item.

Arising from discussion the following points were made:

- (i) Members felt that more needed to be done to identify carers early and raise awareness of the support services available across the County. Concern was raised over the level of reliance on GPs and hospitals to identify carers and the limited action that was taken in this regard. In response to questions raised, the following points were confirmed:
  - a. Given the front line service they provided, GPs had the principal duty to identify and register people who were carers. Once registered, the person identified would go on to receive assessments of their caring responsibilities from both Primary Care and Adult Social Care to assess types and level of need.
  - b. A key area of the Strategy partners would be focusing on was improving the quality of and access to the information carers needed. Information was already publicised in a number of ways – outside of the Health System this included in Council buildings and on its websites. However, it was recognised that there were more opportunities, such as through the Council's library and education services, to be explored. The new Carers' Support Service was expected to be a key part of getting information out more widely.

- c. Feedback previously received from carers had suggested that the best place to publicise information and advice for carers was through GP surgeries/Primary Care services. Though it was acknowledged that the changes that had occurred over the last few years (e.g. less physical visits taking place in GP surgeries) would need to be taken into account going forward. There would be an opportunity for the Council to influence health related actions via the local Carers' Delivery Group.
  - d. Regarding whether the Council was able to access carer registration details stored on Health managed databases to support with the identification of carers and coordination of services, it was stated that due to data protection the Council could only access personal information on a 'need to know' basis. However, including a 'carers flag' on the LLR Shared Care Record was something that would be considered with NHS colleagues developing the Record.
- (ii) Members suggested the following ways to promote information for carers and to help those with caring responsibilities recognise themselves as carers:
- a. By working with District Councils through the services they delivered.
  - b. Articles could be included in each Leicestershire Matters newsletter distributed to every residents in the County. Hangers on dustbins could also include the same information.
  - c. County Councillors to be kept informed about the support available to discuss with their constituents. For example, provide them with leaflets to handout at community social group meetings.
  - d. Information should be kept simple and advice on completing forms, that could often be long and complex, could be usefully provided.
- (iii) The physical and mental strain on people (who may be challenged by their own health problems) caring for family members was highlighted. It was commented that such people were integral to supporting the NHS and the economy. Members were reassured that improving support for such people would be a key area of focus. It was acknowledged that many were carers because they wanted to care for their loved ones, but the right support needed to be put in place to help them remain as carers. A key issue was that many people also worked alongside their caring duties so promotion of work life balance and the support available through the private sector/businesses was an avenue that would be explored. Members noted that the proposed contract for the new Carers' Support Service also factored in the need to attract inward investment into the County to support such carers.
- (iv) In reference to who the Strategy was for, it was suggested that those suffering from cognitive decline be specifically referenced as a cohort that carers provided support for. It was felt that whilst this was a condition that a number of the cohorts already referenced within the Strategy may experience (such as those living with Mental Health or Substance Misuse needs), there were other groups such as older people that also suffered from this condition who might not identify with the existing references.
- (v) In response to a question raised around how the outcomes of the engagement event undertaken in 2021 had been used to inform the draft Strategy, the Director advised that overall, the event had confirmed the priorities identified within the

draft Strategy to be accurate. However, it had highlighted that more focus was needed to make improvements around information and advice and promoting the use of digital options available (in line with the Department's Delivering Wellbeing and Opportunity in Leicestershire Strategy and direction being taken nationally).

- (vi) Members were further advised that young carers had not wanted their own priority which had been taken into account. However, given that many aspects of the Strategy related to young carers efforts had been made to ensure this cohort was sufficiently referenced throughout. Mrs Fryer CC commented that the disruptions to the education system during the pandemic may have had an effect on the number of young carers being identified which was something the Children and Families Overview and Scrutiny Committee would be keeping under review.
- (vii) It was commented that schools were able to offer additional support to children with a recognised health condition such as by providing extra equipment or time to complete exams. It was suggested there was potential to match the offer for young carers in education.
- (viii) In terms of the options to improve the support package available to carers a Member suggested that with smart phones being commonly used, having an app specifically designed for Leicestershire for people to download might be an effective and accessible way for information and advice to be provided all in one place. Having a webmail facility attached to the Customer Service Centre might also be helpful for answering any queries. A number of other Members highlighted that whilst digital technology could be useful for some not everyone could work a smart phone so there needed to be a range of options available.
- (ix) There were mixed views on whether the target audiences to engage with on the Strategy should be gender focussed given the large majority of respondents to the engagement undertaken in 2021 were female. A number of Members felt that many people, particularly men, may not identify themselves as carers so the consultation needed to be as inclusive as possible to encourage a greater response.
- (x) The Committee thanked the Director for the report and acknowledged that delivering the Strategy relied on each partner delivering their areas of responsibility. It was requested that Members be updated as appropriate on progress with the new Carers Support Service for Leicestershire contract.

#### RESOLVED:

- (a) That the Director be requested to consider the comments now raised regarding the draft refreshed LLR Carers' Strategy 2022-2025 and action plan as part of the formal consultation process.
- (b) That Members be updated as appropriate on progress with the new Carers Support Service for Leicestershire contract.

#### 11. Progress Update on the Development of the Archives, Collections and Learning Hub.

The Committee considered a report of the Director of Adults and Communities which provided an update 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



set out information on proposed next steps and included indicative timelines for delivery. A copy of the report marked 'Agenda Item 11', is filed with these minutes.

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

At this point of the meeting, Mrs. H. Fryer CC declared a non-registerable interest in this item as the Collections Resource Centre was currently situated in Barrow upon Soar, which was one of the electoral divisions she represented.

Arising from discussion the following points were raised:

- (i) Members felt that implementing the preferred 'Option C' as a priority would be key to the preservation and security of the archives. A Member commented on their recent visits to the existing Archives and Collections sites managed by the County Council where it was evident that storage conditions needed improving. The risk of losing valuable items unable to be replaced and the keenness of the dedicated staff working at the sites to progress the proposals were highlighted. In response to a question raised the Director confirmed that the design stage would be crucial to understanding the affordability and the timescales for delivery of the project.
- (ii) It was questioned, given the legal duties associated with maintaining the archives, what the options were if capital funding could not be allocated, and the project could not be progressed. In response it was acknowledged that such a situation would risk the Council's Museum and archive accreditation being renewed. However, the reliance on the Capital Programme, which was under significant pressure, to fund the project meant there were other priorities such as around Highways and Schools that would also need to be considered. Members emphasised the need to ensure any savings identified by the proposals were clearly outlined against the costs when presenting the case to inform future decisions.
- (iii) A member commented that residents in the electoral divisions they represented (Oadby and Wigston) had previously expressed disappointment there would no longer be a Record Office in Wigston. In response to a concern raised regarding ensuring accessibility for all local residents, the Director acknowledged that unfortunately there would be disappointment for some residents who had become familiar with the current location. However, the new development was expected to make the archives and collections accessible to more people across the whole County. Assurance was provided that a full travel plan would be drawn up at the design stage of the development and a reduction in parking spaces on the County Hall site was expected to be minimal.
- (iv) The Committee confirmed its support for the preferred 'Option C' and requested that officers and the Cabinet Lead Member for Adults and Communities seek delivery of the proposals as quickly as possible.

RESOLVED:

- (a) That the proposed next steps be welcomed and the preferred 'Option C' be supported.
- (b) That officers and the Cabinet Lead Member for Adults and Communities be requested to seek delivery of the proposals as quickly as possible.

## 12. Update on the Social Care Reform Programme.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to inform Committee members on the work that was underway to prepare for the Social Care Reform Programme set out in a previous report to the Committee in January 2022. A presentation that included more details on the proposed Assurance by the Care Quality Commission of Local Authority Adult Social Care Provision (one of the key areas of the reforms) was also given as part of this item. Copies of the report marked 'Agenda Item 12' and slides presented, are filed with these minutes.

Arising from discussion the following points were noted:

- (i) The Government planned to introduce a new £86,000 cap on the amount anyone in England would spend on their personal care over their lifetime. Concern was raised about the large financial impact this was expected to have on the Council. It was questioned, given the cap was due to be introduced as soon as October 2023, when the full impact was likely to be known. The Director advised that given the excessive costs expected, a largescale exercise (involving support from various organisations such as Newton Europe) was underway to firm up the figures to factor into the Council's budgeting process. Many factors (such as the total assets held by each person who funded their own care) were unknown which added a level of complexity. However, current predictions suggested the Reform Programme was likely to cost the Council in the region of £20-60m extra a year (over a 10-year period). It was hoped that further details would be available to present to the Committee at its next meeting.
- (ii) There were a number of different timelines for the areas of work (set out across the three Government White Papers to reform Adult Social Care) to be completed. The Director undertook to include a summary of key milestones of the Reform Programme in a future update to the Committee.
- (iii) The Committee noted the substantial amount of work the Reform Programme was expected to have on the Council and welcomed future updates. Given the effect the Reform Programme would have on local residents it was expected that all Members would need to be kept updated and offer their support at the appropriate stages.

RESOLVED:

- (a) That report on the work underway to prepare for the Adult Social Care Reforms be noted.
- (b) That a summary of key milestones of the Adult Social Care Reform Programme be included in a future update to the Committee.

## 13. Peer Review of the Customer Services Centre.

The Committee considered a report of the Director of Adults and Communities which provided an update 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 by a team led by the Corporate Director of People at Nottingham City Council on 2 March 2022. A copy of the report marked 'Agenda Item 13', is filed with these minutes.

Arising from discussion the following points were made:

- (i) Members suggested that extending the opening hours of the CSC would enable the Council to offer a greater choice of working patterns to those (such as people with young children) applying to work at the CSC, which could help improve recruitment and retention. The Director confirmed this was something that was being considered by the Department and explored in other parts of the Council. For example, a trial had recently taken place in the Council's ICT Department to test internal demand.
- (ii) The Committee welcomed the report and confirmed its support for the next steps proposed. It was felt that the potential to merge the two tiers of the Customer Service Centre, enabling the aspects relating to adult social care to be managed under one structure, would be particularly beneficial to provide a more streamlined and personal response for service users.

RESOLVED:

That the findings of the Peer Review of the Customer Service Centre be noted and the proposals resulting from it be supported.

#### 14. Learning Disability Employment Performance Update.

The Committee considered a report of the Director of Adults and Communities which provided an update (as previously requested by the Committee) on the numbers of people with learning disabilities known to the County Council who were in employment, and which advised on the emerging feasibility work being undertaken to develop more supported employment opportunities. A copy of the report marked 'Agenda Item 14', is filed with these minutes.

Arising from discussion the following points were made:

- (i) In response to a question raised highlighting the importance of working with people early on their lives, particularly those transitioning from Children's to Adult's services, the Director confirmed that the Council itself actively employed people with Learning Disabilities (LD). In terms of the recent re-procurement of Community Life Choices (CLC) Services, Members noted that more service providers who were interested in assisting service users to find employment had been commissioned and a number of other providers had been exploring the potential to provide training for small to medium enterprises (SMEs) to help increase the job options available for people with LD.
- (ii) Members were pleased to see that employment rates for adults with an LD in Leicestershire were amongst the highest in the Country. It was questioned what action was being taken to capitalise on the positive work that was being undertaken and to help increase the rates across the Country. The Director stated that the Department had been asked to share its experiences through the Association of Directors of Adult Social Services (ADASS) network and the service providers interested in training people that own SMEs commissioned as part of the CLC Services Framework had been given the opportunity to showcase their ideas. Members noted that whilst positive results were being achieved, the Department strived to do better and was keen to learn from more independent providers to

broaden the opportunities available. Receiving feedback from people using the services available was another important aspect where learning was concerned.

- (iii) Members felt the national position of employment rates for people with LD in Leicestershire, which was exemplary, should be reflected in the regular reports on the Department's performance. Whilst it was positive to hear the Department was striving to do better, Members highlighted the importance of realising the successes being achieved and the great job that the staff in the Department were doing to support people with LD to find employment.
- (iv) In response to comments raised by a Member, officers undertook to look into the reasons for people with LD not actively seeking work to ensure enough support was being given to the proportion of people who were able to actively seek work.

#### RESOLVED:

- (a) That the Learning Disability Employment Performance Update be welcomed.
- (b) That the Director be requested to look into the reasons for people with Learning Disabilities not actively seeking work to ensure enough support was being given to the proportion of people who are able to actively seek work.

#### 15. Provisional Performance Report 2021/22.

The Committee considered a joint report of the Chief Executive and the Director of Adults and Communities which presented an update of the Adults and Communities Department's (provisional) performance for the year 2021/22. A copy of the report marked 'Agenda Item 15', is filed with these minutes.

*[Mrs. C. M. Radford CC left the meeting at this point and did not return to the meeting.]*

Arising from discussion the following points were raised:

- (i) It was suggested that knowing the reasons people made 'library website visits' was important as a person may have only logged in to check basic information (such as opening times) which perhaps should not be classed as a visit. In response to the comments raised, the Director undertook to consider including in future performance reports to the Committee a breakdown of the figures for library visits to show how many were website visits and whether information to clarify the reasons for people visiting the website could also be included.
- (ii) There were a number of measures where the Department was either performing close to the target or performing above the national average but were rated as 'red'. For example, the percentages of people with LD in employment and people with LD in settled accommodation. In response to comments raised, Members were reminded that the targets were set in line with comments previously raised by the Committee and the current targets had been set 12 months ago at a time when there were still uncertainties around the Covid-19 pandemic situation. Members felt that whilst an element of setting the targets should be based on the Department's aspirations, it was also important that these were realistically achievable. It was agreed that factoring in the Department's position against the national or regional context to future performance dashboards would be useful to provide a fuller picture.

## RESOLVED:

- (a) That the update of the Adults and Communities Department's (provisional) performance for the year 2021/22 be noted.
- (b) That the Director be requested to consider including in future performance reports to the Committee a breakdown of the figures for library visits to show how many were website visits and whether information to clarify the reasons for people visiting the website could also be included.
- (c) That the Director be requested to consider including further information in future performance dashboards presented to the Committee as part of regular performance reporting to show how the Department's performance compares against national or regional benchmarking.

16. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 5 September 2022 at 2.00pm.

2.00 – 4.33pm  
6 June 2022

CHAIRMAN

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**LEICESTERSHIRE AND RUTLAND SAFEGUARDING ADULT BOARD**  
**ANNUAL REPORT 2021/22**

**REPORT OF THE INDEPENDENT CHAIR OF THE LEICESTERSHIRE AND**  
**RUTLAND SAFEGUARDING ADULT BOARD**

**Purpose of Report**

1. The purpose of this report is to seek the views of the Committee on the draft Annual Report of the Leicestershire and Rutland Safeguarding Adult Board (LRSAB) for 2021/22.
2. The final Annual Report is the report of the Independent Chair who must publish an annual report on the effectiveness of safeguarding adults in the local area. This is a statutory requirement under the Care Act 2014.

**Policy Framework and Previous Decisions**

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

**Background**

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

**Annual report for 2021/22**

7. The Annual Report provides a full assessment of performance on the local approach to safeguarding adults in line with the requirements of the Care Act 2014.
8. The key purpose of the Annual Report is to assess the impact of the work undertaken in 2021/22 on service quality and on safeguarding outcomes for adults with care and support needs in Leicestershire and Rutland. Specifically, it evaluates performance

against the priorities that were set out (and are included in the Appendix to this report) in the LRSAB Business Plan 2021/22.

9. The key messages from the LRSAB, specifically in relation to Leicestershire are:
  - a. Partnership working at all levels to safeguard adults with care and support needs has notably strengthened over the past three years during changing circumstances affected by the Covid-19 pandemic.
  - b. There are significant pressures on the health and care system and workforce which is expected to make effective safeguarding of adults more challenging.
  - c. Further work is required to support workers to understand the needs and wants of individuals with Learning Disabilities and Autism in order to effectively support and safeguard them.
  - d. Further analysis of SARs is required to understand any patterns of over-representation or under-representation of certain groups.
  - e. The LRSAB will continue to work together and develop engagement work and links across partnerships to foster a reliable, trusting culture in organisations and across our area and challenge and drive improvement in multi-agency safeguarding of adults.

### **Proposals/Options**

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

### **Consultation**

11. The draft Annual Report includes a summary of the consultation and engagement work which the LRSAB has carried out with the public, adults with care and support needs and with practitioners. The circumstances of the Covid-19 pandemic have meant this continued to be limited to engagement with specific individuals as part of the work on SARs. Principles for engagement going forward have been drafted, to build upon the existing engagement work that each Board partner already carries out to support appropriate consultation and engagement in future.
12. All members of the Board have had opportunities to contribute to and comment on earlier drafts of the Annual Report.
13. This report to the Committee is part of the consultation on the Annual Report.

### **Resource Implications**

14. There are no resource implications arising from this report. The LRSAB operates with a budget to which partner agencies contribute.



15. SAB statutory partners have, along with Safeguarding Partners for safeguarding children, set a single agreement of principles to share the operating costs of the Safeguarding Children Partnerships (SCPs) and SABs for Leicester, Leicestershire and Rutland. Costs are shared between the Local Authorities, Police and Integrated Care Boards.
16. As part of this agreement Leicestershire County Council contributes £112,633 to the LRSAB and SCP in 2022/23. This is 31% of the total funding for the LRSAB and SCP (£358,500). This compares with £102,496 in the previous year which was 31% of the total pooled budget for the Leicestershire and Rutland LSCB, SCP and SAB of £327,126 in 2021/22.
17. The Partners of the Leicestershire and Rutland and Leicester SCP and SABs agreed a one-off reduction in contributions for the period of the Annual Report to help them to manage financial challenges. The balance was to be funded from the Safeguarding Partnership's reserve funds. Vacancies in the support office team and underspend on case reviews reduced expenditure to just above the reduced level of the pooled budget. The balance of £468 was taken from the Safeguarding Partnership's reserve funds, which as of 1 April 2022 stood at £98,209. Plans for further use of these reserve funds will be drawn up in the coming year.
18. The County Council also hosts the Safeguarding Partnerships' Business Office that supports the LRSAB and the SCP.
19. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

### **Timetable for Decisions**

20. The Annual Report will be presented to the Adults and Communities Overview and Scrutiny Committee on 5 September 2022 and the Cabinet on 16 September 2022. The Annual Report will be published by the end of September 2022 and presented to a future meeting of Leicestershire's Health and Wellbeing Board.

### **Background Papers**

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

Report to the Adults and Communities Overview and Scrutiny Committee: 6 September 2021 – LRSAB Annual Report 2020/21  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6463&Ver=4>

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

None.

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

21. The LRSAB seeks to ensure that a fair, effective and equitable service is discharged by the partnership to safeguard vulnerable adults. At the heart of the work is a focus on any individual or group that may be at greater risk of safeguarding vulnerability. The Annual Report includes a summary analysis of the characteristics of the subjects of SARs. The LRSAB will carry out a more detailed analysis during 2022/23 as part of the LRSAB Business Plan priority to address hidden harm.

#### Crime and Disorder Implications

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

#### Partnership Working and Associated Issues

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

#### **Appendix**

Leicestershire and Rutland Safeguarding Adult Board Draft Annual Report 2021/22

#### **Officers to Contact**

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

Jon Wilson, Director of Adults and Communities  
Adults and Communities Department  
Telephone: 0116 305 7454  
Email: [jon.wilson@leics.gov.uk](mailto:jon.wilson@leics.gov.uk)

# **Leicestershire & Rutland Safeguarding Adults**

## **Board Annual Report 2021-22**

### **Foreword from the Independent Chair**

I am writing this foreword as my third and final year in the role of Independent Chair of the Leicester City and Leicestershire & Rutland SABs draws to a close.

I recently reflected on our journey over the last three years with the ‘Statutory Partners’ to the boards – the Police, NHS Integrated Care Board, and the Directors of the three local Adult Social Care services. We agreed that

- The two SABs work much more effectively together, whereas three years ago, their meetings and a number of their functions were separate
- The Statutory Partners, who the Care Act says are equally responsible for the SAB, work more closely together and have scheduled conversations about risks in the system, which in turn I have valued as chair because it helps set the context in which we work
- Links between the various strategic partnership boards that are required by law, are much stronger and the SAB members are clearer about what we contribute to issues that affect families and communities. The places where this linkage is strongest are in working between the adults’ and children’s safeguarding partnerships for LLR; and at a Police and Crime Commissioner committee called the Vulnerability Executive
- The two Safeguarding Adults Boards’ approach to setting priorities based on data, is welcome. We are currently working on Hidden Harms and on Safeguarding in Care Homes.
- Shorter and more focused board meetings are allowing us to be more agile as a partnership. For example, we were the first partnership that I know of who tabled an urgent item on safeguarding risks associated with people arriving from Ukraine.
- There is an expectation that board members are open to scrutiny and are accountable. Alongside this, an inclusive culture has been developed thanks to everyone, and this culture means we shape the agenda so that all members are able to contribute
- Colleagues have worked together to create a comprehensive set of reports to the SABs on issues affecting the group of people with Learning Disabilities and Autism who have the most complex needs and are one of the groups of people we are most concerned about from a safeguarding perspective.
- One of the statutory functions of a SAB is to carry out Safeguarding Adults Reviews of people with care and support needs, when harm or neglect is suspected, and certain other criteria are met. Over the last three years we have become more effective at completing these reviews faster and writing for publication, using innovative approaches in some cases.

The report sets out the achievements of the board and of its partners. The Care Act guidance says that a Safeguarding Adults Board should be more than the sum of its parts and I think that the depth of items we have covered at the board and the actions carried out, show this in action.

I would like to thank everyone for your partnership, hard work and openness. The teams that support the board keep things working behind the scenes. Over the last year they have done a wide range of very different tasks to promote learning, awareness and share their analysis of adult safeguarding data. This includes creating some really powerful adult safeguarding resources as well as overseeing review processes, including doing skilful and empathic liaison with families involved in reviews. Everyone on the board and in the various subgroups has been engaged with the board’s work and I thank you all for your support and wish the very best to the next chair.

**Fran Pearson**

**Chair of Leicestershire & Rutland SAB and Leicester SAB**

### **The Safeguarding Adults Board**

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

The Board was led by Independent Chair, Fran Pearson during the period covered by the Annual Report until the end of July 2022. This is the statutory annual report of the SAB outlining the work it has carried out during 2021/22.

For more information on how the Board works please visit [www.lrsb.org.uk/lrsab](http://www.lrsb.org.uk/lrsab)

### **Priorities and what we achieved**

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

The strategic priorities are:

1. Ensuring Statutory Compliance – Carrying out the required functions of the SAB
2. Enhancing Everyday Business of our partners
3. Strengthening User and Carer Engagement
4. Raising awareness within our diverse communities
5. Understanding how well we work together
6. Prevention – helping people to stay safe, connected and resilient to reduce the likelihood of harm, abuse or neglect

The SAB sets annual business plans to progress work as part of the Strategic plan. The business plan for the LRSAB for 2021-2022 continued to be strongly influenced by the ongoing Covid-19 pandemic and its impact on individuals and organisations. The three priorities in the Business plan for 2021-22 were:

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

All three priorities were shared with the Leicester SAB and the Covid-19 priority was also shared across the Safeguarding Children Partnerships for Leicester, Leicestershire & Rutland.

## **Covid-19**

The SAB continued increase closer working with the Leicester SAB with 6-weekly joint SAB meetings including a focus on emerging concerns and impact of the pandemic and response to it. Partners continued to work together to respond to the changing situation and consider safeguarding risks and changing need of adults with care and support needs.

The SABs held reflection sessions jointly with the Safeguarding Children Partnerships to allow partners to reflect together on what we have learned from working through the pandemic and identify the ongoing and forward concerns. In addition the SAB explored the following areas of emerging concern in Board meetings:

- Safeguarding in prisons and criminal justice system in the pandemic.
- System pressures – the ongoing impact of the pandemic as well as changing regulations on the workforce and the safeguarding system.
- Serious Incident reviews regarding in-patients in a local health trust.

Key points:

- Prisons in the area have assessed impacts on prisoners and listened to prisoners as they adapted to the impact and response to Covid-19 and considered safeguarding within this.
- Concern regarding remaining hidden harm in care homes when they are under pressure. The SAB needs to have a collective view of concerns across care homes to ensure safeguarding concerns do not go unreported.
- Pressure on capacity is not just in care homes, but also the domiciliary care sector, which could impact on the ability in the system to identify and respond to safeguarding matters
- There are large backlogs in various parts of the system including for routine treatment and discharge from hospital which will increase pressures even once Covid appears to have passed.
- There are additional pressures from impacts of the pandemic, for example social issues impacting on mental and physical health - more complex cases, more rapidly deteriorating,
- An increase in the number of safeguarding enquiries in Leicestershire & Rutland, including those relating to people with Learning Disabilities.
- Workers at all levels need to continue to hear and be advocates for those we work with.
- Partners need to continue work together, to identify and respond to strategic safeguarding concerns and to support a resilient workforce going forwards.

The majority of these were identified towards the end of the year and influenced the forward business plan priorities for 2022/23.

The response to other areas were incorporated in work as part of the SABs priorities as outlined below.

## **Hidden Harm**

To support workers to identify and respond to hidden harm the SAB developed a range of training and resource packs. Two training resource packs were produced in conjunction with the Safeguarding Children Partnerships (SCPs) focussed on 'working with resistance' and 'professional curiosity' in response to learning from reviews and audits. The packs are designed to be used by individuals or teams to reflect practice, learn and develop their practice.

The SAB also worked with the SCPs to develop a Safeguarding Adults and Children Basic Awareness training pack. This is particularly for voluntary and community sector groups, providing a resource incorporating key principles and basics of safeguarding adults in a way that can be used in a variety of settings to increase understanding of safeguarding adults by workers and volunteers.

To support the community to play a part in identifying and responding to Hidden harm the SAB worked with the Leicester SAB to produce a short animated video 'Safeguarding Stories' promoted to community groups and the public alongside the SABs' basic safeguarding awareness training.

The SAB followed up its concerns regarding the risk of harm to those in the Transforming Care programme: people with learning disabilities and behaviour that challenges. The SAB partners engaged with providers, commissioners and practitioners to develop Transforming Care and Safeguarding Guidance. This guidance highlights the additional risks to those with learning disabilities and behaviours that challenge and provides a set of reflective questions to support practitioners to effectively safeguard them and has been promoted across the partnership. Further work to support practice development in this area will take place in the coming year.

The SAB was not able to carry out planned analysis regarding Hidden Harm as performance resource was focused on developing a dataset for the partnership. This analysis is now planned to take place in 2022.

### **Care Homes**

Partners continued to work together with care homes, to identify and provide appropriate support for good safeguarding and prevent issues escalating to the point of closure.

Following consideration of the NICE guidance on safeguarding in care homes commissioners provided assurance that local practices were generally in line with the guidance, though there were some areas of development in checking safeguarding training.

The Training group has started to pull together resources to support care homes further with regard to safeguarding to be provided later in 2022.

An audit of safeguarding in care homes took place at the end of the year. The findings were considered later in 2022 and will be reported in the next annual report.

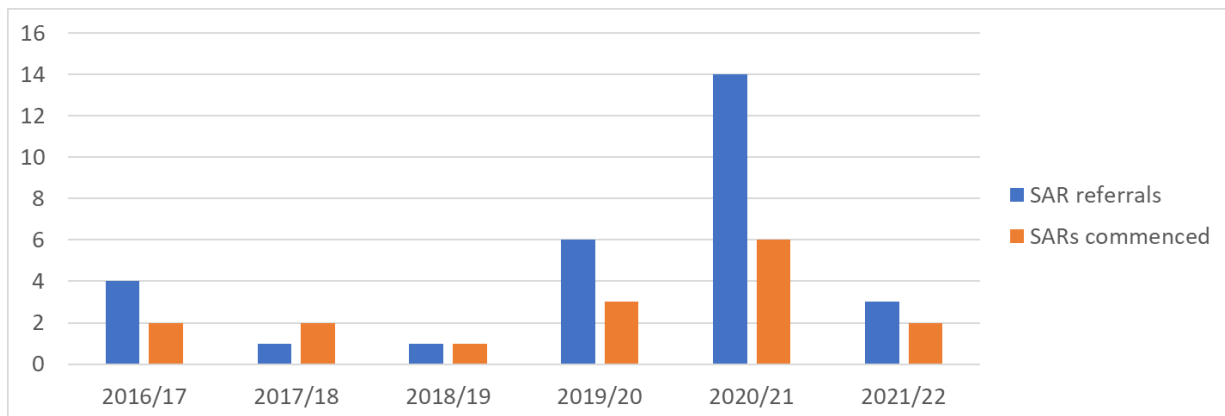
The remainder of this report considers the SABs work on Safeguarding Adults Reviews, audits, procedures and training work in line with the SABs statutory responsibilities.

### **Safeguarding Adults Reviews**

The Safeguarding Adults Board carries out Safeguarding Adult Reviews (SARs) into cases where individuals with care and support needs have been seriously harmed or died, abuse or neglect is suspected. The reviews are focussed on identifying how multi-agency safeguarding systems and practice can be improved in future.

During 2021/22 the SAB had three referrals for SARs, eleven fewer than in 2020/21, but in line with previous years. The SAB identified two of these met the criteria for a review, in the other the SAB determined there was no evidence of abuse or neglect. The SAB continued work on ten other SARs, five of which were completed during the year.

The chart below identifies shows the number of referrals for SARs and SARs commenced each year for the past six years. In some cases a SAR may have been referred in one year and commenced in the next year.



Of the seven reviews open at the end of March 2022, one had been in progress for more than 18 months, three further had been in progress for more than 12 months, one had been in progress for 6 months and two had been in progress for less than one month.

Of the twelve people considered as subjects of SARs agreed or under way during 2021/22:

- Eight (67%) were female and four (33%) male.
- All were of White British ethnicity.
- One (8%) was aged over 65 and two (17%) were aged under 25
- Seven (58%) had mental ill-health
- Three (25%) had a learning disability

The SAB has identified the over-representation of females and under-representation of people from non-white backgrounds as subjects of SARs needs to be further understood. In order to do this the SAB will carry out more in-depth analysis of the data on SARs from the past few years during 2022/23 to identify further learning.

The SAB utilised a variety of methodologies to carry SARs in a proportionate way to make the best use of resources to identify learning. This included:

- Tabletop Chronology review
- Health Serious Incident process
- Safeguarding Adults Review in Rapid Time

Key areas of learning from the SARs worked on during 2021-22 were:

- Existing services and pathways do not work well for people with multiple complex needs, particularly relating to mental health and substance misuse
- A need to strengthen whole family approach to safeguarding
- Continued inconsistent understanding and application of the Mental Capacity Act
- Inconsistencies in essential primary care support to people with learning disabilities.
- A need to understand and respond to barriers to safeguarding and challenging discrimination with regard to people with learning disabilities.
- People with Learning Disabilities and Autism are at risk if professionals are not confident in identifying and responding to unexplained weight loss.
- A need to prioritise end of life care
- Improved safety planning required where an adult's carers themselves are frail.
- Ensure staff are equipped to identify signs and indicators of domestic abuse, particularly in carer/cared for relationships.

- Family members as carers are not always receiving an assessment for their support needs.
- Vulnerable Adult Risk Management (VARM) processes are not always well understood or used.

Action plans are in place to address the findings from reviews.

The SAB shared key messages from SARs through its Safeguarding Matters newsletter. To support workers to put learning from SARs into practice the SAB has continued to use 7-minute learning briefings for SARs. These concise documents are focussed on encouraging reflection and development within teams and by individuals to develop practice in response to the learning.

Recent 7-minute briefings can be found here <https://lrsb.org.uk/7-minute-briefings>.

As a result of learning from SARs we have:

Published a suite of 'How to' guides to support workers when making Mental Capacity assessments and considering safeguarding.

Published multi-agency meeting guidance to support workers to engage the right organisations in responding to concerns relating to individuals with care and support needs.

Produced a Professional Curiosity resource pack with the Safeguarding Children Partnerships to support workers to explore and fully understand the breadth of circumstances of individuals and how these affect their lived experience.

The SAB will continue to seek assurance and raise awareness regarding the care and safeguarding of individuals with learning disabilities through work as part of the SABs 2022/23 business plan.

### **Assurance and audit work**

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

The SAB carried out two multi-agency audit processes during 2021/22. The process brings together workers from different organisations to give a multi-agency view on practice in safeguarding cases in order to identify areas of good practice and areas for learning and improvement. The audits focus on particular themes or parts of the safeguarding process.

The first audit focussed on safeguarding of young adults including transition from children's services. The second audit focussed on how well multi-agency strategy meetings were working to support good safeguarding.

The transitions audit found:

- Safeguarding thresholds were applied appropriately, and the principles of Making Safeguarding Personal were applied well in almost all cases.
- Where cases had not met the criteria for safeguarding there was evidence of other actions taken to address risk.
- Many of the cases related to people who were placed from other areas and in most cases information had not been shared with Leicester, Leicestershire & Rutland agencies.
- Transitions of individuals from children to adult services was not always robust.
- Safeguarding enquiries were not always closed at an appropriate point, particularly when police processes were underway.



- The Police were not always involved when a potential crime had been carried out.

The strategy meetings audit found:

- In almost all cases the right organisations were being involved in strategy meetings and the principles of Making Safeguarding personal were evidenced.
- Meetings were not taking place in the timescales set out in local procedures and separate conversations were taking place between smaller groups of partners.
- The differences and processes around strategy meetings and strategy discussions caused confusion for practitioners, which led to processes not being followed.

The findings from these audits been disseminated to practitioners and are being taken forward as follows:

- Information sharing across areas has been raised with regional and national networks to improve this.
- Learning regarding transitions was fed into the scoping of the SABs work on transitional safeguarding planned for 2022/23.
- Local Authorities have reviewed how outcomes of safeguarding enquiries are recorded to support clarity of understanding and appropriate closure of these enquiries.
- Local guidance regarding strategy meetings and discussions is being reviewed to make terminology and processes clearer and will be communicated to practitioners across organisations later in 2022.

The strategy meetings audit included interviews with practitioners to understand approaches. This provided valuable insight to clarify the learning and we will use this approach in future audits.

The SAB reviewed its approach to the Safeguarding Adults Audit Framework (SAAF) assessment of individual agencies' safeguarding approaches and sent this out to be completed at the start of 2022/23 to focus on specific priorities and concerns of the SAB.

### **Procedures**

Leicestershire and Rutland Safeguarding Adults Board works with Leicester Safeguarding Adults Board to maintain up-to-date inter-agency adult safeguarding policies and procedures across Leicester, Leicestershire and Rutland. These policies and procedures are hosted on our dedicated policy and procedures website called the MAPP (Multi Agency Policies and Procedures) <https://www.lradultsafeguarding.co.uk/>. Throughout 2021/22 these policies and procedures continued to be reviewed and updated in line with learning from reviews, audits, and best practice.

In 2021/22 we updated our safeguarding partnerships Information Sharing Agreement and reviewed and updated procedures in relation to sexual exploitation and organised sexual abuse. We also produced a guide to multi-agency meetings to help practitioners identify the appropriate route to explore and address concerns about the welfare of adults.

Following learning from Safeguarding Adults Reviews the SAB completed a set of How to guides to support workers to assess the mental capacity of people they work with. These short guides provide specific guidance and examples about assessing mental capacity in relation to different types of decisions including in relation to financial matters, refusal of services and engaging in sexual relations.

### **Training**

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

The SAB continued to support up-to-date training in single agencies, including all key partners and many care providers through providing a competency framework for adult safeguarding and disseminating learning from reviews and updates to procedure and legislation through its Trainers' Network and Safeguarding Matters newsletter.

As previously outlined the SAB developed training resource packs on 'working with resistance' and 'professional curiosity' linked to the Hidden Harm priority and learning from reviews.

To support effective SARs the SAB ran a multi-agency analysis training course for those who will be involved in reviewing cases within their organisation.

### **Engagement**

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

The SAB developed a short animated video to distribute to community groups and promote to the public alongside the SABs' basic safeguarding awareness training.

To progress this essential part of the Strategic plan the SAB commenced scoping of the partnership's forward approach to engagement. It considered existing engagement approaches of its partners, and learning from engagement work carried out during the pandemic.

An approach to engagement for the SAB going forward has been drafted, particularly building on the experience of Healthwatch and District Councils and this will be finalised and commence in 2022/23.

### **Finance**

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

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

The contributions from partners for the Leicestershire & Rutland SAB and SCP as a whole for 2021/22 were as follows:

	£
Leicestershire County Council	102,496
Rutland County Council	45,833
Leicestershire Police	88,725

West Leicestershire CCG and East Leicestershire & Rutland CCG	88,724
National Probation Services	1,348
<b>Total income for SCP and SAB</b>	<b>327,126</b>

Contributions were reduced from statutory partners for one year with the difference to be funded from the SCP and SAB reserves. Overall expenditure across the SCP and SAB was £327,594.

Expenditure for the SAB is apportioned as follows:

	£
Staffing	105,579
Independent Chairing	4,448
Support Services	3,250
Operating Costs	4,556
Engagement	4,453
Case Reviews	19,391
<b>Total SAB Expenditure</b>	<b>141,677</b>

Expenditure is broadly in line with the previous year. There was additional expenditure in 2021/22 on engagement for the safeguarding adults awareness animation. Expenditure on Safeguarding Adults Reviews reduced slightly as fewer SARs commenced in the year.

### **Forward priorities 2022 onwards**

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

The LRSAB has developed a business plan jointly with the LSAB for 2022/23 in line with the two SABs' shared Strategic Plan.

The two priorities in the Business plan are:

- Hidden Harm – Reviewing how we work together across society to prevent the needs of, and harm to, adults with care and support needs being missed or hidden and ensuring we respond effectively.
- Care homes – Work together to support and sustain effective safeguarding in Care homes.

The SAB will also work to continue to meet its statutory responsibilities and continue to develop its approach to learning and improving safeguarding of adults. A key piece of work during the year will be to put in place a framework to allow the SAB to better understand the impact of the specific work it carries out arising from reviews and audits.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**ADULT SOCIAL CARE REFORM - MARKET SHAPING AND CHARGING**  
**REFORM**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of the Report**

- 1 The purpose of this report is to provide a further update to the Committee of the work being undertaken in preparation for the Government's planned Adult Social Care Reforms, set out in the "People at the Heart of Care" White Paper published in December 2021.
- 2 This report sets out the policy background to the Charging Reform (which is a key part of the overall Adult Social Care Reforms) and the key implications for adult social care in Leicestershire to set the current activity in context.
- 3 The report provides information on the nationally mandated Fair Cost of Care (FCOC) analysis. A report is being presented to the Cabinet on 16 September 2022 to seek approval for submission to the Department of Health and Social Care (DHSC) for the FCOC analysis and Market Sustainability Plan (MSP).

**Policy Framework and Previous Decisions**

- 4 On 7 September 2021, the Government announced £5.4 billion over three years solely for the reform of adult social care in England. At its spending review in October 2021, the Government announced that the investment would be used in two main areas - £3.6 billion to pay for the Charging Reform, and £1.7 billion to improve access to social care, including a £500 million investment in the workforce.
- 5 "People at the Heart of Care" White Paper, published in December 2021, sets out the Government's 10-year vision of how it proposes to transform support and care in England. 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 in a fair and accessible way.
- 6 On 24 January and 6 June 2022 the Adults and Communities Overview and Scrutiny Committee received reports on the work underway to prepare for the Social Care Reforms.

## **Background**

- 7 A number of key changes to adult social care were outlined as part of the White Paper. The proposals set out the following changes:
- Further emphasis on the duty of a Local Authority to shape healthy and diverse social care markets, reducing variation in quality of care and promoting safety of care;
  - Initiatives to support the social care workforce, emphasising transferable learning and wellbeing;
  - Enabling individuals to navigate the system to find the right care and support and setting a cap on what individuals will need to pay towards their care;
  - Encouraging Local Authorities and providers to make the best use of Technology in Social Care;
  - Expanding the choice of housing options;
  - Facilitating integration of health and care services by having a single accountable body for local areas;
  - Supporting local authorities to deliver reform by giving the Care Quality Commission (CQC) the power to assure the quality of Local Authority Social Care.
- 8 In ensuring that adult social care is fair and accessible, the Government wishes to focus on how people pay for care or contribute toward the cost of their care and to ensure that people who fund their own care do not pay more than local authorities would pay. The Government also wishes to see that local authorities are shaping care markets that are healthy and diverse based upon a FCOC in each local authority area.
- 9 In October the County Council, alongside all other councils with adult social care responsibilities, is required to submit to the DHSC the outcome of the FCOC exercise for care homes and home care and the initial MSP. This will also include a spend report setting out how the Council has utilised the Market Sustainability FCOC Fund.

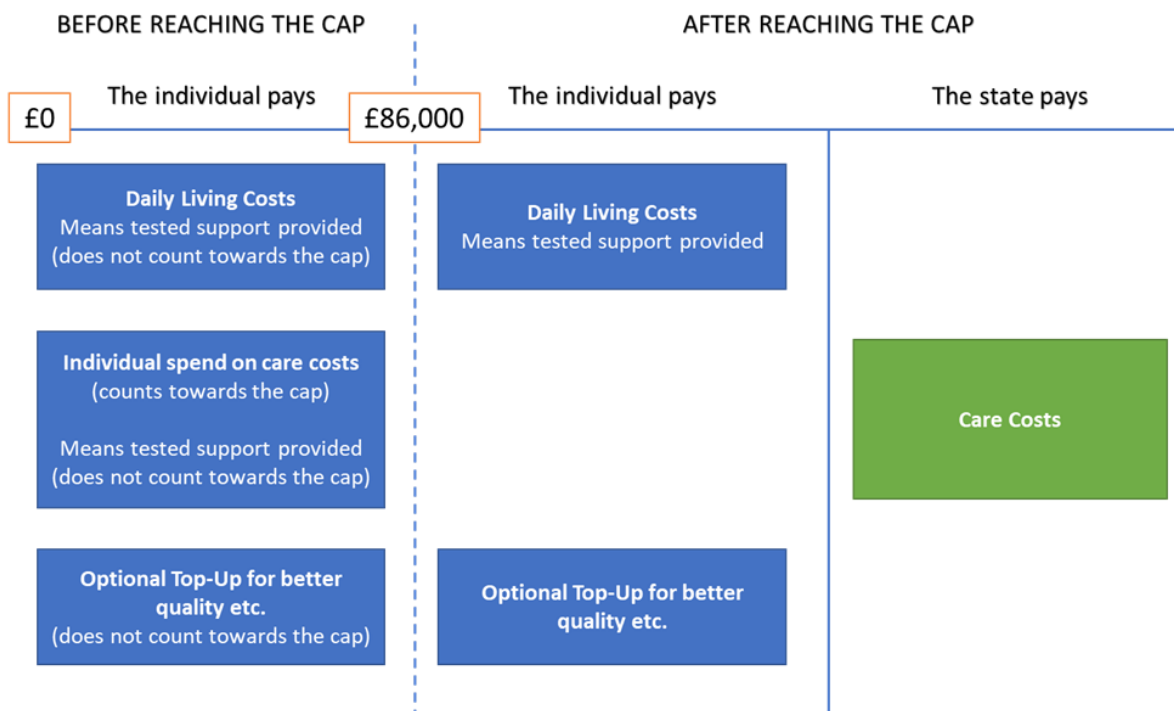
## **Charging Reform**

- 10 From October 2023, the Government plans to introduce a new £86,000 cap on the amount anyone in England will have to spend on their personal care over their lifetime. The cap will apply irrespective of a person's age or income.
- 11 Only money spent on meeting a person's eligible personal care needs will count towards the cap.
- 12 For those people in receipt of local authority commissioned services, the Personal Budget (PB) will count towards the cap, but only the amount that the individual contributes from their assessed contribution (as a result of their financial assessment).
- 13 For those people not in receipt of local authority commissioned services, an Independent Personal Budget (IPB) will set out the cost of meeting the adult's "eligible needs" at the Council's FCOC rate. These people must first meet the Council's eligibility criteria for services in order to receive an IPB:

- Spending on daily living costs (commonly referred to as “hotel costs” in a care home) is not included;
- ‘Top up’ payments paid on top of the PB (or IPB) will not count towards the cap;
- Local authority contributions (the difference between a person’s assessed contribution and the total cost of the care package – where this is higher than the assessed contribution) to a person’s care package will not count towards the cap.

- 14 The diagram below illustrates how the cap on care costs will be applied to individuals across the County:

*Figure 1 - How the cap on care costs will be applied post October 2023*

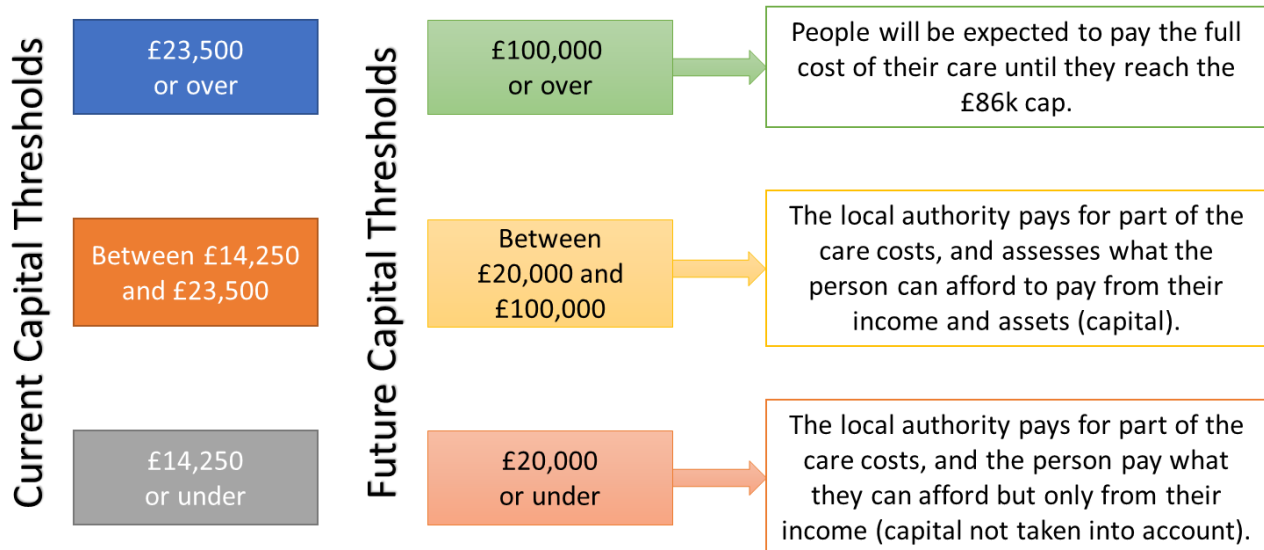


- 15 Local authorities will be required to set up Care Accounts that track the progress of an individual’s spend on their care costs. Local authorities will also need to provide regular statements to all customers that have a Care Account. This will create a significant increase in demand on the Department’s Adult Social Care Finance section and require more resource to adequately manage it. It will also require additional system functionality within the case management and financial management systems already in use by the County Council. System providers are working with other providers and the DHSC on a viable product to be available for local authorities.
- 16 From October 2023, the Government also proposes to make the means test for accessing local authority funding support more generous. The upper capital limit (the threshold above which somebody is not eligible for local authority support) will increase from £23,250 to £100,000. The lower capital limit (the threshold below, which somebody does not have to contribute towards their care costs from their capital) will increase from £14,250 to £20,000.

## How financial assessment is changing

- 17 The diagram below illustrates how the new changes will affect customers through the application of the financial process:

*Figure 2 - changes to Financial Assessment Capital Threshold limits*



- 18 As a result of the reforms, more people will come into contact with the local authority, either because they qualify for help because of the extension to means-tested support available, or because they are progressing towards the cap. The changes therefore will have a significant impact on people who receive social care and support, providers and of the Council's ability to manage the significant rise in demand that is expected.
- 19 Analysis commissioned by the County Councils Network, carried out by Newton Europe, has suggested a potential doubling in the number of assessments (both care and support and financial) that the local authority will be required to carry out. Further detailed work is being carried out within the programme to quantify this number and an early indication is expected by October 2022.
- 20 Initial estimates of the cost of implementing the cap and increasing the means test threshold are expected to be the most expensive part of the reforms for the County Council. However, these are also some of the hardest costs to model as they require data on the number of self-funders purchasing care, and their level of income and assets, and this is data that is not easy to estimate reliably. Whilst work is ongoing to try to refine this data, early indicative figures put the costs of this part of the reform in the region of £32m in the first full year of implementation, rising up to £37m in the following years once the impacts of the cap have unwound.

## Requirement of Local Authorities to arrange care for Self-Funders

- 21 Under the new reforms, self-funders would be able to ask local authorities to arrange their care for them at the local authority rates.



- 22 In theory the implementation of this reform should be cost neutral to the local authority, as the self-funder would still pay for the care that the local authority arranges for them. However, in reality, there might be some additional costs associated with this such as the cost of bad debt. For example, if the self-funder were to get into arrears with their payments or refused to pay for whatever reason, then the Council will be financially affected as it has already paid the provider directly. Initial estimates of this cost suggest this could be in the region of £1m per year.

### **Other costs associated with the care reforms**

- 23 In addition to the areas outlined above, there are also expected to be additional costs associated with the reforms for the following:
- Additional care assessments and reviews;
  - Additional financial assessments;
  - Costs of administration of the Care Accounts;
  - Costs associated with additional assurance requirements.
- 24 Whilst the modelling of the financial implications of the care reform still requires refinement, initial estimates of the cost of these above items is in the region of £4m per year.

### **Funding**

- 25 Of the £3.6 billion allocated to Charging Reform over three years, it has been announced by the Government that £1.4 billion will be allocated to the Market Sustainability and FCOC Fund over three years. Leicestershire County Council's allocation of this fund in 2022/23 is £1.6m. The allocations for 2023/24 and 2024/25 are not yet known, but if the fund is allocated in similar proportions to the 2022/23 allocation, the County Council would receive approximately £6 million per year in 2023/24 and 2024/25 from this fund.
- 26 The remaining £2.2 billion is expected to be used to fund the costs of the charging reforms, including the introduction of the cap, the extension to the means test thresholds, and the additional assessments that will be required. In August 2022, the DHSC released a consultation on the proposed methodology of the 2023/24 allocation of £0.7 billion out of the overall £2.2 billion for charging reforms. Work is underway to inform the County Council's response to this consultation to ensure that its position is properly represented in the consideration of how this funding will be allocated. Indicative amounts in the consultation suggest that the County Council's allocation from the overall national amount of £0.7bn will be between £10.7 and £11.6m for 2023/24.
- 27 It could be assumed that the remaining £1.5 billion of the funding available for Charging Reform (the overall £2.2 billion less the £0.7 billion to be allocated in 2023/24) will be allocated out in 2024/25, however details of how this amount will be allocated are yet to be announced.

- 28 The above means that whilst the Authority has a reasonable idea of the amount of funding available in the current year (2022/23) and next year (2023/24), based on the suggested amounts included in the consultation document, beyond that there is still uncertainty over the level of funding that will be allocated. Best estimates using assumptions based on information available suggest that once all the funding has been allocated, the County Council might be in receipt of £26 million per year of funding, but this figure is very liable to change as more is known about how the Government intends to allocate this funding.
- 29 Whilst both the costs and the funding of the Adult Social Care Reform Programme will require significant refinement moving forwards, these early indications are pointing towards the costs being far greater than the available funding.

### **Fair Cost of Care and Market Sustainability Plan and supporting document**

- 30 The Government requires local authorities to start building strong foundations and prepare markets for wider charging reform and thereby increase market sustainability.
- 31 Local authorities are required to evidence the work they are undertaking to prepare their markets and submit FCOC exercises for care homes for people aged 65 years and over, and domiciliary care for adults aged 18 years and over to the DHSC by 14 October 2022. This entails surveying providers to obtain details of the actual costs they currently incur in the delivery of their services (staff costs, utilities, food, etc). The findings of the FCOC are reported to DHSC as follows:
- Annex A – a standard cost of care template, detailing how constituent costs, e.g. staffing, utilities, travel insurance etc, build up to the cost per resident week in residential care and hourly rate in home care. The median value of provider reported costs should be reported.
  - Annex B – a narrative report explaining how the FCOC exercise was completed, including the response rate, when data was collected and how inflation is taken into account, and assumptions relating to return on capital.
  - Annex C – an MSP, which gives an overview of each market, a consideration of the key risks in relation to sufficiency of supply, workforce, quality of care and current fees compared with the FCOC analysis. The MSP should also explain how the local authority plans to address the current challenges identified in the coming years.
- 32 With the MSP, there should also be consideration given to the implementation of Section 18(3) of the Care Act 2014, which enables all people who fund their own care to ask the local authority to arrange care on their behalf.
- 33 A final plan will be submitted to DHSC in February 2023, which will enable councils to obtain additional funding from the FCOC grant, the funding identified by Central Government to support local authorities to pay higher fees improve provider sustainability and reduce the gap between the fees paid by the Council and self-funders.

- 34 DHSC also require submission of a spend report detailing how the £1.6m Market Sustainability and FCOC Fund allocated for 2022/23 is being spent in line with the Fund's purpose. More information concerning the allocation of this funding can be found at paragraph 41.
- 35 In 2022-23 local authorities are expected to start making genuine progress towards more sustainable fee rates, where they are not already doing so. This means assessing what a FCOC is locally and setting out how the local authority will seek to achieve this in fee rates paid to providers.
- 36 Whilst the modelling of the financial implications of the care reform still requires refinement, initial estimates of the cost of moving towards a FCOC are in the region of £6 million per year (including both residential and home care), in addition to any inflationary pressures. Further work is ongoing (see below) on the impact of moving towards a FCOC for home care but is not yet finalised across the region.
- 37 The Market Sustainability and FCOC Fund provides an allocation of £1.6 million for Leicestershire County Council for 2022/23 and this is intended to ensure that local authorities can prepare their markets for reform and move towards paying providers a fair cost of care.

### **Fair Cost of Care in Leicestershire**

- 38 The Council has engaged an organisation (Care Analytics) to support the process in working with providers to ascertain costs associated with care delivery.
- 39 Care Analytics are working with most local authorities in the East Midlands on the same piece of work which will ensure a level of consistency in approach on both methodologies used and factors considered.
- 40 All providers within Leicestershire were asked to complete bespoke surveys relating to their service delivery with a focus on costs and business models. The Council engaged both EMCARE (Care Homes Association) and the Home Care Alliance to encourage providers to return surveys.
- 41 The results of these surveys have informed the Council's analysis of provider costs and specifically in relation to provider business models. It should be noted that across both care homes and home care there are a number of providers operating different business models depending on their organisational status (e.g. a national provider with care homes across the Country will have different structures/payment terms/overheads and capital liability to a small independent operator).

### **Care Homes analysis (residential and nursing homes)**

- 42 A total of 33 individual care homes submitted returns to inform the FCOC exercise. This is circa 31% of the total care home market within Leicestershire and did provide a reasonable sample size/mix of providers to analyse.
- 43 Key data from the Exercise has been used to inform the approach to care home fees in Leicestershire as a result of the FCOC exercise for 2023/24 onwards:

- *Establish a new nursing placement rate* – this will support the Council to stimulate the nursing care market whilst ensuring that appropriate nursing care is available and funded for those individuals who require that level of care and support. It will also support new developments in the County with a clear message and direction from the Council.
- *Increasing care staff levels within commissioned care rates* – the analysis has shown that care staffing levels vary across care homes but the funding levels should reflect the needs of the people supported. The new levels would see a more stable ratio of 1:6 for direct care staff.
- Understanding care homes return on capital (ROC) and operating profits has been a key positive from this exercise. Whilst the Council is comfortable with the rate of ROC and operating profits built into the fee levels for 2023/24, there is a level of flexibility and pragmatism on both areas where new builds and new provision are part of Council-led strategic development.

44 Increased fuel and energy costs have had (and will continue to) have a significant impact on care home running costs. These costs were not captured in the analysis work undertaken and will inevitably affect the cost of care. Some care homes will be in more favourable positions (e.g. locked in rates or incentivised tariffs) but many, if not all, will experience increased costs in 2023 for energy.

### **Home Care analysis**

- 45 A total of 17 home care providers submitted returns to inform the FCOC exercise. This is circa 24% of the 72 providers recorded on the capacity tracker or 19% of the 88 providers with which the Council currently commissions care.
- 46 Analysis of the exercise has not yet been completed but will be in place to inform both the completed MSP and the DHSC submission.

### **Market Sustainability Plan (MSP)**

- 47 As detailed earlier in the report, the Council will submit an MSP to the DHSC which will provide details on:
- The current state of the older people care homes market and the home care market for people aged 18 and over;
  - Market risks for those markets over the next three years (including the impact of the Adult Social Care Reforms);
  - Plans to support the sustainability of those markets and the people using those services.
- 48 The draft MSP is attached as an Appendix to this report and will be submitted to the DHSC, on behalf of the County Council, once completed and agreed by the Cabinet.

### **Key messages from Leicestershire's MSP**

- 49 The initial MSP is a short document with high level information and analysis required in readiness for a full MSP in February 2023.

50 Leicestershire's MSP details a number of key areas including:

- The County Council commissions around a third of available care homes in the County;
- There is a strong self-funder market across both care homes and home care;
- Workforce pressures across the adult social care providers is consistent with the national picture;
- Quality levels (CQC ratings) are, in the main, positive across registered providers;
- Uplift levels for both care homes and home care over recent years has meant that Council commissioned rates are competitive and favourable when compared to the region;
- There is an undersupply of both nursing care homes/placements and Extra Care within the County.

### **Sustainability/market development**

51 The MSP provides narrative relating to market sustainability and growth. The main areas relate to:

- Developing the nursing market/new provision to support people with more complex health care needs. The Council sees this as a key driver, in conjunction with Health partners, to support people in appropriate settings with mixed funding across health and social care;
- Maximising the use of existing Extra Care provision in the County to support people with higher care needs (akin to existing residential care levels) whilst seeking to increase new Extra Care developments across the County.
- Increasing the system offer for reablement/hospital discharge and hospital prevention in conjunction with Health partners.
- Developing new initiatives for people living at home with care and support needs to maximise efficiencies for both the Council/providers and other support mechanisms (e.g. Personal Assistants/Direct Payment organisations and home care agencies).

### **Engagement and Consultation**

#### **Charging Reform**

52 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 and reports will be presented to further Cabinet and Adult and Communities Overview and Scrutiny Committee meetings as appropriate.

#### **Fair Cost of Care (FCOC) Engagement**

53 The Council has engaged with residential and home care providers since September 2021 when the Social Care Reforms were announced via monthly provider forums and Provider News Bulletins.

- 54 All providers have been given the opportunity to formally feedback their costs of service delivery/provision through detailed surveys issued by the Council. These surveys have been paramount in informing the FCOC exercise and outcomes.
- 55 Key recommendations in relation to the residential care market relate to increasing the assumed level of staffing needed and the establishment of a separate nursing fee. These recommendations are set out in the MSP.
- 56 The Council is expecting the FCOC report for home care in September and any recommendations made will be used to update the MSP at that time.
- 57 Both surveys have been completed, in relation to the residential and nursing care sector, the cost of care report has been drafted by Care Analytics and the FCOC Annex A (financial summary) and Annex B (narrative description) are in progress.

### **Resource Implications**

- 58 The Adult Social Care Reforms are expected to have a significant impact on the medium term financial position of the Council.
- 59 Work on a financial model that attempts to estimate the overall costs of implementing the Adult Social Care Reform Programme has begun. However, due to the complexities of the financial implications of the Programme (both in terms of the mechanics of the modelling and the inputs that needs to feed into this model), this model is likely to be continually refined throughout the duration of the Programme.
- 60 There are a number of elements of additional costs that are expected to affect the County Council as a result of the care reforms. These are covered in more detail in the relevant sections of the report below. Whilst all the estimated costs should for now come with the caveat that this modelling still requires more refinement, and these numbers are likely to change as work on this is refined, initial estimates of costs (and funding) are given to provide an indication of the potential scale of these costs.
- 61 With the above caveats borne in mind, initial estimates of the total costs of the Adult Social Care Reforms are estimated to be in the region of £43m per year from the first full year of implementation in 2024/25 (the figure will be less in the first year of 2023/24, as it will be introduced part way through the year). This figure is then expected to rise further to around £48m per year in the following few years as the impact of the introduction of the cap of care costs unwinds. This is shown in the table overleaf:

<b>Summary of areas of additional expenditure/funding resulting from Adult Social Care reform</b>	<b>2023/24 (part year effect) £m</b>	<b>2024/25 (full year effect) £m</b>	<b>2032/33 (cap unwound) £m</b>
Charging Reform (cap and means test thresholds)	16.1	32.3	37.1
Fair Cost of Care	3.0	6.0	6.0
Other costs (including additional assessments and reviews; bad debt; care account admin and additional assurance costs)	2.7	4.8	5.3
<b>Total costs</b>	<b>21.9</b>	<b>43.1</b>	<b>48.3</b>
Estimated potential funding	16.7	26.3	26.3
<b>Gap</b>	<b>5.2</b>	<b>16.8</b>	<b>22.0</b>

- 62 The figures in the above table are based on current 2022/23 prices. With inflation rates currently running at a high level, the Council can expect the actual costs for 2023/24 and onwards to be higher than this once inflation has been applied.
- 63 Initial estimates of the Government funding (including the Market Sustainability and FCOC Fund) that might be allocated to the County Council in relation to the implementation of the care reforms, are in the region of £17m in 2023/24, increasing to £26m in following years. Again, these figures are currently estimates and will be refined as more information becomes known about the distribution of funding.
- 64 Whilst both the costs and the funding of the Adult Social Care Reform Programme will require significant refinement moving forwards, these early indications are pointing towards the costs being far greater than the available funding.
- 65 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

### **Timetable for Decisions**

- 66 A report will be presented to the Cabinet on 16 September 2022.
- 67 The Cabinet and the Adults and Communities Overview and Scrutiny Committee will receive further reports early in 2023.

### **Conclusion**

- 68 The White Paper sets out the Government's 10 year vision for Social Care. A programme of work has been established to ensure the Council meets the deadlines to meet the initiatives required to deliver this vision. Charging Reform and the 'care cap' will, as demonstrated in this report, require work to establish how the Council administers the process and monitors spend against the cap when it comes into force in October 2023. The Government also requires that the local social care provider market is robust and is paid a fair fee to provide services.
- 69 The Committee is asked to note the financial implications of implementing the Adult Social Care Reforms, along with the significant development work underway to

prepare for the Charging Reform, and provide any comments on the draft MSP which will be reported to the Cabinet meeting on 16 September 2022.

### **Background Papers**

People at the Heart of Care” 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>

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>

Report to the Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Update on the Social Care Reform Programme

<https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6840>

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

70 A copy of this report has been circulated to all members of the County Council.

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

71 The Social Care Reform Programme has recently been presented to the County Council’s Equalities Group for discussion. Workshops will be held in October 2022 to co-produce a comprehensive Equalities and Human Rights Impact Assessment for the programme as a whole.

### **Risk Assessment**

72 The Social Care Reform Programme is complex and could present both financial and reputational risk. It has been recognised as a corporate risk and included on the Council’s Corporate Risk Register. The Council’s Social Care Programme also has a comprehensive risk management process with risk logs created and regularly monitored for the Programme as a whole and for each individual workstream.

### **Appendix**

Draft Market Sustainability Plan

### **Officers to Contact**

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## Annex C: Market Sustainability Plan template

### Section 1: Assessment of the current sustainability of local care markets

#### a) Assessment of current sustainability of the 65+ care home market

##### Sufficiency and diversity of supply

The older adult care home market in Leicestershire is smaller than the national average per head of population. However, relative to population size, Leicester City has the fourth largest market of all Councils in England. The combined county and city per capita market size is only a little below the national average. Leicestershire County Council (LCC) commission many placements in Leicester City.

There is a strong self-funder market in Leicestershire with registered bed capacity in older adult care homes growing in Leicestershire since 2014. New care home capacity is opening at a faster rate than the older capacity has left the market.

There is a range of provision across Leicestershire, the 1980s and 1990s saw a significant increase in the building of new purpose-built care homes in Leicestershire, the Council benefits from this in that many placements are made into that market segment at standard fees rates which are less likely to be accepted by newer homes with higher capital costs.

LCC buy a little more than 30% of rooms in the market, most of LCC funded residents in residential homes will be in older purpose built homes, rooms which do not meet minimum standards for homes built after 2000. This is the segment of the market, in which the Council makes most placements at usual fee rates.

Compared with similar areas, per capita, there are significantly fewer nursing care homes in Leicestershire. This has implications for market forces and the prices paid by LCC for nursing placements. Also, in nursing homes it may be that Council funded residents will also usually be in rooms with a lower standard of facilities than most self-funders.

Most vacancies in nursing homes are in either self-funder homes that do not accept LCC usual rates, or in homes operated by providers who also specialise in the younger adult care home market. These providers may have different attitudes to differential pricing (accepting lower fees to increase occupancy to cover overheads) than more typical older adult care home providers.

Lower occupancy in residential homes as compared with nursing homes means LCC has greater choice in where to make new placements and, as such, easier to secure placements at usual rates. Many nursing providers are likely aware that the Council has fewer options when commissioning 'nursing' placements, and so negotiate accordingly.

In summary, the risk faced by the Council is low in terms of sufficiency of supply for care homes, but not so for nursing care.

##### Quality of provision

The quality of provision in care homes in Leicestershire is slightly below the national average with 76% of homes rated as good or outstanding, compared with 79% nationally. However, Leicestershire compares well with the East Midlands (71%) and Leicester, Leicestershire and Rutland [LLR] (74%).

Actions being undertaken to check and improve quality in care homes include the recruitment of quality experience officers, ongoing developmental work in dementia and dignity in care, increased oversight visits, provider helpline support, training via learning and development team, provider news, and forums. Specialist support with recruitment and retention, challenging behaviour and infection, prevention and control is also offered.

### **Current fee rate coverage**

The residential fee rates are £654 residential standard rate and £722 residential plus rate for 2022/23. The Council does not have a separate nursing care rate but utilises the residential rates with the addition of NHS Funded Nursing Care (FNC) as the rate for nursing care homes. There was a comprehensive fee review in 2019, a new structure was agreed, fees were increased significantly at that point and have been increased annually in line with Consumer Price Index (CPI) and wage inflation since that time. The fee review moved to a two-tier rating structure (Residential and Residential Plus) for both care and nursing homes.

This may be a factor in the finding that usual rate coverage in the nursing sector is significantly less than in residential care. To respond to this the Council will review the underlying hours assumptions and establish a separate nursing fee rate. It will take into account the Fair Cost of Care (FCOC) findings and the Council's commissioning activity in this market segment.

### **Workforce**

There are significant workforce pressures in relation to recruitment and retention across adult social care services in Leicestershire, but the residential care market is the more stable market (static workplace/no travel/fixed shifts). There are challenges in certain geographical areas, and with certain types of care such as night-time care. Additional challenges within nursing homes is the recruitment and retention of nurses. Provider feedback, working with the local Care Homes Association, has indicated provider difficulties around rising energy costs, insurance premium costs as well as a shift of resident needs/complexities over recent years.

## **b) Assessment of current sustainability of the 18+ domiciliary care market**

### **Sufficient Supply**

The Care Quality Commission (CQC) provider listing for August 2022 details 74 active (non-dormant) providers of home care in Leicestershire. However, there are currently 87 providers on the county's Home Care for Leicestershire framework.

A snapshot of activity taken from the capacity tracker in August indicated there are 78 providers supporting 3,621 clients at that time. It also reported that staff absence was running at 2% and that half of the providers reporting at that time could offer significant additional capacity.

There were 2,453 clients being supported by Council commissioned organisations, some 68% of the total clients reported via the capacity tracker. Council provision has grown recently, the weekly cost in early August was running at £743k, over £38m per annum, with 34,907 hours per week being delivered.

Whilst there will be some health funded provision commissioned outside the Council's framework, this does indicate there is a strong self-funder market for home care. Work is ongoing to better understand the size of that market, but information from the Leicestershire Homecare Association and the National Home Care Association indicates it accounts for about 30% of provision.

The Council's fee structure was changed in November 2021 with higher fees paid for rural and isolated

delivery. However, there are still some difficult to service areas within the county where rural challenges persist.

The Council's spread of spend across providers is stable and there is not a tangible over reliance on any providers. The Council commissions care with two providers where delivery is circa 2,000 hours per week and a further nine providers delivering circa 1,000 hours per week.

Those people requiring 24/7 live in and/or more complex social care home care are serviced via the home care framework with availability of provision in line with demand.

Diversity of market – the Council's reablement/community response service is run in-house. The service outcomes are positive and performance being within the top quartile nationally.

Commissioned home care is again spread across a range of national/local/franchises and small providers. New entrants on the framework suggest an appetite to work in Leicestershire but the number of providers means that the share of the available market is limited for new entrants.

Home Care for Leicestershire is jointly commissioned with Health partners so the Integrated Commissioning Board (ICB) has access to the Council's home care framework but usage is limited. Providers are contracted directly by Health services to provide continuing healthcare (CHC)/Health specific packages when required with little oversight by the Council.

Quality of services – The quality of provision in Leicestershire with 89% of providers rated as good or outstanding compares well with provision nationally (87%), the East Midlands (82%) and LLR (also 82%).

Current fees – LCC operate a closed framework with no guarantee of business with current fee levels paid by LCC (2022/23) ranging from £20.25 to £26.45 per hour depending on geographical need. The fees were uplifted in April 2022 (between 5.8% and 6.3%) following extensive provider engagement and adult social care led modelling. The rates are believed to be favourable across comparator authorities and across the East/West Midlands region.

Workforce - there are tangible challenges across home care providers in relation to recruitment and retention of staff. Recent dialogue with providers and the Home Care Alliance has indicated a number of leavers from the sector due to the cost of living/rise in energy and fuel costs coupled with a low number of new entrants into the workforce. Some providers have sought recruitment from overseas which has seen increased numbers of workers in the County through a competitive annual salary.

## **Section 2: Assessment of the impact of future market changes (including funding reform) over the next 1-3 years, for each of the service markets**

### **Residential Care**

Workforce (High Risk) – longstanding challenges have been compounded by the impact of Covid-19 pandemic (the strain to maintain services throughout the pandemic, vaccination requirements, etc), inflationary pressures and a lack of equity in pay, when compared to NHS care workers.

That gap between care workers pay in the NHS and those in social care will be further increased by the recently agreed NHS pay increase which will be 5% on average, but up to 9.3% for lower earners, including band 2 and 3 Health workers.

The Council's view is that such a significant improvement in pay, terms and conditions cannot be funded from the current FCOC allocations. Any upward trends in pay would require a significant level of resources.

Quality of care (Low risk) – the proportion of residential care homes judged good or outstanding

compares well within LLR and regionally.

Section 18(3) (High risk) – at present, the impact on the Council and care homes is difficult to estimate. Modelling developed by the County Council's Network and Laing Buisson is being used to estimate the impact, together with a Council led self-funder analysis and the impact assessment published by Department of Health and Social Care.

Fair cost of care (Medium risk) – the Council's current rate are relatively competitive for care homes with the level of inflation assigned over recent years being favourable when compared to other local authorities.

However, the FCOC analysis demonstrated that the staffing levels and thus ratios require review, which will be considered when calculating the FCOC. The recommendation is that should be at least 21.5 hours, akin to a staffing ratio of 1:6. Levels of inflation and increases in National Living Wage will also be considered when determining its 2023/24 rates.

A further risk relating to FCOC in all markets is the unprecedented levels of inflation. Price increases since April 2022 have been significant. According to the Banks of England inflation (currently 10.1%) is expected to increase further this year and not return to rates around the 2% target for two years.

It is difficult to estimate the number of self-funders that will approach the Council to request support in arranging care. It is likely that rather than take a place in a home that does accept the Council's fees, some people will choose to pay a top up to obtain a place in their preferred home. However if the FCOC analysis proves effective then the market should be able to sustain variation in the number of people funding their own care be that through the Council arranging care on their behalf or by self-arrangement.

Undersupply of care (Low risk) – although the proportion of care homes (per head of population) is relatively low in Leicestershire, it is relatively high in the Leicester city area where the Council makes a number of placements. Council placements account for circa third of the beds in the market and is able to operate in that market segment effectively.

Diversity of provision (Low risk) – there are a range of operators, mainly 'for profit', with homes of varying ages, size and location. Though a number of groups operate in the county, there is also a strong cohort of independent operators.

### **Nursing care homes**

Workforce (High risk) – as per the residential narrative but with the additional pressures in recruitment for nursing staff when competing with the NHS and independent healthcare sectors.

Quality of care (Low risk) – Leicestershire's nursing provision as measured by CQC ratings compares well with the national picture. Local nursing homes have a noticeably higher proportion of homes that are good or outstanding (92%), compared with 76% nationally.

Section 18(3) (High risk) – as per the residential narrative.

Undersupply of care (High risk) – the proportion of nursing care homes per head of population is very low in Leicestershire. It is also dominated by large group organisations which often leaves the Council and self-funders with limited options to purchase care, often at significantly higher than expected fee levels.

Diversity of provision (High risk) – as with residential care the Council commissions circa third of the market capacity. However, with a higher proportion of group delivery from newer premises, the Council finds it more difficult to commission at its current rates.

Fair cost of care (High risk) – the FCOC revealed that the current assumption that that each resident needs on average 19 hours of individual care is too low. The recommendation is that should be 24

hours, akin to a staffing ratio of 1:5. The Council is considering revising this assumption and establishing a nursing fee.

### **Home Care**

Workforce supply (High risk) – recruitment and retention within the home care sector is a significant challenge with rising energy costs being a key factor in providers losing staff to general retail. Some providers are sourcing overseas workers for home care with a relatively healthy flow of applicants.

Quality of care (Low risk) – the quality of care compares well with provision nationally, and regionally.

Section 18(3) (Low risk) – this has already been in place and any impacts from the Adult Social Care reforms are considered to be low.

Undersupply of care (Medium Risk) – Via the capacity tracker, providers indicate they have significant additional capacity. There are indications that there is a strong self-funder market and recently the Council has increased provision and successfully procured additional providers.

There are challenges in relation to providing care in certain rural and isolated areas but the bigger risks relate to the workforce challenges faced by providers.

Diversity of provision (low risk) – the mix of provider models promotes a relatively stable cross section of groups / organisations.

Fair cost of care (medium risk) – the rates in Leicestershire range from £20.25 to £26.45 based on geographical locations. The Council consider these rates to be favourable and in line with the expected provider models to service the County's residents.

### **Section 3: Plans for each market to address sustainability issues identified, including how fair cost of care funding will be used to address these issues over the next 1 to 3 years**

#### **(a) 65+ care homes market**

Nursing rates and development - The establishment of a nursing rate in the county to increase both nursing placements and to facilitate new developments of nursing provision. Consideration of the development of nursing provision with the exploration of delivery in partnership with market providers and Health stakeholders. The Nurse role (recruitment and retention) issue requires consideration of different nursing models (e.g. potential for in-reach community nursing models as delivered in other areas).

Residential rate - The FCOC 2023/24 levels will mean an uplifted rate (but in line with the market rate in place currently). The Council will aim to maximise its use of alternative options for people and minimise residential placements.

Extra Care - LCC considers its extra care stock to be low for the size of the county, in particular for those people with higher social care needs. The Council will seek to increase development of extra care within the county to support people with a higher level of care and support needs akin to standard residential care with a particular focus on dementia.

LCC recognise the shift in the building/development market with increased costs and availability of materials and labour having an impact on deliverability. However, the Council have explored, and continue to explore, different funding models to incentivise investment from developers.

**(b) 18+ domiciliary care market**

Reablement - Strategically increasing Reablement provision in partnership with the ICB and local hospital to maximise people's independence and increase the numbers of people receiving care/support in their own homes as opposed to in accommodation based settings. This will see the home care market grow in the county with provider growth and capacity being paramount to delivery. Investment from partners into the sector will be fundamental to the success of this strategy.

Home care pilots - The Council will pilot models for home care testing new ways of working and efficiencies with a view to developing a new home care model for 2024/25 based on a partnership approach with the provider market. This will see testing of initiatives such as Provider led reviews (pilot across East Midlands) and flexibility in delivery/use of hours for providers including flexibility in time bandings.

Personal Assistants - LCC is undertaking work on defining the Personal Assistant (PA) market offer with the aim to increase the availability of PA's and micro providers across the county. This will see a PA workforce growth to support the growing demand for older people's care and support in their own homes. The Council see this as part of the available pathways for people receiving long term care to deliver improved outcomes in a more cost effective and efficient model.

DRAFT





**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**EXTRA CARE SERVICE REVIEW AND PROCUREMENT**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of the Report**

- 1 The purpose of this report is to advise the Committee of the outcome of a service review that was undertaken on the Extra Care Service, engagement with residents and stakeholders that has been carried out, and the proposed changes, including the way in which elements of the services are commissioned.
- 2 The Committee is invited to comment on the proposed way forward.

**Policy Framework and Previous Decisions**

- 3 Extra Care services promote independence, keeping people well and provide an alternative to residential care. The proposals in this report link to the Council's Strategic Plan for 2022–2026 and specifically the aims under the Keeping People Safe and Well Outcome, a key aspect of which is to ensure the people of Leicestershire live in a healthy environment and have the opportunities and support they need to take control of their health and wellbeing.
- 4 The fundamental principle of the “Delivering Wellbeing and Opportunity in Leicestershire, the Adults and Communities Department Ambitions and Strategy for 2020–2024” is Wellbeing. The main proposals in this report relate to the way in which the Wellbeing Service (an aspect of the Extra Care Service) is commissioned and operated going forward. The work to form the proposed way forward for the Extra Care Service has been carried out to align with the principles and ambitions of the Strategy.
- 5 The proposals also align with the aims of the Accommodation Strategy for Older People 2016-2026 and Building Accommodation to Meet the Needs of People in Leicestershire, Investment Prospectus 2019–2037.
- 6 Extra Care Service expenditure is significant and accounted for in the overall budget of the Adults and Communities Department set out in the Council's Medium Term Financial Strategy for 2022/23–2025/26. The expenditure is in two parts - the commissioned care budget which is £1,038,000 for 2022/23, and the Wellbeing Service budget, which is £912,000, giving total expenditure of £1,950,000 for 2022/23.

- 7 The cost of the Wellbeing Service is mitigated by a charge of £70 per week paid by tenants, which is estimated to generate an income of £306,000 in the current year, leaving a net estimated cost of the Service of £1,590,000.
- 8 Whilst the changes to the Extra Care Service proposed in this report are expected to improve efficiency, they are also expected to generate a financial saving for the Department, which is described in the Resource Implications section in paragraphs 32-36 below.

## **Background**

### **Extra Care Services**

- 9 The term Extra Care is used to describe developments that comprise self-contained homes with design features and support services available to enable self-care and independent living.
- 10 Extra Care comes in many forms and may be described in different ways, such as sheltered housing, housing with care or retirement villages. Occupants may be owners, part-owners or tenants (the latter of which is most commonly used to refer to any occupants) and all have legal rights to occupy underpinned by housing law (in contrast to residents in care homes).
- 11 There are currently six Extra Care schemes within Leicestershire across Blaby, Charnwood and Melton. Each scheme is similar in approach, apartments are let from the housing provider (i.e. the owner of the relevant scheme) with any care required being commissioned by the Council by the onsite care provider.
- 12 Most people accessing Extra Care via the Department will have an assessed eligible care need whilst others access the schemes via the housing provider. Most have care needs, some may not, but seek better quality accommodation and security of living in such settings.
- 13 There are two aspects to the Extra Care Service; the person-centred commissioned care, and the Wellbeing Service, which supports all tenants in the scheme, whether they have commissioned care or not. Delivered by the care provider, there are two aspects to the Wellbeing Service, the meeting of unplanned care needs 24 hours per day, seven days per week, and the provision of social support that varies from the organisation of social activities to regular checks to make sure tenants are safe and well.
- 14 There are circa 199 Extra Care flats occupied in the County and 125 of the tenants are in receipt of commissioned care. A number have chosen to purchase their care direct from the onsite care provider. The Council commissions circa 1,700 hours of care per week for tenants which is relatively low compared with comparator local authorities.
- 15 The unit costs at five of the six schemes are considered to be equitable, the exception being the Melton scheme which has a market-led rate due to the limited number of bids (one in total) received as part of the previous tender to procure the Service.

- 16 The current care contracts across the six schemes have been operating since 29 October 2018 and are due to end on 31 March 2023.

### Review of the Services

- 17 In line with commissioning practice, the Extra Care Service was reviewed as the contract end date approached. That review covered all aspects of the Service; quality of care, the Wellbeing Service and the way the housing provider, the onsite care provider and the Council worked together to support tenants.
- 18 As part of the review, engagement with tenants and providers was carried out to get their views on the support offered by the existing service, which mainly related to the quality of the care they receive and the social opportunities and interactions created by the Wellbeing Service. Information was also gathered from colleagues on the operation, effectiveness and funding of the Service. Comparisons with similar services, regionally and nationally, were also undertaken and best practice in the sector gathered to inform the review.
- 19 In undertaking the review, improvements have been identified that will enable the Service to operate more effectively, for example, a partnership agreement between the housing provider, care provider and Council will be developed and Council link workers identified.
- 20 However, the main area of concern identified was the costs, and operation of the Wellbeing Service. The Wellbeing Service has a relatively high cost of £70 per week for tenants when compared with similar services, and the gross cost to the Council of £912,000 per annum suggested a change of approach to the Service is needed.

### Engagement

- 21 Key to the Service review undertaken in 2021 were engagement activities with the key stakeholders in the Service:
- tenants living in the schemes and their families;
  - care providers;
  - housing providers.
- 22 The Extra Care housing providers (Places for People, East Midlands Housing Association, Anchor and Melton Borough Council) were asked to form a provider reference group, chaired by a Council officer, which meets regularly. The group has helped to shape the proposals for the future operation of the Extra Care service set out below including the proposal relating to the take over and development of the social inclusion and support service.
- 23 The care providers (Help at Home and Radis) have also been briefed on the proposed changes to the Wellbeing Service (detailed below), and like the housing providers, will be further briefed on the preferred option. Thus far, they have both informally indicated a willingness to bid for the new contract.

- 24 Engagement with tenants at each scheme was undertaken in 2021 to ascertain their experience and views of the Service, the advantages and disadvantages as they see them of living in the Extra Care schemes. Tenants' views were obtained by holding a meeting at each scheme so that they could discuss the Service with Council staff. They also had the opportunity to complete a feedback form and to speak privately to a member of staff to give their views.
- 25 A number of questions were explored, mainly through discussions with tenants who were asked why they had moved into an Extra Care scheme, how had their lives improved since moving, and what changes they thought should be made to the model. Responses were overwhelmingly positive about the concept of living in an Extra Care environment and there was little to suggest the tenants would change anything about the housing with care model.
- 26 However, some concerns were raised about cost, the activities that were available and the people with a high level of need locating to the Service, who could not therefore enjoy the benefits of Extra Care.
- 27 A further round of engagement, which will again incorporate the opportunity to either meet in small groups at each scheme, discuss the Service privately or provide views via a form or a combination of those approaches, will be completed in August 2022. In this way the Council will obtain their views in relation to the specific changes proposed to the Wellbeing Service and how they affect them.

### **Proposed Changes to Procurement of the Wellbeing Service**

- 28 The proposal relates to the change in the way the Wellbeing Service will be commissioned and operated. Currently, both elements of the Service (the unplanned care element and the social inclusion and support element) are delivered by the care provider.
- 29 A range of options have been explored to maximise the impact of the Service whilst delivering an efficient and cost effective offer. These included operating a floating service across the schemes or removing the unplanned care service altogether. However, these were deemed not to be viable due to both offering a reduced offer to tenants and fundamentally changing the Extra Care Service in the County.
- 30 The preferred approach is detailed as follows:
- Unplanned care to be delivered by the care provider on site from 10pm-7am.
  - Social inclusion and support to be delivered by the housing provider, as they have more experience in providing this sort of service. This will provide a much more comprehensive service than that currently provided drawing on a great deal of experience in this area.
  - Unplanned care needs for tenants during the day will be met by the staff onsite that are delivering commissioned care.
- 31 The proposed unplanned care service will support Leicestershire's Extra Care provision to cater for more people with higher care and support needs as an alternative to residential care. The model will also ensure that those with assessed

night care and support will be able to be incorporated within the night model, albeit supplemented by additional staff where needed.

- 32 From the tenant's perspective, this new approach will mean that they still have 24/7 support should an unplanned care need arise, but the £70 per week charge will be removed. The housing provider will also provide social support and activities, for which there will be a smaller charge, to be agreed with the housing provider.
- 33 The new contract for the Extra Care service needs to be in place by 1 April 2023 and is proposed to be available for providers to bid for in September 2022. As part of the re-procurement of the Service there is opportunity for the Department to adjust the way it operates the Service and the way it works in partnership with the housing and care providers through a more formal partnership arrangement between stakeholders to provide a more efficient and cost effective service.

### **Resource Implications**

- 34 As explained earlier, total Extra Care expenditure consists of two parts - the commissioned care budget which is £1,038,000 for 2022/23, and the Wellbeing Service budget, which is £912,000, giving total expenditure of £1,950,000 for 2022/23. The cost of the Wellbeing Service is currently mitigated by a charge of £70 per week paid by tenants, giving a net estimated cost of the Extra Care Service of £1,590,000.
- 35 The proposed unplanned care service will support Leicestershire's Extra Care model to cater for more people with higher care and support needs as an alternative to residential care. The model will also ensure that those with assessed night care and support will be able to be incorporated within the night model, albeit supplemented by additional staff where needed.
- 36 By requiring the onsite provider to meet unplanned care needs during the day by staff onsite delivering commissioned care, the daytime element of the current £912,000 funding can be removed. This will generate a saving equivalent to the cost of the daytime element of the current Wellbeing Service of £572,000 per annum, which will mitigate the loss of income to the Council from the removal of the Wellbeing Service charge estimated at £306,000 per annum.
- 37 The new model proposed will ensure that the Council is making efficient use of available resources with a potential net saving of circa £266,000 per annum through the delivery of the revised Service.
- 38 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

### **Timetable for Decisions**

- 39 A report will be presented to the Cabinet on 16 September 2022 seeking approval for the procurement of care and support in extra care housing schemes as outlined above, as well as updating members on the outcome of the engagement with current tenants on the changes to service provision.

- 40 Subject to Cabinet agreement, procurement will commence in October and be completed early in 2023, contract mobilisation will follow and the new Service will commence in April 2023. Market intelligence suggests there will be sufficient interest to deliver a successful procurement. Both current care providers have expressed an informal interest in bidding.
- 41 As the further round of tenant engagement will not be completed before this Committee report is published a verbal update on that engagement will be provided at the meeting.

### **Conclusions**

- 42 The Committee is asked to provide any comments on the proposed way forward, which will be reported to the Cabinet meeting on 16 September 2022.
- 43 The proposed changes will benefit tenants by providing a more efficient and cost effective service. They are also expected to benefit the housing and care providers involved by bringing more clarity to their respective roles and the Council by reducing the overall cost of the Service.

### **Background Papers**

- County Council's Strategic Plan 2022 – 2026  
<https://www.leicestershire.gov.uk/sites/default/files/field/pdf/faq/2022/4/12/Appendix-B-LCC-Strategic-Plan-2022-26.pdf>
- [Delivering Wellbeing and Opportunity in Leicestershire](#)
- [Accommodation strategy for older people 2016 - 2026](#)
- [Building Accommodation to Meet the Needs of People](#)
- [Report to the County Council on 23 February 2022 – Medium Term Financial Strategy 2022/23 – 2025/26](#)  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=134&MId=6481&Ver=4>

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

- 44 A copy of this report has been circulated to all members of the County Council.

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

- 45 An Equality and Human Rights Impact Assessment (EHRIA) has been produced incorporating the preferred option and will be reviewed by Departmental Equalities Group on 25 August 2022. The recommendation is that there will be a neutral impact and that a full EHRIA will not be required.

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**INITIAL CONSULTATION FINDINGS 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 initial findings from the public consultation on the draft joint Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025, which is attached as an Appendix to this report.
2. The Committee is invited to make any comments on the initial findings of the consultation.

**Policy Framework and Previous Decisions**

3. 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 Medium Term Financial Strategy (MTFS);
  - Leicestershire County Council Strategic Plan 2022-2026.
4. 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 developed jointly by Leicester City, Leicestershire County and Rutland County Councils and the CCGs (now the Integrated Care Board [ICB]) across the LLR area.
5. On 27 May 2022, the Cabinet approved a formal six-week joint consultation, alongside the partner Councils and CCGs on a refresh of the priorities and actions identified for supporting unpaid carers which commenced during the week beginning 6 June 2022, National Carers’ Week.

6. The Committee considered a report and provided comments on the draft joint LLR Carers' Strategy (2022-2025) for consideration as part of the formal consultation at its meeting on 6 June 2022.

### **Background**

7. The LLR Joint Carers Strategy 2021–2025 sets out eight strategic priorities relating to unpaid carers of all ages set out in the diagram below:



8. The priorities were built upon the feedback of carers across the LLR area for the LLR Joint Carers Strategy 2018–2021 “Recognising, Valuing and Supporting Carers”.
9. 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 and agreed they should remain.
10. Only one of the priorities received a minor adjustment. This was Priority 6, “*Carers and the impact of technology products and the living space*”. However, with the wealth of technology available, all organisations were keen to see this priority continue to be represented and have therefore suggested an alternative priority title “*Care with Confidence*” – which will be based around using technology and skills to support carers.
11. Each partner organisation is responsible for their individual supporting delivery/action plans for delivery of the Strategy priorities. Plans were reviewed as part of the refresh of the Strategy.
12. Leicestershire’s plan was used to drive improvements across the County Council including:
- Training sessions for staff working with carers;
  - Online carers’ assessment application system;



- Dedicated carers' team within the Customer Service Centre.
13. 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 Sortified Community Interest Company (a social enterprise and consultancy) promoting carer engagement.
14. Ongoing challenges which will be addressed within the Strategy refresh are:
- 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.
15. The Government White Paper, "People at the Heart of Care: adult social care reform", published in December 2021, has also been used to inform the supporting Strategy Action Plan.

### **Consultation Findings and Next Steps**

16. There were eight weeks of public consultation from 6 June-31 July 2022 on the draft refreshed Strategy, each partner organisation hosted their own consultations and will be reporting back to their individual organisations on their findings.
17. Consultation sought the views of the general public, carers, people who use social care services, stakeholders and partners via:
- an online consultation;
  - a public event held at Leicester City Football Club on 13 July 2022;
  - Feedback via commissioned service;
  - Council officer attendance at meetings regarding the Strategy Refresh.
18. The consultation was promoted in advance of and during the consultation period to stakeholders and partners including:
- Carers, people using services, and the public;
  - Leicester City Council;
  - Leicester, Leicestershire and Rutland CCGs;
  - Rutland County Council;
  - Healthwatch;
  - Voluntary Action South Leicestershire;
  - Lightbulb
  - Children and Family Services;

- Adult Social Care Commissioning Teams;
  - Leicestershire Learning Disability Partnership Board;
  - Public Health;
  - Leicestershire Fire and Rescue.
19. The consultation closed at midnight on 31 July 2022. It is anticipated that final data for the consultation period will be received week commencing 15 August 2022; initial findings have informed this report.
  20. Strategic partners from across LLR will be meeting in early September to discuss collective findings and to agree any subsequent amendments that need to be made to the LLR strategy document.
  21. The collective outcomes from the consultation will determine the final version of the Carers' Strategy for the coming three years. Specific partner consultation findings will be used to build on the individual action plans across the Partnership.

### **Overview of Consultation Findings for Leicestershire**

22. There have been 45 online Leicestershire responses to the consultation. The consultation in 2018 received 157 online responses.
23. A full summary report of the consultation responses for Leicestershire is being produced.
24. The findings below represent online responses and do not include feedback or comments provided as part of group meetings or events.
25. Of the 45 Leicestershire respondents, 33 (73%) were carers and of these, only 16% (7) are in receipt of some form of carers service i.e. receiving a carers personal budget, attending a carers group or receiving other specific support for carers.
26. 59% (26) of respondents felt the draft Strategy reflects carer issues.
27. When asked how important the priorities were only three priorities were deemed as fairly or very important by over 90% of respondents.
28. 81% (34) of respondents agreed the priorities remain current and correct.
29. 56% (23) of respondents agreed with the delivery actions with another 32% (13) stating they "neither agree nor disagree" with the actions. The comments reflect indifference; a selection is shown below:
  - *It all misses the point that carers don't always want to be carers and are only doing it because they can't get the care packages they need for their loved ones.*
  - *Makes no difference.*
  - *Again central [government] need to see, what this cost is and if you don't get the money, it will fail.*
  - *Where is the VCS [Voluntary and Community Sector] in the strategy? Section CS2.4 mentions commissioned groups for young carers to be signposted to but*

*ours is not commissioned by any LA [local authority]. These groups will be lost if referrals are not made.*

- *High level actions - More specifics and resources for providing carers with support alongside them in the community and people who can help carers to access services.*
- *I can't see anything that will make any difference to a carer that has been in the role a while. It is the same as I was told 30 years ago.*
- *More help and identifying of young carers. Time away from family and responsibilities*
- *Carers have seen a real terms 11% pay cut since Feb 2022 and should be paid in line with inflation*

28. A number of respondents chose not to provide their gender identity, of those that did 85% (29) of respondents were female. This is higher than the local caring figures, with census data from 2011 showing around 57% of Leicestershire carers are women.
29. Only 15% (5) of respondents identified themselves as male.
30. Of the 35 respondents who provided their age the majority were over 55 years of age (21 responses). No responses were provided by adults under 30. There are a number of young carer (under 18) responses that have been provided on paper copies via the young carers voice work delivered by Children and Family Services. These hard copy responses are currently being processed and findings will be included into the final consultation summary report.
31. A number of respondents also chose not to provide information on their ethnic group, the remaining respondents who did (35) indicated their ethnic group as white. This represented 78% of the respondents.
32. The consultation report, the final refreshed Strategy and action plan for Leicestershire will be submitted to the Cabinet on 25 October 2022 for approval. It is proposed to launch the refreshed Strategy on Carers Rights Day - 25 November 2022.

### **Resource Implications**

33. Council officer resource will be required to update the Strategy and to ensure that the Action Plan is developed and delivered for Leicestershire.
34. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

### **Timetable for Decisions**

35. Partner organisations across LLR are meeting in early September to discuss the collective findings and make any amendments required to the draft Strategy and action plans before progressing through their respective governance processes to ensure alignment with the planned consultation launch date.

36. The Committee will be sent a copy of the Cabinet reported scheduled for 25 October 2022, where approval of the Strategy will be sought and any comments received will be submitted to the Cabinet meeting.

### **Conclusions**

37. The Committee is invited to comment on the initial consultation findings.

### **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/3N8CJli>

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>

Report to Adults and Communities Overview and Scrutiny Committee on 6 June 2022 –  
 Consultation on Draft Leicester, Leicestershire and Rutland Carers Strategy 2022 – 2025  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6840&Ver=4>

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

38. None.

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

39. 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. The screening assessment will be reviewed post

production of the final consultation summary report to ensure it remains reflective of responses.

## **Appendix**

Draft joint Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-2025

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# JOINT CARERS STRATEGY REFRESH 2022-2025

Recognising, Valuing and Supporting Carers in  
Leicester, Leicestershire and Rutland



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## 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**

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### 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

NEED CENSUS DATA – not due until Summer 2022.

Census Data to be included

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

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## 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](#)

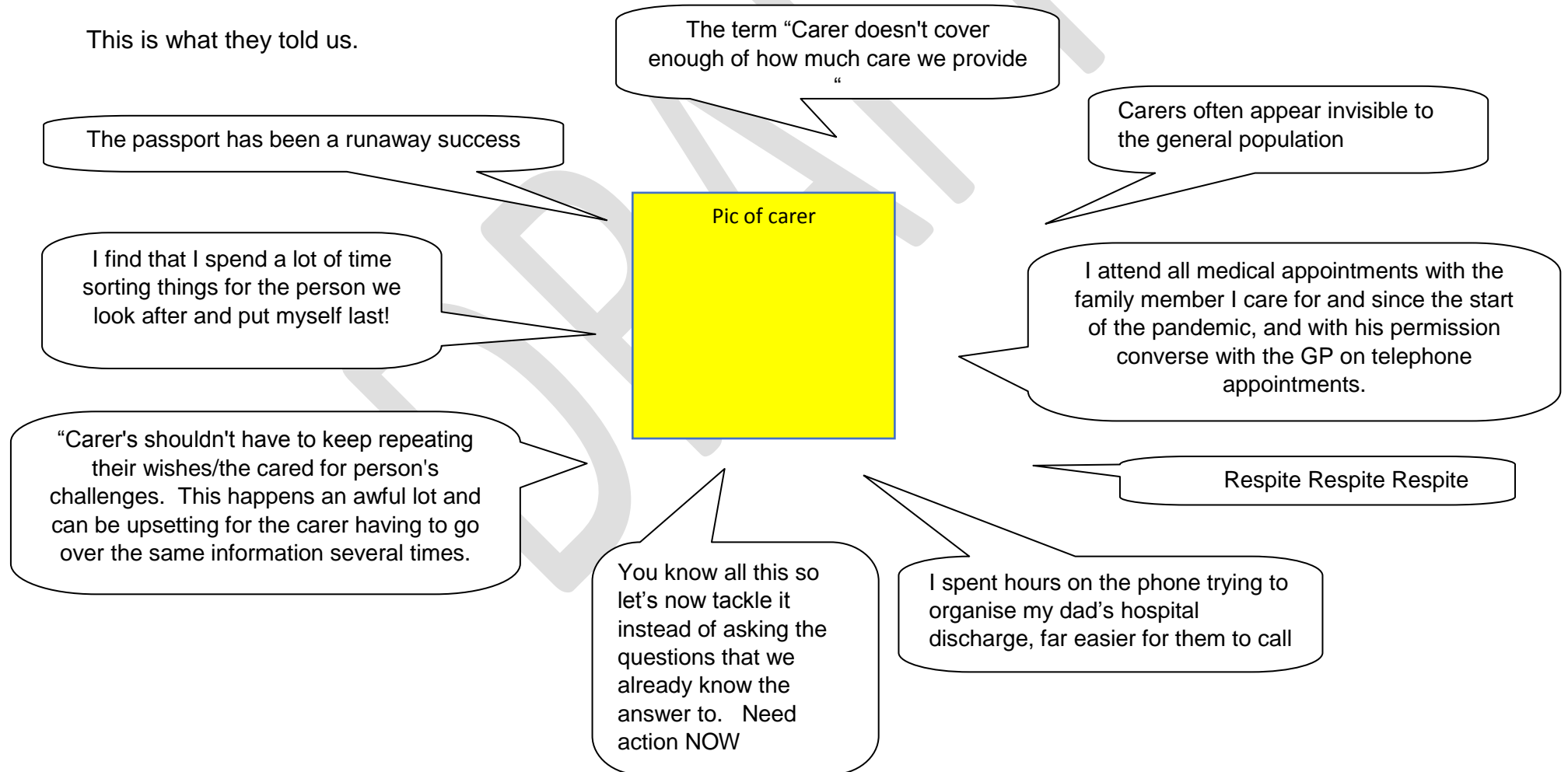


## 8. What Leicester, Leicestershire and Rutland Carers say –

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.



## 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

<b>1. Carers are identified early and recognised - Building awareness of caring and its diversity</b>		
<b>What the engagement told us</b>	<b>What will we carry forward</b>	<b>What are our new actions</b>
<p>Identification is still an issue for carers, linked to lack of understanding of what caring is.</p> <p>Engagement recognised the need for GP surgeries to improve identification of carers.</p> <p>Lack of recognition was cited as a barrier to being kept informed; this was mentioned as a particular issue in hospital settings.</p> <p>Carers not receiving Carers Allowance feel they aren't recognised like those who receive it.</p>	<p>Ongoing staff training development to aid awareness and identification.</p> <p>Ongoing review of information and use of pages to aid carers to identify themselves.</p> <p>Continued promotion of Digital Resource for Carers &amp; Employers for Carers resources.</p>	<p>Continued promotion and growth of the Carers Passport scheme.</p> <p>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.</p> <p>A social seeding programme to provide ongoing relationships and alliances through the ICS and ensure it is reaching out to carers across cultures.</p> <p>Ensure better carer identification and consideration of their needs on admission to and discharge from hospital.</p> <p>Use of social media, to raise carer awareness, particularly around Young Carers.</p>
<b>How will we know this has worked?</b>		

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

- 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
<p>Knowing where to look for required information was noted as a barrier for carers.</p> <p>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.</p> <p>Carers like to use their GP for information and support.</p> <p>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.</p>	<p>Further sessions planned for key staff to ensure all teams have access to knowledgeable staff member for support around working with carers.</p> <p>Consider best communication pathways particularly in light of the COVID-19 pandemic.</p>	<p>Ensuring carers can access the information they need, in the formats they require.</p> <p>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.</p> <p>Including information on advocacy and getting carers voices heard.</p> <p>Development of relationships with schools and colleges to improve young carers awareness.</p>

**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

<b>4. Carer Friendly Communities</b>		
<b>What the engagement told us</b>	<b>What will we carry forward</b>	<b>What are our new actions</b>
<p>Carers told us they would like to see the use of volunteers to support carers.</p> <p>Carers told us that by raising awareness of caring in communities, community venues and local businesses may become more accommodating.</p>	<p>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.</p> <p>Continue to work with communities to support carers through awareness raising within existing community groups.</p>	<p>We will ensure that the priorities within the Carers’ Strategy are aligned with The Integrated Care Board’s People and Communities Strategy 2022/2023</p> <p>Continued promotion and growth of the Carers Passport scheme. Specifically targeting community schemes and groups within neighbourhoods.</p> <p>Development of relationships with schools and colleges to improve young carers awareness.</p>
<b>How will we know this has worked?</b>		

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

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<b>5. Carers have a life alongside caring – Health, employment and financial wellbeing</b>		
<b>What the engagement told us</b>	<b>What will we carry forward</b>	<b>What are our new actions</b>
<p>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.</p> <p>The financial impact of caring for someone was of real concern to carers.</p> <p>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.</p> <p>Carers do not get enough time for themselves.</p> <p>Although we received limited feedback from working carers, we know that flexibility is a key factor in the ability to continue working.</p>	<p>Ongoing review of information and use of web pages - to ensure carers know where they can go for financial advice or support</p> <p>CareFree promotion ensuring all workers are aware and are utilising the offer.</p> <p>Carers' breaks provision still under review.</p> <p>CCGs will continue to encourage carers to take up screening invitations, NHS health checks and vaccinations, where relevant.</p>	<p>Ensuring carers have the information they need to keep themselves well.</p> <p>Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers' needs are recognised.</p> <p>Work to improve transition planning with young carers, to consider their future aspirations in terms of college, university, leaving home.</p> <p>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.</p>
<b>How will we know this has worked?</b>		



- 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
<p>Local carers didn't identify with the previous title of priority 6 - <i>Carers and the impact of Technology Products and the living space</i>. However, what did come through was that carers have been reliant on technology or gadgets during the pandemic.</p> <p>There was acknowledgement that housing needs still exist, where properties aren't always suitable particularly for carers supporting someone who has severe needs.</p>	<p>We will continue to work with professionals from housing, equipment and adaptations to improve the carers' pathway and embed carer awareness.</p>	<p>Ensure carers are informed of technology solutions that can support them.</p> <p>Work to enable carers to be confident using technology and / or gadgets.</p> <p>Introduce mechanisms to better support patients, carers and volunteers to enhance 'supported self-management' particularly of long-term health conditions.</p>
<p><b>How will we know this has worked?</b></p>		
<ul style="list-style-type: none"> <li>• Increase in the proportion of carers who say they find it easy to find information</li> </ul>		

**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
<p>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.</p> <p>Carers want to be able to help themselves too and are looking for access to carer courses, to support them in their caring role.</p> <p>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.</p> <p>Carers require support with hospital discharge, starting right at the point of admission ensuring they are kept informed and involved.</p>	<p>Ongoing use of Carers Delivery Group (CDG) to ensure that all organisations work together to improve support for carers.</p> <p>People will be signposted to sources of support post-caring.</p>	<p>Forging robust links with the Mental Health programme of work across the integrated care system to ensure carers' needs are recognised.</p> <p>The Carers Delivery Group will seek to influence the information provided to carers around the differing care pathways across the system.</p> <p>Targeted work to raise the profile of the Carers Passports within hospital and GP services.</p> <p>To ensure that carers are supported to plan for emergencies.</p> <p>Work alongside LOROS and the Carers Matters Stakeholder group to understand what matters to carers supporting a loved one at the end of life.</p> <p>Roll out of Young Carers passport across Leicester, Leicestershire, and Rutland.</p>

**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
<p>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.</p> <p>Young carers identified the need to be 'young people' and want time for themselves.</p> <p>Young carers want to be able to find the information they need.</p> <p>Young carers need support to identify as young carers, which is mindful of the needs of the whole family, particularly within schools, and colleges.</p> <p>Young carers say they often miss education due to their caring responsibilities which can impact their life choices.</p>	<p>Embed the whole family approach.</p> <p>Working with educational establishments.</p>	<p>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.</p> <p>Work with young carers to improve the way that the health system including GPs supports young carers</p> <p>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 .</p> <p>Under 11 years support for young carers.</p>

<b>How will we know this has worked?</b>
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- |  |
|--|
| <ul style="list-style-type: none"><li>• Increased number of young carers known to services will be reported.</li><li>• Young carers report feeling listened to and respected.</li><li>• Organisations can evidence a more robust approach to working with young carers and their families.</li><li>• The impact of caring on young carers is taken into account in assessments and transition planning across social care.</li><li>• Young carers report improved outcomes at home, school or in employment.</li></ul> |
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## 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.



**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**COMMISSIONING AND PROCUREMENT OF HOME CARE SERVICES**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of report**

- 1 To provide an update on progress made on the procurement of home care services as previously requested by the Committee.
- 2 This report also summarises the outcome of the recent tender for integrated home care services in partnership with the NHS Clinical Commissioning Groups (CCGs) for the County to create additional capacity through a Framework of providers with effect from 1 November 2022. This will be in addition to the provision that commenced on 1 November 2021.

**Policy Framework and Previous Decisions**

- 3 On 7 February 2020, the Cabinet approved the procurement of a new Home Care Service for Leicestershire. Prior to this, the Committee considered two reports which outlined the proposed way forward to re-procure the Service at its meetings in September and November 2019.
- 4 In June 2020, the Cabinet agreed to defer the procurement of the new Home Care Service due to the impact of the Covid-19 pandemic. Further to this, the Committee considered reports at its meetings in January and September 2021 on the progress made with the Home Care for Leicestershire procurement following the pause in activity and re-profiling of timelines.
- 5 Having selected 49 bidders to be appointed to the Home Care for Leicestershire Framework, on 26 October 2021, the Cabinet approved a proposal to make interim awards to current home care providers who were unsuccessful or who chose not to bid under the Framework, initially for a six-month period with an option to extend for a further six months to 31 October 2022. This ensured service capacity was maintained and provided continuity of care for people already receiving services where there might be insufficient provision under the framework.
- 6 The interim awards were approved on the basis that the Framework would re-open to allow providers working with the Council under this arrangement, along with any other interested care agencies, to apply to join the main Framework.

## **Background**

### **First Round of Procurement**

- 7 The initial implementation of Home Care for Leicestershire (HCL) - a home care service jointly commissioned by the County Council and the NHS CCGs - commenced as planned on 1 November 2021. Of the 49 successful bids, 45 are providing care across Leicestershire and the remaining four have yet to mobilise and be in active service.
- 8 The HCL model of service delivery is based upon an open Framework of providers who have bid to work in Leicestershire. The County has been strategically divided into 14 geographic zones, each requiring at least two providers but having no upper limit of providers.
- 9 The first round of the Framework procurement enabled 49 providers to be successfully added to the Framework. The procurement was a success and met the intended outcomes. The Council's Transformation Unit led a 'lessons learnt' exercise to ensure the achievements continued to be built upon such as market engagement, continuity of care and the procurement process. The exercise also provided an opportunity to identify areas of challenge and importantly how these challenges can be addressed. These challenges include recruitment and retention of workers and incentives for providers to work in rural and isolated locations.
- 10 Trend analysis also clearly identified that the number of packages of care required were increasing as set out in the table below:

<b>Care delivered</b>	<b>1 April 2020</b>	<b>1 April 2022</b>	<b>% Change</b>
People receiving services	1,778	2,269	27.6%
Weekly care hours	23,519	31,909	35.7%

- 11 Between 1 April 2020-31 March 2022, the number of home care services commissioned by the Council increased by 27.6%. The same period saw an increase of 35.7% in care hours delivered to individuals receiving home care services.
- 12 On 26 October 2021, the Cabinet approved a proposal to re-open the framework for a second time to address the challenges and issues identified through the lessons learnt process. This also provided an opportunity for providers who narrowly failed the first round to try again; this move was welcomed by the market.

### **Second Round of Procurement**

- 13 The Framework was therefore re-opened on 11 January 2022 to give a further opportunity to existing non-framework and new providers to apply to join with a deadline for tender submissions of 3 March 2022.
- 14 Following completion of a successful procurement exercise, contract award letters were issued on 17 June 2022. The procurement resulted in an additional 42 providers being awarded contracts to join the Framework. This has also been a success and met the intended outcome to have a larger supply of providers across

all zones in the Framework. This will ensure that the Department can continue to meet the demand of increasing home care packages, provide choice to people using the services and to sustain the market.

- 15 Mobilisation of providers joining the Framework commenced on 20 June 2022, aiming to prepare providers to commence on the Framework on 1 November 2022.

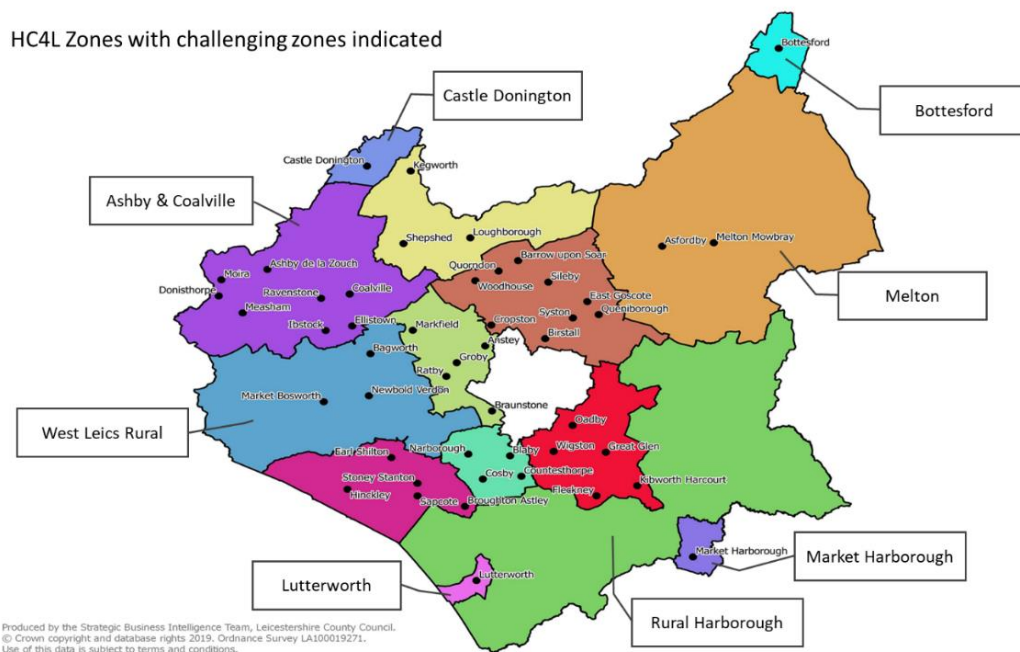
#### Award summary

- 16 The recent re-opening has been successful with a further 42 providers joining the Framework of which 27 are new providers and 15 are existing suppliers who have now joined the framework.
- 17 Eleven existing suppliers working under interim contract arrangements are not joining the Framework. Of these, seven did not submit a bid and four were unsuccessful in the tender process.
- 18 Care being delivered by the remaining existing suppliers will continue after 31 October 2022, but after this date they will not start new packages unless under exception arrangements.
- 19 This increases the HCL Framework provider capacity in the County from the current 45 Framework providers to 87 when mobilised.

#### Impact of the procurement exercise

- 20 The impact of the procurement exercise can be summarised as follows:
- 86% of the current market capacity will be with HCL Framework providers;
  - 14% of the total current market capacity will **not** be on the HCL Framework;
- 21 The volume of successful providers in this round of HCL procurement suggests that the stability and sustainability of the market has been significantly bolstered. However, caution must be shown because it is likely that not all the providers will actually mobilise in all of their areas of stated interest, for a range of reasons including lack of workforce capacity in a particular area, or keeping business options open. Furthermore, although care packages already in place will continue with the current provider, some existing providers that currently hold care packages and that are not joining the Framework may hand their care packages back to the Council and alternative care will need to be found for those individuals.
- 22 There are currently a small number of people awaiting care and the number of home care weekly hours has increased in the last two years. This illustrates that the market is meeting demand in most areas. The problematic areas remain in the zones in which it is traditionally hard to source care. These are predominantly the isolated and rural areas.

23 The map below shows the Home Care zones identified as challenging:



24 The insufficient supply in more challenging zones will, without intervention, require continued reliance on non-Framework and exception providers for care delivery.

#### Managing care delivered by providers not joining the Framework

- 25 Three zones, Bottesford, Castle Donington and Melton face significant risks from contingency providers that deliver substantial volumes of care not joining the Framework.
- 26 Risks come from the potential reduction in Framework capacity in these zones to take new referrals and the potential for these providers to give notice on packages they deliver.
- 27 It will be imperative to work with these providers to ensure that they continue to deliver care to people in receipt of services.
- 28 As well as supporting all new Framework providers to mobilise in their areas of interest, there is a need to support providers to build their business in these zones to ensure capacity is maintained and grows to meet demand.

#### Home care workforce pressures and trends

- 29 Home care providers continue to experience difficulties recruiting and retaining staff. This is a recognised nationwide problem and not unique to Leicestershire. The Inspired to Care programme is assisting providers to reach applicants.
- 30 The Council continues to work with home care providers to implement Unison's Ethical Care Charter. The objective of the Charter is to establish a minimum baseline for the safety, quality and dignity of care by ensuring employment conditions and stabilise the workforce.



### Planned further work

- 31 As outlined in this report, there are positive signs that the Leicestershire home care market is stabilising and meeting demand. The introduction of the new providers on 1 November 2022 will increase availability, choice and innovation within the market.
- 32 Providers will embed themselves into the market whilst options are worked up to address shortage of supply in challenging areas. This approach will:
- Generate trust, transparency and legitimacy in the procurement process and enable providers to see that the Council's priority is to work with Framework providers;
  - Ensure that the Government's plans to reform social care are thoroughly planned for in terms of increased demand from the self-funder market.
  - Allow the Fair Cost of Care analysis, being undertaken as part of the Social Care Reforms, to be completed to determine future pricing approaches.
- 33 To provide confidence in this approach the following supporting measures are also planned:
- Monitoring performance of the Framework using key indicators for six months while new providers establish themselves in the zones across Leicestershire to determine if the re-opening has delivered benefits in all zones.
  - Developing options to address shortfalls evidenced through performance monitoring.
- 34 For the more challenging zones officers will:
- Support new Framework providers selecting Bottesford, Castle Donington, Melton, Harborough Rural and Lutterworth to mobilise and establish their business in these zones to pick up new referrals as early as possible.
  - Closely monitor provider mobilisation in Ashby, West Leicestershire Rural, and Market Harborough and provide additional support to new providers as required to build a presence in these zones.
  - Seek provider intelligence (through engagement) on delivering in these zones; identify barriers to delivery, identify successes and how this is achieved, identify potential local opportunities.

### Market Shaping

- 35 Alongside the other proposals to stabilise the home care market, officer time will be increased to monitor zone pricing to ensure it is fair:
- Encourage providers in neighbouring local authorities to consider working in partnership in the long term as part of a strategic commissioning plan across the region;
  - Continue to work with recruitment and retention Inspired to Care Team to increase workforce capacity within home care;
  - Work with hospital discharge teams to ensure their requirements are heard and met;

- Work with operational commissioning teams to train teams on the HCL processes;
  - Engage with Framework providers to establish how we can support them better and implement their suggestions where possible;
  - Encourage existing providers to look at taking packages in neighbouring zones, providing support to their business models where required;
  - Engage with the Home Care and Assessment Reablement Team to ensure information and advice supports their methodology.
- 36 The Adults and Communities Department is engaged in a regional working group to consider and pilot innovative, partnership-based and outcome-driven models of home care. Such approaches require detailed consideration of legal, procurement, and operational aspects. The value of a regional initiative includes developing operating and payment models together, and learning from other councils' lessons as well as sharing the Department's own.

### **Risks and Issues**

- 37 Insufficient capacity continues to be a problem in zones where it is challenging to source suitable care, in particular the rural areas which will continue to see the use of providers not on the Framework.
- 38 If non-Framework and Framework providers give notice on significant numbers of packages, it may be difficult to source alternative provision.
- 39 The full impact of the Social Care Reform Programme is unknown and the implications including from the outcomes of the nationally mandated Fair Cost of Care and Market Sustainability Plan exercises and estimated increases in demand for home care services will require consideration (alongside the work of the Framework and further analysis the Department is undertaking to ensure that there is sufficient market capacity to meet current and future demand across all zones), when more is known over the coming months, to inform future service delivery.

### **Resource Implications**

- 40 The full financial and workforce impact of the Social Care Reform Programme is not yet known. However, work has been undertaken locally and by the Department to assess the information available so far and develop responses to the Government's Fair Cost of Care and Market Sustainability Plan exercises which are expected to conclude in this financial year. Further detail is set out in a separate report on the Social Care Reform Programme also being presented to this Committee meeting.
- 41 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

### **Conclusions**

- 42 This report provides assurance that steps have been taken to ensure a successful implementation of the HCL Service and mobilisation of the providers joining the Framework. It also includes the results of the second round of procurement and the intended subsequent measures to ensure sustainability in the market.

- 43 The Department's Commissioning and Quality Team is undertaking further analysis to ensure that there is sufficient market capacity to meet current and future demand across all zones.

### **Background papers**

- Report to Adults and Communities Overview and Scrutiny Committee: 2 September and 11 November 2019 – Domiciliary/Home Care Service: Post November 2020  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5689&Ver=4>  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=5690&Ver=4>
- Report to Adults and Communities Overview and Scrutiny Committee: 20 January 2020 and 18 January and 6 September 2021 – Commissioning and Procurement of Home Care Services: Post November 2020  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6167&Ver=4>  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6460&Ver=4>  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6463&Ver=4>
- Report to Cabinet: 23 June 2020 – Commissioning and Procurement of Home Care Services Post November 2020 – Proposed Deferral Arising from Covid-19  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5996&Ver=4>
- Report to Cabinet: 26 October 2021 – Proposed Interim Arrangements  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=6447&Ver=4>

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

- 44 None.

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

- 45 A draft Equality and Human Rights Impact Assessment (EHRIA) was undertaken in tandem with the design process and this was shared with the January 2020 report. The EHRIA concluded that:
- There will not be any negative impact on protected groups;
  - The service model will address current geographical issues, improving the quality, sustainability, responsiveness and consistency of the service and improving service user outcomes;
  - The service model will ensure that service users' will get the right level of support and maximise their independence;
  - A focus on achieving individual outcomes will support the equality of the service delivery.

### **Environmental implications**

- 46 Following the declaration of a climate emergency at the full County Council meeting in May 2019, targets for carbon reductions have been set, which the department will need to meet during the period of the new home care service. Potential impacts on the environment and climate, will come from the activities of both the Department and its service providers. Whilst this impact is largely unknown at present, it is likely to be significant given the number of journeys made on a day to day basis.
- 47 The Department is committed to
- Reducing the amount of waste produced during a service being delivered;

- Increasing the level of recycling across County and departmental sites and with providers;
- Reducing the amount of paper used within the Department and by providers, for example using electronic methods of submitting financial information;
- Reducing the amount of business mileage, for example planning service routes and encouraging car shares, public transport and enabling routes to be walked;
- Working with providers to reduce their environmental impact;
- Increasing the number of staff that have completed Environmental Awareness E-Learning and implementing any mitigation measures identified in the Corporate Climate Change Risk Register;
- Encouraging providers to undertake free training available to them about reducing their environmental impact

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

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

### **Officer to Contact**

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**PERFORMANCE REPORT FOR QUARTER 1 2022/23 (APRIL-JUNE)**

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

**Purpose of Report**

1. The purpose of this report is to present the Committee with an update of the Adults and Communities Department's performance during the first quarter (April to June) of 2022/23.

**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 2022/23. 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 2022-26. This sets out the Council's overall policy framework, approach, and is based on five aspirational strategic outcomes: Clean and Green; Great Communities; Improved Opportunities; Strong Economy, Transport and Infrastructure and Safe and Well.
5. Following on from a discussion held at the Committee meeting on 6 June 2022, reporting has been developed to provide a clear comparison, wherever possible, with the latest national performance. This is set out in Appendix A, which also highlights the change in performance from the previous year.
6. The national averages included in this report are those of the national Adult Social Care Outcomes Framework (ASCOF) which relate to the year 2020/21 and are the latest available. These will be updated to 2021/22 when the figures are published by NHS Digital in the autumn.

7. Several metrics are not part of the ASCOF, in particular those relating to Communities and Wellbeing, and do not have a national average to compare performance with. As such, local targets have been agreed and Appendix A outlines progress towards these by comparing performance to a milestone position at the end of the first quarter.

### **Performance Update: April to June 2022**

8. 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. Of the 5,000 new contacts during the first quarter of 2022/23, 52% (2,600) resulted in a preventative response, such as universal services or signposting. This is slightly lower than the preferred range of 55-60%. A further 18% (900) resulted in a response relative to reducing need, such as providing equipment or adaptations; a further 18% (900) 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. This reflects the increasing number of people receiving reablement following a downturn during the first couple of years of the Covid-19 pandemic. Finally, 11% (600) resulted in a long-term service such as a personal budget.
9. Following restrictions due to the pandemic, heritage sites did not resume normal opening hours until July 2021, and as such the number of visits during the more recent period of April to June 2022 – 78,500 – is 58% higher than the equivalent period last year (49,600).
10. It has been a similar situation with library services i.e., the resumption of normal opening hours not occurring until July 2021. This has again meant a considerable increase in the number of visits (+102%) and loans (+31%) when comparing April to June 2022 with the equivalent period last year. A full year local target has been agreed for the number of visits and loans through 2022/23, and Appendix A includes the first quarter milestone. At this point in the year the level of activity is meeting this milestone and therefore on track to achieve the full year target.
11. Library visits consist of both physical footfall at library premises and website visits, and the previous paragraph highlighted how the combined position has increased by more than 100%. For the period April to June 2022, 31% (56.1k) of visits were via the website – a considerable reduction from 52% (45.9k) during the similar period last year. Alternatively, footfall to library premises has increased from 48% (43.0k) between April and June last year to 69% (124.2k) during the same period in 2022.
12. Past performance reports have often cited the continuing growth in the use of e-loans from libraries. However, more recently this has started to show signs of slowing down and a lower local target than previous years of 1% growth was agreed. At the end of the first quarter the number of e-loans (222.2k) is similar to the equivalent point last year and on track to meet the 2022/23 target.
13. 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 89% at the end of June is above the 86% target.

14. Volunteering programmes continue to be a priority for the department in relation to libraries, museums, and heritage services. Between April and June there were 3,900 hours of volunteering, an increase of 2,000 hours on 1,900 during the same period last year. Furthermore, it is a 4% increase on 3,750 hours during April to June 2019 – the last equivalent period prior to the Covid-19 pandemic.
15. 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 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's performance in 2021/22 was 84% (1,057/1,255) and continued at this level into the first quarter of 2022/23. This is higher than the latest national average which was 78% in 2020/21.
16. 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 during the first quarter of 2022/23 was 9.2% (106/1,145), similar to last year and notably higher than the latest national average of 5%.
17. 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. For carers – based on 409 responses - 49% stated that they found it easy to find information, lower than 58% nationally, whilst 25% said they had as much social contact as they liked, slightly lower than the national figure of 28%. Both of these aspects of carers' lives – finding information and social contact – saw a considerable reduction in performance from the last pre-Covid survey nationally, across the East Midlands, and locally. The Committee commented on the draft Leicester, Leicestershire and Rutland (LLR) Carers Strategy 2022-25 at its meeting on 6 June 2022 and a further report presenting the initial findings of the formal consultation is due to be presented at September's meeting, ahead of Cabinet approval being sought on the final strategy in October. Engagement with carers as part of developing this strategy highlighted the barrier of knowing where to look for required information. As such - and combined with the findings of the national survey noted above - ensuring carers can access the information they need has been identified as an action in the draft strategy to support the 'carers are informed' key priority.
18. Similar questions are asked of service users who were surveyed in February this year. With regards to finding information, 57% of the 388 respondents said it was easy to find, and in relation to social contact, 37% said they have as much as they would like. Note the national figures in Appendix A relate to the 2019/20 survey (pre-Covid) and will potentially reduce given the shift in carers' views. National figures will be available in the autumn and details will be reported to a future Committee meeting as part of the wider analysis of the ASCOF for 2021/22.
19. 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 leading up to lockdown the average proportion of hospital discharges to reablement was 72%.

This initially dropped to 33% in the early response to the pandemic, before increasing to an average of 51% up to the end of 2021. Given the excellent outcomes for people following reablement, improving this rate is a key priority for the authority and there has been continued improvement since the start of 2022, with the average weekly proportion between April and June being 56% (and up to 62% on average in July).

20. In addition to the growing proportion of discharges to reablement, the outcomes of the service also bounced back following a reduction in the first year of the pandemic. 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 in relation to no continued needs post reablement has fallen slightly from last year (currently 86% - 739/862), whilst those living at home 91 days later remains similar (currently 90% - 417/466). Despite this, performance against both metrics remains considerably higher than the latest available national averages.
21. 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. Since then, the number of admissions has increased, although not quite to the same extent as pre-Covid. For people aged 18-64 there were 24 admissions in 2021/22 compared to 27 during the year before Covid-19 whilst the equivalent figures for people aged 65 or over are 868 in 2021/22 compared to 894 in the year before Covid-19.
22. During the first quarter of 22/23 the number of admissions of people aged 18-64 has meant a full year forecast of 32 admissions. Although this is a notable increase on 24 in the previous year, it remains well below the latest available national average. For people aged 65 or over the forecast for 22/23 is currently for fewer admissions than last year. Again, performance compared the latest national average is good.
23. 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% (4,514/4,750), and this level has continued into the first quarter of 2022/23. The situation for carers is similar with virtually all carers on a personal budget (currently – 1,553/1,554). Performance on both metrics is above the latest national average, particularly in relation to carers.
24. In terms of direct payments, 40% of service users (2,025/5,063) and 99% (1,544/1,554) of carers were in receipt of one during the first quarter of 22/23, both similar to the previous year. Like personal budgets, performance in relation to direct payments remains higher than the latest national averages.
25. There were 1,350 safeguarding alerts between April and June, 27% fewer than the comparable period last year. 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 the same three-month period there were 189 completed enquiries, 13% fewer than the equivalent three months last year.



26. 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 the first quarter of 22/23 where an outcome was expressed, 94% were fully or partially achieved, slightly higher than last year and about in line with the local target for the 2022/23.
27. People's needs change over time, so it is important that their support plan is reviewed to monitor how it is meeting a person's needs and helping them to achieve their desired outcomes. As a minimum, support plans should be reviewed every 12 months. In the 12 months to the end of June 70% (3,530/5,035) of people who had been receiving services for more than a year had received an annual review. This is similar to the position last year and higher than the latest available national average (although the expectation is that this will be higher when the 2021/22 data is published in the autumn).

### **Conclusion**

28. This report provides a summary of performance at the end of quarter one of 2022/23 covering the period April to June.
29. Areas of adult social care performance exceeding the latest available national figures include reablement outcomes, permanent admissions and use of direct payments. However, responses from the surveys of service users and carers continue to be a concern. Though, for the latter, the aims of the LLR Carers' Strategy 2022-25 will work to address these and in respect to the service user survey the release of national service user findings in the autumn will add context to the current position.
30. Monitoring and analysis continue on a regular basis including key metrics of activity and performance across the Adults and Communities Department.

### **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 2022-26](#)
- [Better Care Fund](#)

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

31. None.

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

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

**Partnership Working and Associated Issues**

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

**Appendices**

- Appendix A - Adults and Communities Department Performance Dashboard for 2022/23
- Appendix B – Adult Social Care Strategic Approach

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# Adults and Communities Performance 2022/23


## Quarter One (Q1): April – June 2022

### Performance Rating and Progress

	Performing <b>better</b> than the latest national average or local target		Performance has <b>improved</b> on last year
	Performing <b>similar</b> to the latest national average or local target		Performance is <b>similar</b> to last year
	Performing <b>below</b> the latest national average or local target		Performance is <b>not as good</b> as last year

## PREVENT NEED

<b>Leicestershire County Council's Strategic Plan 2022-26</b>	<b>Safe and Well</b> Carers and People with care needs are supported to live active, independent, and fulfilling lives
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>Local</b>	% of sequels that 'Prevent Need'	Target Band Width	55% - 60% Local target		52.1%	56.4%
<b>ASCOF 3D pt 1</b>	% of SUs who find it easy to find information	High	68.4% 19/20 Nat. Ave.	N/A	Survey Results due May 2023	56.8%
<b>ASCOF 3D pt 2</b>	% of carers who find it easy to find information	High	57.7% 21/22 Nat. Ave.	N/A	Survey is biennial and will next run in Autumn 2023	49.4%

**Great Communities**

Cultural and historical heritage are enjoyed and conserved

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	Heritage visits (inc. website visits)	High	73.2k Local Q1 milestone	▲	78.5k	49.6k
Local	Library visits (inc. website visits)	High	141.1k Local Q1 milestone	▲	180.2k	89.0k
Local	Total library loans	High	522.7k Local Q1 milestone	▲	537.8k	410.6k
Local	Junior loans	High	179.0k Local Q1 milestone	▲	180.6k	98.0k
Local	E-loans	High	214.9k Local Q1 milestone	◀▶	222.2k	222.7k
Local	Total community library issues	N/A	For Information Only	N/A	67.9k	39.6k
Local	Community library children's issues.	N/A	For Information Only	N/A	38.7k	21.0k

**Great Communities**

People support each other through volunteering

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	Hours of Volunteering (Heritage and libraries)	High	2.6k Local Q1 milestone	▲	3.9k	1.9k

**Leicestershire County  
Council's Strategic Plan  
2022-26**
**Strong Economy, Transport, and Infrastructure**  
There is close alignment between skill supply and demand

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>Local</b>	LALS Success Rate	High	86% Local target	▲	89.0%	85.0%

## REDUCE NEED

**Leicestershire County  
Council's Strategic Plan  
2022-26**
**Improved Opportunities**

Young people and adults are able to aim high and reach their full potential

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>ASCOF 1E</b>	% of people with LD in employment	High	5.1% 20/21 Nat. Ave.	◀▶	9.2%	9.0%
<b>ASCOF 1G</b>	% of people with LD in settled accommodation	High	78.3% 20/21 Nat. Ave	◀▶	84.3%	84.2%

**Leicestershire County  
Council's Strategic Plan  
2022-26**
**Safe and Well**

Carers and People with care needs are supported to live active, independent, and fulfilling lives

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>Local</b>	% of sequels that 'Reduce Need'	Target Band Width	18% - 23% Local target	◀▶	18.2%	20.3%
<b>ASCOF 11 pt 1</b>	% of SUs who had as much social contact as they would like	High	45.9% 19/20 Nat. Ave.	N/A	Survey Results due May 2023	37.3%

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
ASCOF 11 pt 2	% of carers who had as much social contact as they would like	High	28.0% 21/22 Nat. Ave.	N/A	Survey is biennial and will next run in Autumn 2023	24.7%

## DELAY NEED

<b>Leicestershire County Council's Strategic Plan 2022-26</b>	<b>Safe and Well</b> Carers and People with care needs are supported to live active, independent, and fulfilling lives
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	% of sequels that 'Delay Need'	Target Band Width	10% - 15% Local target	▲	18.3%	11.0%
ASCOF 2D	% of people who had no need for ongoing services following reablement	High	74.9% 20/21 Nat. Ave	▼	85.7%	88.5%
ASCOF 2B pt 1 <i>*BCF*</i>	Living at home 91 days after hospital discharge and reablement	High	79.1% 20/21 Nat. Ave	◀▶	89.5%	89.4%
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	Low	13.3 per 100k pop. 20/21 Nat. Ave	▼	7.6 per 100k Pop. Forecast 32 Admissions in 22/23	5.7 per 100k Pop. Actual 24 Admissions in 21/22
ASCOF 2A pt 2 <i>*BCF*</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	Low	498 per 100k pop. 20/21 Nat. Ave	▲	404 per 100k Pop. Forecast 619 Admissions in 22/23	567 per 100k Pop. Actual 868 Admissions in 21/22

# MEET NEED

**Leicestershire County  
Council's Strategic Plan  
2022-26**

## Safe and Well

Carers and People with care needs are supported to live active, independent, and fulfilling lives


Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>Local</b>	% of sequels that 'Meet need'	Target Band Width	7% - 12% Local target	▲	11.4%	12.3%
<b>ASCOF 1C pt 1a</b>	Adults aged 18+ receiving self-directed support	High	92.2% 20/21 Nat. Ave	◀▶	94.8%	94.7%
<b>ASCOF 1C pt 2a</b>	Adult aged 18+ receiving direct payments	High	26.6% 20/21 Nat. Ave	◀▶	39.5%	40.3%
<b>ASCOF 1C pt 1b</b>	Carers receiving self-directed support	High	87.1% 20/21 Nat. Ave	◀▶	99.9%	99.9%
<b>ASCOF 1C pt 2b</b>	Carers receiving direct payments	High	75.3% 20/21 Nat. Ave	◀▶	99.3%	99.1%

**Leicestershire County  
Council's Strategic Plan  
2022-26**

## Safe and Well

People at most risk are protected from harm

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>Local</b>	Safeguarding outcomes fully or partially achieved	High	94% Local target	◀▶	93.8%	92.9%

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
<b>ASCOF 4B</b>	% of service users who say that services have made them feel safe	High	86.8% 19/20 Nat. Ave.	N/A	Survey Results due May 2023	81.2%
<b>Local</b>	% of service users who received their annual review	High	56.3% 20/21 Nat. Ave		70%	69%



## **Delivering Wellbeing and Opportunity in Leicestershire**

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

### **Prevent need**

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

### **Reduce need**

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

### **Delay need**

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

### **Meeting need**

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

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**ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE**  
**5 SEPTEMBER 2022**

**ANNUAL ADULT SOCIAL CARE COMPLAINTS**  
**AND COMPLIMENTS REPORT 2021-22**

**REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES**

**Purpose of Report**

- 1 To provide members of the Committee with a summary of the complaints and compliments for adult social care services commissioned or provided by the Adults and Communities Department in 2021-22. The annual report is attached as an Appendix.
- 2 The Committee is asked to note the report and invited to make comments.

**Policy Framework and Previous Decisions**

- 3 The Committee last received a report on complaints and compliments on 6 September 2021. This report covered the year 2020-21 and the Committee requested that reports continue to be presented on an annual basis.

**Background**

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

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

- 8 The Adults and Communities Department is contacted on a daily basis by service users, carers and other interested parties to share concerns, request information or seek clarity on care arrangements. These queries are dealt with and resolved at a local level within locality care teams or through the Directorate without recourse to the formal complaints process. The Complaints Team do, on occasion, also receive queries and concerns that suggest an adult requires immediate support or that raise safeguarding concerns. Such reports are best handled outside of the formal complaints procedure and are referred into the Customer Service Centre or allocated workers for urgent consideration as appropriate in accordance with relevant safeguarding protocols.
- 9 Under the complaints' regulations, there is a further requirement to produce an annual report that reviews the effectiveness of the complaints and compliments procedures and provides a summary of statistical information. The attached report fulfils this requirement and presents a summary of the complaints handled in 2021-22.
- 10 Complaints and compliments about all other aspects of the Adult and Communities Department are reported separately as part of the corporate complaints process.

### **Key Points**

- 11 Complaint volumes slightly increased in 2021-22 compared to the previous year (210 compared to 196).
- 12 When complaint volumes are set against the context of overall numbers in receipt of long-term support during the year (10,184), it is clear that a very small percentage go on to make a formal complaint (210 complaints which equates to approximately 2%).
- 13 For complaints resolved during 2021-22, the proportion where fault was identified slightly increased from the previous year (92 complaints or 44%, compared to 79 or 39%).
- 14 During the year, the LGSCO assessed or investigated 10 new complaints (approximately 5% of the total volume). This figure compares with nine investigations started in 2020-21. It should be noted, however, that these figures are not comparable due to the LGSCO pausing casework for three months in 2020-21.
- 15 The LGSCO published Final Decisions on 11 complaints during the year. Fault was found in five instances, the same number as in 2020-21. Details for each of the cases appear within the appended report.
- 16 67 (32%) complaints were resolved within 10 working days (63 or 32% in 2020-21) with 134 (64%) resolved within 20 working days. There have been some continued pressures on response rates during the year. Recovery from the pandemic has been a factor here most notably with regards to the high volume of account finalisations within Finance which have been increasingly complex due to temporary funding measures during the pandemic.

- 17 An extra indicator has again been added in response to a request made by the Committee at its meeting in September 2019 to show complaint responses within 40 working days. This shows that 185 (88%) of cases are responded to within this timescale and just eleven complaints exceeded the statutory maximum time allowed (65 working days). These were complex cases all seeking a review of the original decision.
- 18 The most common complaint theme was again around assessments and care-planning. This is a broad area where complaints are often around professional decision-making and professional opinion. The most notable area of change was an increase in complaints relating to charging. A significant factor here was the added complexity of temporary Covid Health funding which was not always clearly explained particularly during periods of high demand.
- 19 At the request of the Committee at its September 2019 meeting, detail is again provided within this year's annual report of complaints mapped to each district. Although there is some variance, no significant outliers present. This is the first full year of recording at this level and over time as these data-sets are gathered trend analysis will be provided.
- 20 There have been good examples this year of how systemic learning has been identified and implemented. In 24 cases (26%) where complaints were upheld, clear actions were highlighted by Investigating Managers that focus on improving future performance.
- 21 Case studies have been included within the annual report to demonstrate how complaints intelligence is driving process change through the Department. These are all examples where managers at the local investigation stage have clearly acted to ensure others do not experience the same issues.
- 22 85 compliments were received during 2021-22. This is a slight decrease on the previous year (111) but continues to add balance to the annual report and recognises the good work that is also taking place across the Department.

### **Recommendations**

- 23 The Committee is asked to:
- a) note the contents of the Adult Social Care Complaints Annual Report, covering the period 1 April 2021 to 31 March 2022.
  - b) provide comment and feedback on the content and analysis within the report.

### **Background Papers**

Report to Adults and Communities Overview and Scrutiny Committee: 6 September 2021  
 – Annual Adult Social Care Complaints and Compliments Report 2020/21  
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6463&Ver=4>

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

- 24 None.

**Officers to contact**

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**Equality and Human Rights Implications**

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

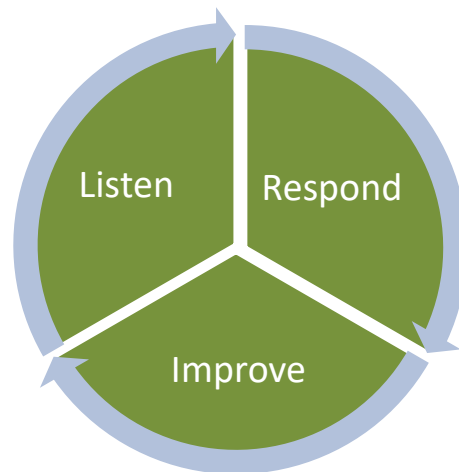
**Partnership Working and Associated Issues**

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

**Appendix**

Appendix – Social Care Statutory Complaints and Compliments: Annual Report - April 2021 - March 2022

## Adult Social Care



## Statutory Complaints and Compliments Annual Report April 2021 – March 2022

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## 1. Purpose and Context of Report

### 1.1. Purpose & Scope

The purpose of this report is –

- To report on Leicestershire County Council's (LCC) adult social care complaints and compliments activity from 1 April 2021 to 31 March 2022.
- To set out future developments and planned improvements.
- To meet the Council's statutory duty requiring the production of an annual report each year.<sup>1</sup>

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

### 1.2. Background Context

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

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

10,184<sup>2</sup> people received long-term support from the Social Care service during 2021-22. This figure is slightly higher than the previous year (9,503)

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

The complaints process is a mechanism to identify problems and resolve issues.

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<sup>1</sup> [Statutory Instrument 2009 no.309 \(18\)](#)

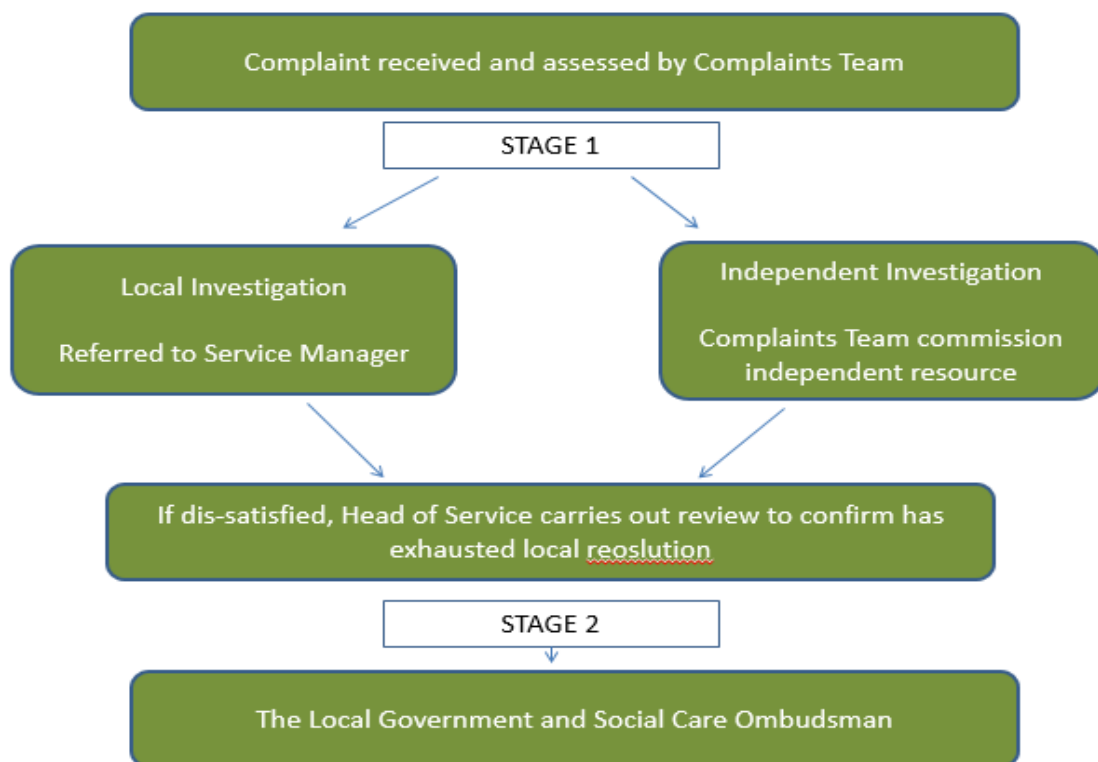
<sup>2</sup> Figures supplied by Performance and Business Intelligence Team

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

Analysis of information about complaints received during 2021 -22 gives Adult Social Care an opportunity to reflect on the quality of the services it provides and consider how well it listens and responds to service users.

## 2. Adult Social Care Complaints Procedure

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



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

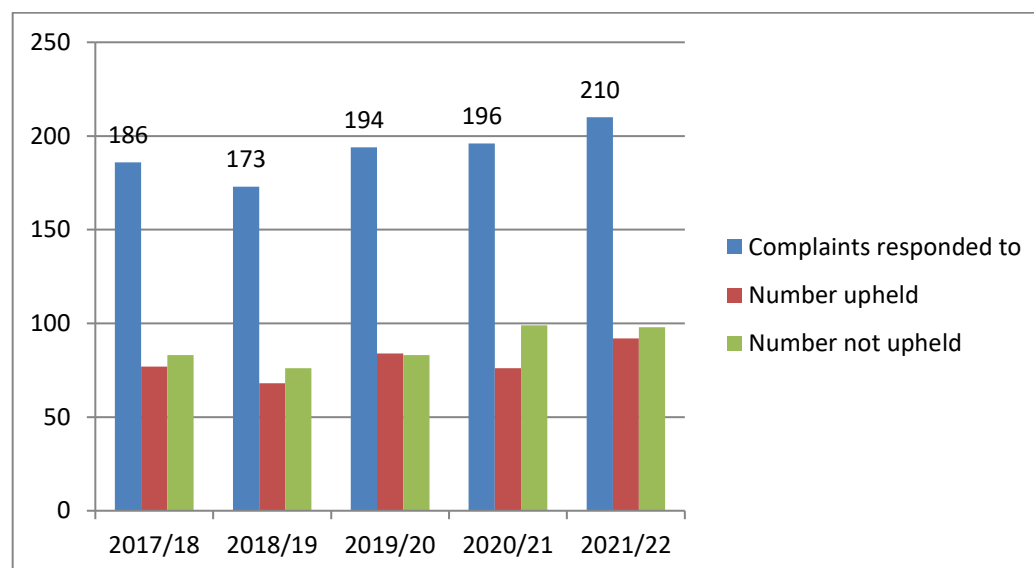
The Local Authority must advise all complainants of their right to approach the Local Government and Social Care Ombudsman should an agreed resolution not be found.

During 2021-22, no independent investigations were commissioned

### 3. Complaints and compliments recorded in 2021-22

#### 3.1 Complaint Volumes

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



As illustrated above, the total number of social care complaints responded to this year increased by 14 (7%). Although numbers have increased over the long term, this has not been by a significant factor. It presents as a relatively stable picture

When considered against the context of service users in receipt of long-term support, complaints continue to represent a relatively low number at 1.9%.

#### 3.2 Complaints by District

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

It is important to note that for some complaints this information was either not captured or the complaint was more policy related rather than any specific area. This is the reason the numbers do not match overall numbers responded to during the year.

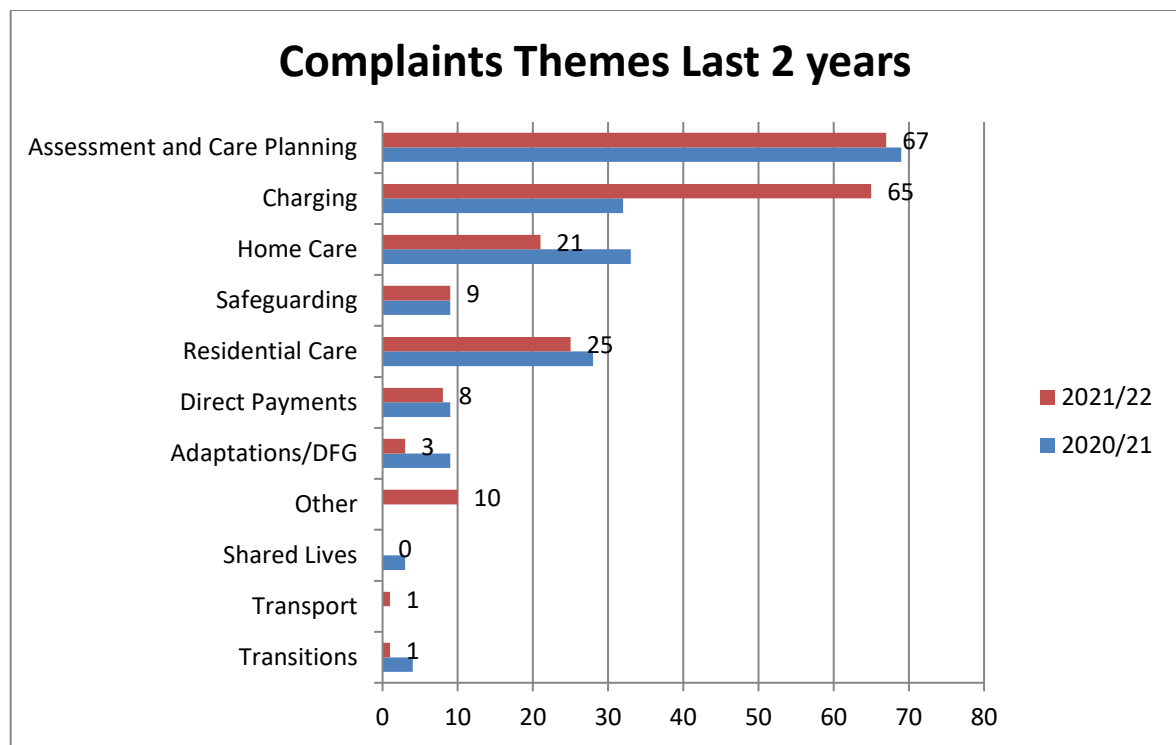
District	Number of Complaints	Number (%) Upheld
Hinckley	24	10 (42%)
Harborough	21	7 (33%)
Blaby	11	6 (54%)
Melton	23	12 (52%)

North West Leics	27	13 (48%)
Oadby & Wigston	19	8 (42%)
Charnwood	38	16 (42%)
<b>TOTAL</b>	<b>163</b>	<b>72 (44%)</b>

Although there are some variances in Locality volumes and uphold rates, nothing that presents as a significant outlier with the exception perhaps of Charnwood which did increase significantly from last year.

### 3.3 Complaints by Theme

Graph 2: adult social care complaints by theme



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

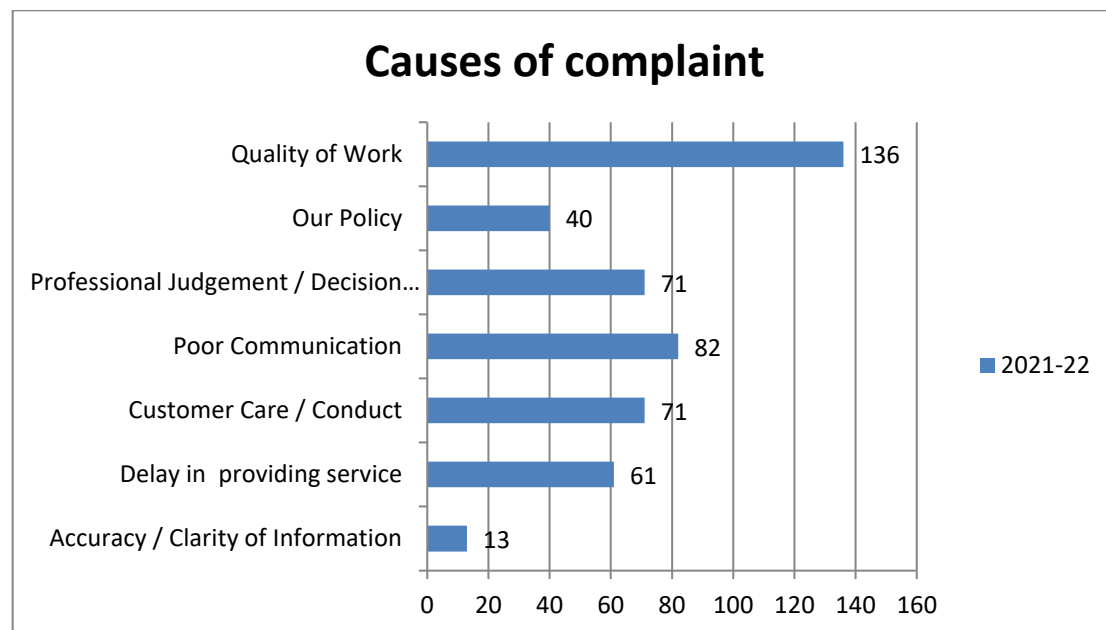
As last year, the largest segment is also the broadest category around Assessment and Care Planning. This equates to 32% of the overall volume.

Within this area however there were also some significant changes with a clear reduction in those challenging the outcome of an assessment (18). Complaints were mostly about poor communication, delays and waiting times for assessments rather than the actual decisions made.

The other key change from last year is the sharp increase in complaints focused solely on charging. The pandemic has been a significant factor here with confusion often arising as to the point at which temporary Co-Vid funding ended and social care charges applied. The importance of clear and written communication with service users and families is vital to avoid such complaints arising.

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

Graph 3: Complaint causes for Complaints resolved in 2021-22



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

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

Contrasting to last year the only real change of note here is an increase in complaints clearly citing delay as a factor. This increased by 25.

### 3.4 Joint Complaints

The Health and Social Care complaints regulations place a duty on Local Authorities to work together with health partners in responding jointly to complaints<sup>3</sup>. Leicestershire County Council accordingly has a joint complaint handling protocol,

<sup>3</sup> [Statutory Instrument 2009 no. 309 \(9\)](#)

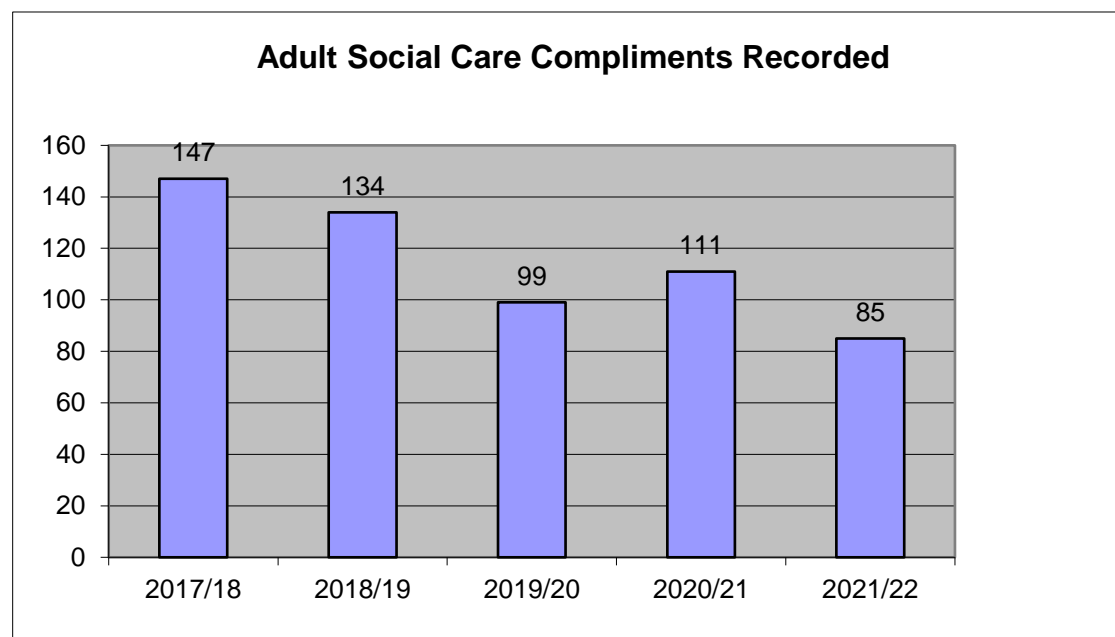
supported by a multi-agency group, which sets out common guidelines and approaches to this. Members include Leicester City Council, the Clinical Commissioning Groups, University Hospitals Leicester (UHL) and the Leicestershire Partnership Trust (LPT).

During the year 2021-22, five complaints were considered using the Joint Complaints protocol. No difficulties were experienced this year with partnership working.

All the joint complaints this year were with UHL and around Hospital Discharges.

### 3.5 Compliments received 2021-22

Graph 4 below shows the long-term trend in compliments recorded.



There has been a decrease in compliments recorded during 2021-22. As many compliments are received directly by front line team, it is hard to say whether fewer were received or whether some have not been passed on to the Complaints and Information Team.

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

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

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

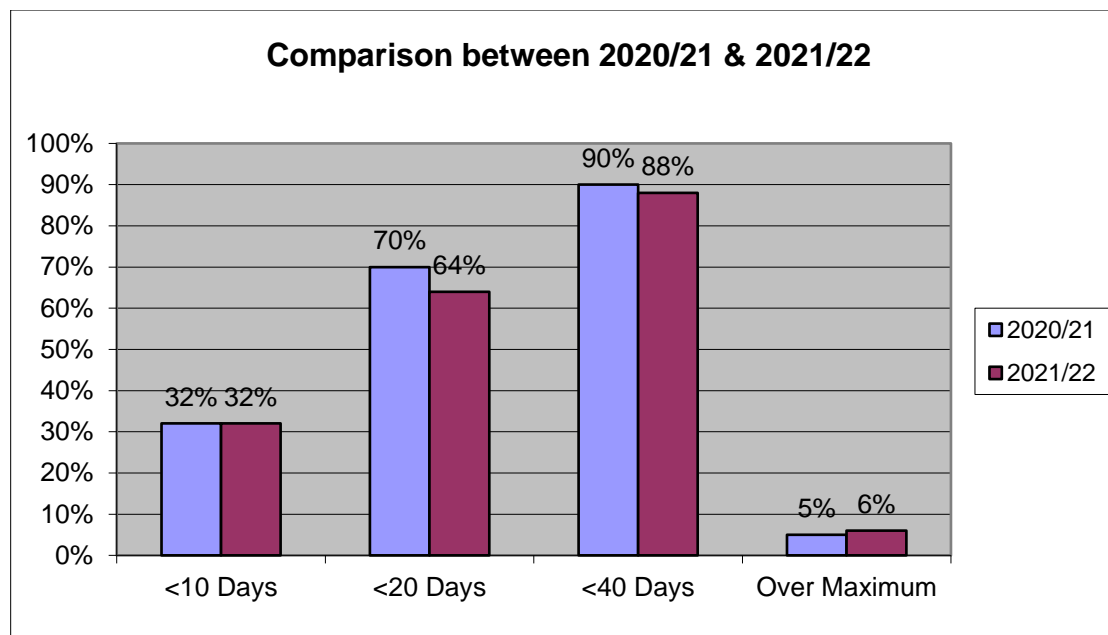
#### 4. Complaints resolved 2021-22

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

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

##### 4.1 Responsiveness to complaints

Graph 5: Adult Social Care Performance



The ongoing impact of the pandemic pressures during 2021-22 continued to be felt in responding to complaints with response timescales very similar to 2020-21. Despite this, it is positive that just 11 complaints (6%) were responded to outside of the statutory maximum of 65 working days.

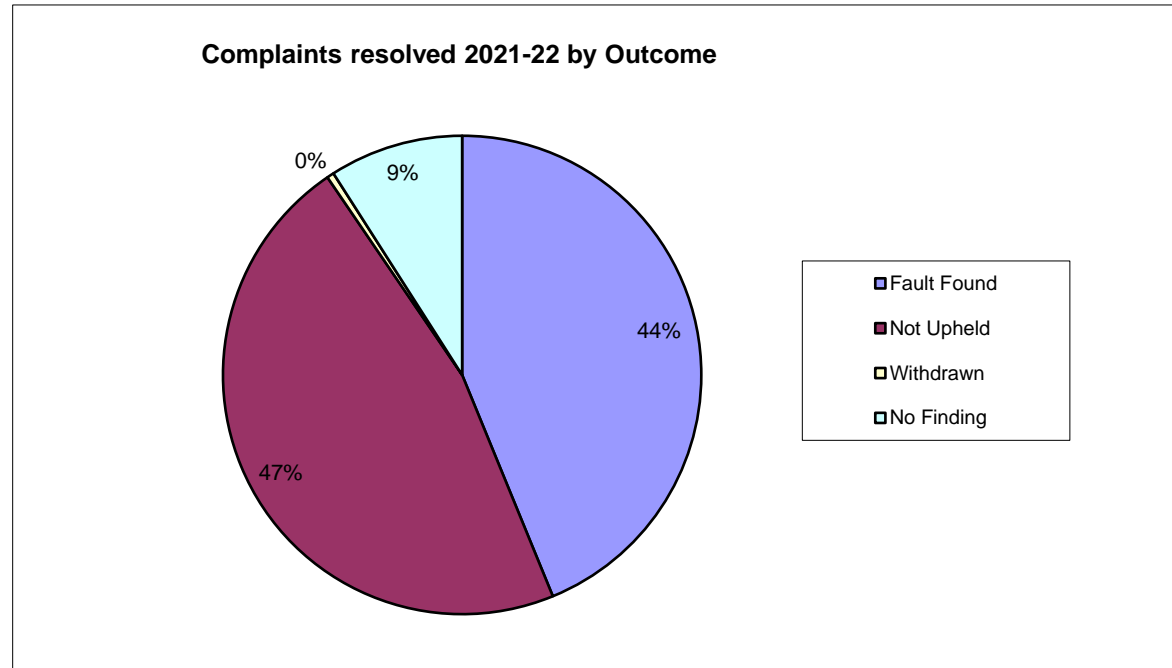
The above timescales are for the completion of both a response and, where requested, a review undertaken by a Head of Service.

Whilst the statutory regulations give wide flexibility in terms of response times and allow up to 65 working days for complaints to be resolved, a key expectation of the public is that their concerns are dealt with promptly and this report provides good

assurance of the department's commitment to this despite the challenges seen this year.

## 4.2 Complaint Outcomes

Graph 6: Adult Social Care complaints recorded by outcome



Graph 6 above shows that 92 (44%) complaints were upheld. This is an increase on the previous year (39%) with the principal reason being the increase in complaints which were solely about delay.

Prompt acceptance and ownership of any mistakes can help prevent costly complaint escalation including to Senior Managers and the Local Government and Social Care Ombudsman.



## 5. Learning from Complaints

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

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

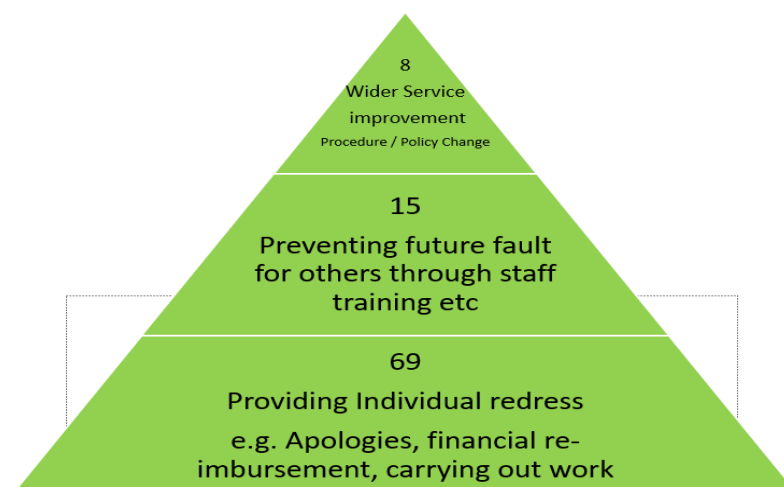
Occasionally during an investigation, issues will be identified that need to be addressed over and above the original complaint. The Complaints Team will always try to look at the “bigger picture” to ensure that residents receive the best possible service from the Council.

### 5.1 Corrective action taken

All the 92 complaints where fault has been found have been reviewed by the Complaints Team to ascertain what action the relevant department has taken, both in remedying the fault, and any wider learning to avoid such issues occurring in the future.

Remedial action typically consists of both individual redress (e.g., apology, carrying out overdue work) and wider actions that may affect many. The diagram below shows the actions taken during 2021-22. 26% of complaints upheld resulted in clear actions that should improve service for other residents. This is a slight reduction on the previous year (32%)

*Graph 7: Actions taken for upheld complaints 2021-22*



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

The most powerful are whole system changes, where it is identified that a process or policy needs amending. There were 8 such scenarios during the year arising from local investigation. This was an increase on last year (5) and shows good evidence of Managers probing more within complaints investigations to uncover the root causes.

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

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

## **5.2 Service Improvements during 2021-22**

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

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

### **Case Study 1 A's Story – Lengthy delays with finalisation of mother's account**

A contacted the Complaints team following repeated attempts to contact Adult Social Care and Corporate Finance to finalise his mother's care account following her death. He was frustrated with the inability to talk to anybody, and repeated calls not being returned

### **The Council's findings**

The Council identified that this was an area under significant pressure. There were also issues with calls being routed to the wrong teams which led to a confusing and inefficient customer journey.

**Actions taken**

In addition to finalising the account, the Council added additional resources to the teams handling calls on these matters and made changes to the telephony IVR system to improve call routing.

**Case Study 2 – No contact with family before arranging a package of care**

B complained that there had been no contact with the family before a package of care was arranged. This despite previous assurances this would happen

**The Council's findings**

The Council accepted that this did not follow the correct process and could find no evidence of attempts being made to contact the family.

**Actions taken**

The Council apologised and issued a reminder to all staff within the adult social care customer service centre on the importance of discussing care packages with family members before commissioning. It assigned a worker to resolve issues the family were having with the current provider.

**Case Study 3 – Lack of information regarding re-ablement charges**

C contacted us to complain that the family were being charged for social care. Their expectation and indeed understanding was that there would be no charges for 6 weeks.

**The Council's findings**

The Council could not evidence that there was clear information supplied to the family that there was no prospect of re-ablement and as such the 6-week period would not apply.

**Actions taken**

The Council apologised for this lack of clarity and waived 6 weeks of charges. It issued reminders to all workers of the need to clearly document conversations with families about charges and to follow this up in writing.

## **6. Local Government Ombudsman**

### **6.1 New complaints received by the Ombudsman 2021-22**

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

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

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

### **6.2 Complaints resolved by the Ombudsman 2021-22**

The Ombudsman made decisions on eleven cases during the year with fault being found in 5 cases (50%). This represents a similar position to last year (5 cases)

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

#### **1. Fault found on how the Council considered deprivation of assets**

The Council found some fault with how the Council made a decision regarding notional capital. Whilst the Ombudsman did not criticise many of the decisions reached, there was insufficient rationale set out to explain the decision making with regard to loans and costs of a car and other expenses

The Ombudsman recommended an apology for the faults identified and asked the Council to carry out a review of its decision making and re-assess if necessary. The Council accepted these findings, removing some charges and providing fuller detail on the others.

#### **2. A complaint regarding failure to provide clear information on care home charges**

The Ombudsman found fault that the Council had failed to provide clear information about charges that would apply for his mother's care

The Ombudsman asked the Council to apologise, make a payment of £200 in recognition of uncertainty caused and remind all officers of the importance of discussing charges with service users and families and keeping a written record of these conversations

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

### **3. A complaint regarding delays and a lack of clarity in providing clear information about invoices for care costs**

The Council had already upheld this complaint locally and offered an apology together with an agreement to refund some administrative charges in recognition of the delays.

The Ombudsman determined that this was an appropriate course of action and did not investigate any further.

### **4. A failure to fully explore all care options for care**

This complaint was that the Council failed to fully explore all care options following a stay in hospital. This then led to a decision by the service user to self-fund in residential care.

The Ombudsman found the Council failed to discuss all the care options and the complainant was not offered extra care housing which she was eligible for.

The Ombudsman identified that whilst this was fault, the Council had quickly identified this and taken a number of actions in response. This included extending NHS funding, explaining extra care options and providing an additional 1 month of financial support.

The Ombudsman was satisfied this had already addressed any injustice and made no further recommendations

For the remaining six complaints

- In three cases the Ombudsman decided not to investigate, either because there was no evidence of any fault, or the complaint concerned matters outside of her jurisdiction.
- In two cases, the Ombudsman, after investigation, was satisfied with the actions the Council had taken.
- In one case the Ombudsman concluded after initial enquiries that the complaint should be considered solely as a Health complaint

The Ombudsman also monitors remedies being carried out by the Council where fault has been found and remedial actions proposed. Failure to carry out remedies within agreed timeframes is recorded as non-compliance and can lead to public reports being issued. All 5 of the above cases were recorded as compliant (100%). This compares to the national average of 99%

## **7. Monitoring the Process**

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

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

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

Complaints training has not been offered this year primarily due to the pandemic pressures but also some capacity within the team. It will re-start as a regular offer in July 2022

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

## **8. Final Comments**

There has been a slight increase this year in complaint volumes but not significant. The biggest pressure point has been around all aspects of charging, and it is noted that the temporary funding changes during CO-VID are a factor here. The key remains the importance of documenting decisions and communicating clearly with the families. There is still some work to do to improve our consistency in this area.

Other areas remain largely stable although there is a rise in Residential care complaints which may well continue in 2022-23. Complaints data is routinely shared with our Quality and Improvement team who work closely with providers in making improvements as required.

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

## Appendix A: Sample of compliments received 2021-22

- Thank you very much A for your prompt attention in regard to the Direct Payment Process.
- A big thank you to H for your work in mums care assessment & for always listening, being sympathetic and understanding yet professional.
- Thank you, N, for the support you provide for service users and for the empathy, & professionalism that you show them.
- Thank you, S, for all your work and time spent to help our aunt remain in Woodheyes care home.
- Thank you, K, for all your hard work, always being polite and professional & going that extra mile to take the time to listen and care.
- Thank you, M, for all the support and care that you provided to my wife.
- Thank you, V, for all your help and input with the adaptation work recently carried out at my property.
- Thank you, G, for arranging the move to Tavey House the service user and family are very happy.
- Thank you, F, for all your help and advice on claiming benefits
- Thank you to C for being really helpful, giving me lots of information and easing my mind.
- Thank you, Z, and team, for the quality of the service provided. It is reassuring to know our son has skilled workers providing his care.
- Thank you to R and P for doing a brilliant job arranging the toilet which has helped give my independence and privacy back.
- Thank you to the DOLs team for always being professional, polite, and nice people to deal with
- Thank you to the OT Lightbulb Team for the ramp installation. You can't believe how much it has changed my life.
- Thank you, H, for all your help and hard work in arranging PIP, it will make a huge difference.
- Thanks, B, for the professional and polite way you handled this case. I would happily give you a five-star rating.

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