



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

Date/Time: **Monday, 23 January 2023 at 2.00 pm**

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

Contact: **Mrs. A. Smith (0116 305 2583)**

Email: **angie.smith@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>

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 7 November 2022	(Pages 5 - 10)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on the agenda.	
6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.	
7. Presentation of Petitions under Standing Order	



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| 8. | Medium Term Financial Strategy 2023/24 - 2026/27. | Director of Adults and Communities and Director of Corporate Resources | (Pages 11 - 36) |
| 9. | National Performance Benchmarking 2021/22 and Performance Report 2022/23 - Position at November 2022. | Chief Executive and Director of Adults and Communities | (Pages 37 - 52) |
| 10. | Outcome of Consultation on Eligibility for Care Technology Services. | Director of Adults and Communities | (Pages 53 - 70) |
| 11. | Date of next meeting. | | |

The next meeting of the Committee is scheduled to take place on Monday 6 March 2023 at 2pm.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

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

Members are reminded that, to ensure questioning during meetings remains appropriately focused that:

- (a) they can use the officer contact details at the bottom of each report to ask questions of clarification or raise any related patch issues which might not be best addressed through the formal meeting;
- (b) they must speak only as a County Councillor and not on behalf of any other local authority when considering matters which also affect district or parish/town councils (see Articles 2.03(b) of the Council's Constitution).



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

PRESENT

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

Mrs. L. Broadley CC
Mr. B. Champion CC
Mr. N. Chapman CC

Mr. L. Hadji-Nikolaou CC
Mrs. A. Wright CC

In attendance

Mrs. C. M. Radford CC – Cabinet Lead Member for Adults and Communities
Mr. T. Parton CC – Cabinet Support Member
Mr Joe Johal – Healthwatch Leicester and Healthwatch Leicestershire (Via Microsoft Teams)

32. Minutes.

The minutes of the meeting held on 5 September 2022 were taken as read, confirmed and signed.

33. Question Time.

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

34. 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).

35. Urgent Items

There were no urgent items for consideration.

36. 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.

Although not a member of the Committee, Mr Joe Johal, representative from Healthwatch Leicester and Healthwatch Leicestershire who was attending the meeting as a participating observer, declared that he was a Company Director for a care firm in Leicestershire.

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

There were no declarations of the party whip.

38. Presentation of Petitions under Standing Order 35.

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

39. Progress In Delivering the Social Care Reform Programme.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to update the Committee with the progress on the Social Care Reform Programme in respect of charging reform, digital and system development, and assurance. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion the following points arose:

- (i) The County Council's main commissioning partner was the NHS. It was explained that, at the same time the Care Quality Commission (CQC) would be assuring the competence of local authorities, they would also be assuring the competence of Integrated Care Boards (ICBs) using the same framework and themes of inspection. The CQC would expect to see read-across between the two assurance processes. Working more closely with the ICB was noted as an area for further development.
- (ii) One of the themes in the CQC assurance framework was leadership, which linked directly to elected members. It was expected the CQC would seek to assure itself that the Lead Member for Adults and Communities, the Cabinet and the Adults and Communities Overview and Scrutiny Committee Members had an understanding of Adult Social Care Strategy and how that was being delivered, and the outcomes and performance.

RESOLVED:

That the report on progress in delivering the social care reform programme be noted.

40. Update on the Provision and Procurement of Community Life Choices Services (Day Services).

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on the provision and procurement of commissioned Community Life Choices (CLC) services and the progress in supporting existing service users to transfer from in-house CLC services to appropriate alternative services. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion the following points were raised:

- (i) It was asked if the one example of the successful transition of service included in the report was the norm from the 93 people that had been transitioned to alternative provision. In response, the Committee was advised that, whilst data regarding

satisfaction was not collected, regular reviews were undertaken and there was evidence that people were attending the alternative provision.

- (ii) A Member requested an update outside of the meeting on the position of Roman Way to share with Members in his division.
- (iii) It was reported there had been 13 redundancies from the 43 members of staff as part of the action plans. Staff impacted by the closures have been notified of ongoing opportunities within A&C. It was noted that the 13 redundancies were people who had either taken early retirement or had moved to other employment. There were plenty of redeployment opportunities or training provision for those who wanted to remain.
- (iv) Procurement of the new CLC framework had resulted in 27 extra providers, including those delivering services for people with profound and multiple disabilities. It was noted that in the Market Harborough area where difficulties had been expected in transferring some people, particularly those with profound and multiple disabilities, all affected service users had successfully transferred to new providers. The total number of CLC providers would be provided to Members outside of the meeting.
- (v) It was noted that the County Council had concentrated on finding long term providers as this met the needs of the affected 112 service users. The County Council's in-house expertise was being used to provide respite and crisis care through the Short Breaks service which already operated 24 hours a day. There were usually three or four cases a month that required crisis or short-term provision.
- (vi) The procurement framework had focused on matching people with provision in their local area. Some people had chosen not to go to a traditional day service but had chosen to have a direct payment and purchase different activities. Each service user had been reviewed individually to identify which provider or providers would best meet their needs. The remaining 19 service users were subject to the same process and most had a transition plan in place. Any service user who was unable to transition to an alternative provider would be transferred to the in-house short breaks service.
- (vii) Members requested detail on usage of the short term and crisis CLC service for the last six months and projected figures for the next six months. It was queried whether it was economic to provide the service for a small number of service users. However, the Committee was advised that the short term and crisis CLC service was provided from the existing short breaks service and was not an additional provision. A report would be brought to the Committee at a future meeting.
- (viii) A Member asked if there was an independent provider that provided crisis care, and what services for people with learning disabilities continued to be provided by the County Council. The Chairman suggested that the two points raised be discussed as future agenda items for the Committee.

The Chair suggested that points raised by Members and information on transition timelines be brought together in a report to be provided at a future meeting of the Committee.

RESOLVED:

- (a) That the report on progress delivering the social care reform programme be noted.

- (b) That the Chairman and Spokespeople of the Committee be asked to consider the content of a further report on Community Life Choices, including the closure of the in-house service, provision of short term and crisis care and services provided for people with learning disabilities, to be submitted to a future meeting of the Committee.

41. Managing Demand in Adult Social Care.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to advise the Committee of the current demand pressures being faced by the County Council's Adults and Communities Department, including people waiting for care and support, an overview of waiting lists and the current allocations across the County Council's Adults and Communities Department Care Pathway Teams. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

In introducing the report, the Director informed the meeting that the report had been brought to enable the Committee to be sighted on challenges in meeting demand in Leicestershire and nationally, and the growing awareness of some of the issues in social care, particularly in terms of unmet need. The report provided context and information on the current position of people waiting for assessment and analysis of how performance in Leicestershire compared to that of other local authorities.

Members were further asked to note that there was no set timeframe within the Care Act for an assessment to be carried out: the requirement was a 'reasonable' or 'appropriate' timeframe. The County Council's position had identified 28 days as a reasonable timeframe, although it was noted that some more complex cases could take longer.

Arising from the discussion the following points were made:

- (i) It was questioned, with the rising numbers of referrals, how many cases were allocated to each worker at any one time. It was reported that through the target operating model that the allocation of cases had been looked at closely and was carefully managed. Waits were triaged and reviewed frequently, to enable workers to manage the cases they had. The benchmark for usual cases for a full-time equivalent worker was no more than 25 cases, with throughput of one to two cases per week for social workers, three cases per week community support workers and three to four cases a week for review officers. The duty team would be used to allocate short term intervention for urgent cases.
- (ii) Members noted that most assessment activity was undertaken by the Home First Team. The client group for this team was predominantly elderly people using the service for the first time; more detail would be provided for members of the types of service user and relevant statistics. Home First also undertook assessments of people being discharged from hospital. These usually took place within one to two days, and very often people would be discharged with support services prior to an assessment taking place. Members requested more detailed performance information relating to hospital discharge.
- (iii) Members referred to the low, medium and high priority weighting for cases for mental health awaiting allocation, noticing in particular the 'high' prioritisation figure which was a large percentage. In response it was noted that the level of risk did not relate to the level of support that was needed: someone of high risk to the Authority might not be at risk of admission to hospital.

- (iv) People who had return visits to hospital would not be identified separately but would be characterised as either being new to the Authority, existing service users, or existing users with increased level of need.
- (v) Members noted the number of people waiting for assessment had risen by 90,000 (44%) in five months. In response it was noted that the highest demand was in hospital discharge which was driving demand in social care at a rate the Authority had not seen before. It was further noted that organisations such as Age UK and Mencap amongst other national voluntary sector organisations had been saying for some years that there were hundreds of thousands of people whose social needs were not being met. The data that was now being presented was corroborating the statements of voluntary organisations. However, not all people awaiting an assessment would be eligible for state funded care.
- (vi) It was noted that, despite a 34.7% increase in demand, Leicestershire only had a 4.6% increase in people waiting for an assessment. It was explained that the Authority had moved from 50 vacancies to 19, which had increased the ability to undertake assessments, and would have had a significant impact on people awaiting assessment. In addition, the work on the Target Operating Model, which had been undertaken pre-pandemic, had enabled officers to have throughput and increased efficiency compared to other authorities in the ADASS survey. A lot of information from the work undertaken with Newton Europe on the Target Operating Model was being rolled out to other interested authorities. Officers were also scoping a piece of work across 10 authorities in the East Midlands looking at people waiting for assessment and care, with a focus on how to engage with people waiting for services and frontline staff, to understand the key issues and how to address them. Work was planned for the New Year, and it was hoped that a bid for funding to the University of Birmingham would be successful.

The Chair noted the report and asked suggested the issue of rising numbers remain as an item to be watched. He further asked the reports contain figures when presenting detail alongside percentages.

RESOLVED:

That the report on managing demand in adult social care be noted.

42. Consultation on Eligibility for Care Technology Services.

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to seek the views of the Committee on a proposed consultation on the eligibility of care technology services that were previously provided on a discretionary basis. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

Following presentation of the report, the Chairman suggested that it would be useful if the Members of the Committee could have sight of the consultation document to ensure the right phraseology was being used, an element where Members could assist.

RESOLVED:

- (a) That the report regarding the consultation on eligibility for care technology services be supported.

(b) That the consultation documentation be shared with Members of the Adults and Communities Overview Scrutiny Committee before the consultation commenced.

43. Date of next meeting.

It was noted that the next meeting of the Committee would be held on 23 January 2023 at 2.00pm.

2.00 - 3.38pm
07 November 2022

CHAIRMAN



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
23 JANUARY 2023

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

MEDIUM TERM FINANCIAL STRATEGY 2023/24–2026/27

Purpose of Report

- 1 The purpose of this report is to:
 - a) Provide information on the proposed 2023/24-2026/27 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department;
 - b) Ask Members of the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

- 2 The County Council agreed the current MTFS in February 2022. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

Background

- 3 The draft MTFS for 2023/24–2026/27 was set out in the report considered by the Cabinet on 16 December 2022, a copy of which has been circulated to all Members of the County Council. This report highlights the implications for the Adults and Communities Department.
- 4 Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 30 January 2023. The Cabinet will consider the results of the scrutiny process on 10 February 2023 before recommending a MTFS, including a budget and capital programme for 2023/24 to the County Council on 22 February 2023.

Service Transformation

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

- 6 The Strategy builds on the previous adult social care, adult learning and communities and wellbeing service strategies. It recognises the value of more closely bringing together all the Department's work since it is fundamental to the Council's role in promoting wellbeing. The ambition at the heart of the Strategy is to improve wellbeing for the people and communities of Leicestershire including their levels of happiness, prosperity, and satisfaction with life, along with their sense of meaning, purpose, and connection. It also sets out other ambitions for the Department including:
- Improved customer experience and satisfaction;
 - Providing high quality information and advice;
 - Promoting wellbeing through universal services;
 - Building a flexible, talented, motivated workforce, including apprentices;
 - Investment in social care accommodation;
 - Seamless transition from children to adult services;
 - Promoting independence;
 - Improved use of technology;
 - Working effectively with partners.
- 7 The design and delivery of services will continue to be based on the 'right' model, that is the right people (those who are at risk or need support to maximise their independence) are receiving the right services, at the right time, in the right place and the Council is working with the right partners.
- 8 The Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services.
- 9 The draft Growth and Savings for the 2023 MTFS (2023/24-2026/27) reflect the changes in demand for services and the transformation in delivery of services to achieve the vision of Department's Strategy and the national Government's reform of social care agenda.

Proposed Revenue Budget

- 10 The table below summarises the proposed 2023/24 revenue budget and provisional budgets for the next three years. The proposed 2023/24 revenue budget in detail is shown in Appendix A.

	2023/24 £'000	2024/25 £'000	2025/26 £'000	2026/27 £'000
Original prior year budget	171,502	186,882	187,777	192,287
Budget transfers and adjustments	15,210			
Sub total	186,712	186,882	187,777	192,287
Add proposed growth (Appendix B)	7,440	4,720	4,810	4,830
Less proposed savings (Appendix C)	(7,270)	(3,825)	(300)	(2,300)
Proposed/provisional net budget	186,882	187,777	192,287	194,817

- 11 Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
- 12 The total gross proposed budget for 2023/24 is £317.566m with contributions from grants, Health transfers and service user contributions projected of £130.684m. The proposed net budget for 2023/24 totals £186.882m and is distributed as follows:

Net Budget 2023/24		
Demand Led Commissioned Services	£163.3m	87.4%
Direct Services	£7.2m	3.9%
Care Pathway – Operational Commissioning	£19.5m	10.4%
Care Pathway – Integration, Access and Prevention	£11.4m	6.1%
Strategic Services	£4.0m	2.1%
Early Intervention and Prevention	£1.9m	1.0%
Department Senior Management	£1.0m	0.5%
Better Care Fund/NHS Contribution	(£27.0m)	(14.4%)
Communities and Wellbeing	£5.6m	3.0%
Department Total	£186.9m	

Other Changes and Transfers

- 13 A number of budget transfers (totalling a net increase of £15.2m) were made through the 2022/23 financial year and are now adjusted for in the updated original budget. These transfers are:
- £4.7m for pay and pension inflation transferred from the central inflation contingency as pay award still to be agreed;
 - £9.7m for price inflation (including residential fee review);
 - £0.8m transfers to and from other departments.
- 14 Growth and savings have been categorised in the appendices under the following classification:
- * item unchanged from previous MTFS;
- ** item included in the previous MTFS, but amendments have been made;
- No stars new item.
- 15 This star rating is included in the descriptions set out for growth and savings below.
- 16 Savings are highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income.

Growth

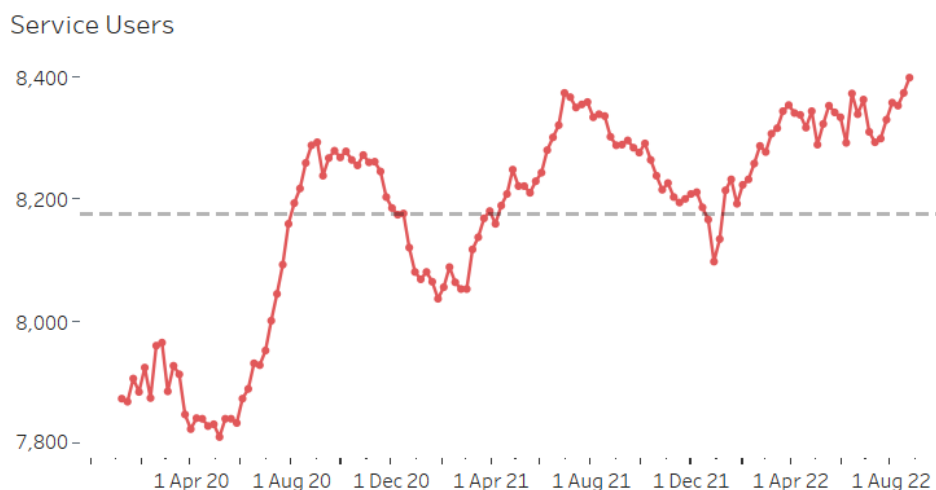
- 17 The proposed growth reflects changes in demand for services such as increased numbers of service users and number of high cost care packages, in particular those related to older adults and learning disabilities and changes in types of service. As in

previous years, the profile of service users and their care needs are constantly changing which may impact on the services commissioned. Overall demand led expenditure totals circa £231m.

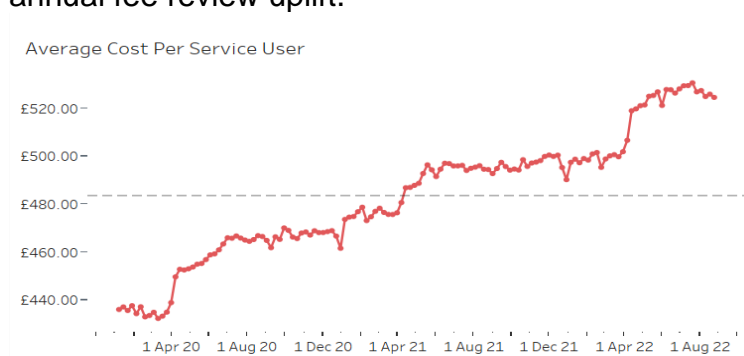
- 18 There is a number of demand management activities which include regular oversight of cost of care packages, a scheme of delegation which manages level of spend and accountability at all levels across the service, benchmarking against national population statistics and regular budget monitoring. The Departmental Management Team also maintains oversight of the quality and sustainability of the care provider market including impact of changes in demand for care homes and home care. All these actions aim to validate and mitigate future growth requirements.
- 19 The growth required is £7.4m for 2023/24 and £21.8m over the next four years in total. The ongoing impact of Covid-19 pandemic on demand led commissioned services, especially for the later years of the proposed MTFs, is making it very challenging to accurately forecast growth requirements. Growth forecasts will be regularly reviewed and updated based on the latest information. The budget increases are outlined below and summarised in Appendix B to the report.

Overall Growth Trends

- 20 Overall number of service users being supported across Residential Care, Homecare, Supported Living, Direct Payments and Community Life Choices from January 2020 through to August 2022 has significantly increased (see graph below). Typical growth would be approximately 1-1.5% per annum. However, the current number of service users supported is around 3% higher than this.



- 21 The average cost per service user over the same period. The steep rise in April relates to the annual fee review uplift.



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

**G5 Older People demand – £5,910,000 in 2023/24 rising to £13,715,000 by 2026/27

- 23 People aged over 65 account for most of the Department's care expenditure. This financial growth is required to meet the increasing numbers of older people with eligible needs as well as the increasing fragility of existing service users. The additional costs packages of care are estimated to be £5m for residential and £7m for home care.
- 24 Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. During 2020-2022 there have been significant changes in demand due to the pandemic, mainly driven by the current hospital discharge process which has meant an increase of the average number of home care hours provided, increased number of short-term residential care places and increase in number of service users who would normally pay for their own care. The current projection is based on service needs as November 2022 which are assumed to continue into 2023.
- 25 Another key driver is the cost of providing services which has significantly increased as capacity in the market is limited and the impact of increasing inflation. Future changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

**G6 Learning Disability demand – £335,000 in 2023/24 rising to £4,255,000 by 2026/27

- 26 There is a requirement for the Council to provide for increased care costs and growth relating to the number of service users accessing services that provide support to people with learning disabilities.
- 27 The current projection is based on November 2022 of service needs which are assumed to continue into 2023. Future changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.
- 28 Another key driver is the cost of providing services which has significantly increased as capacity in the market is limited and the impact of increasing inflation.
- 29 There is currently an increase in the numbers of social care placements in children's services which may impact on the Adults and Communities Department in the long term but cannot yet be quantified.
- 30 This assumes the continuation of the Independent Living Fund Grant of £1.2m from the Government.

- 31 This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

**G7 Mental Health demand – £870,000 in 2023/24 rising to £2,675,000 by 2026/27

- 32 This financial growth is required to meet the increasing numbers of people with eligible mental health needs. Future changes in demand are initially estimated using historic trends to produce a baseline forecast of the likely number and average cost of service users. The current projection is based on November 2022 of service needs which are assumed to continue into 2023. Other year changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users.

**G8 Physical Disabilities demand – £325,000 in 2023/24 rising to £1,155,000 by 2026/27

- 33 This financial growth is required to meet the increasing numbers of people with eligible physical disabilities. The current projection is based on November 2022 of service needs which are assumed to continue into 2023. Future changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

Savings

- 34 Details of proposed savings are set out in Appendix C and total £7.3m in 2023/24 and £13.7m over the next four years.

Adult Social Care

**AC1 (Inc) - Increased Income - £100,000 saving 2023/24 rising to £400,000 from 2026/27

- 35 Department for Work and Pensions increases in benefits payments should provide additional chargeable income. It is anticipated that income from older people will rise faster than inflation as a result of the protection of over 65s benefits provided for by the National Government (£400k).

*AC2(Eff) - Implementation of revised operating model (TOM) - £500,000 saving 2023/24 ongoing

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

**AC3 (Eff) – Implementation of Digital Assistive Technology to Service Users (Technology Enabled Care -TEC) – £650,000 saving 2023/24 rising to £3,900,000 from 2026/27

- 37 Savings by developing a range of IT and digital solutions that can be used to support service user outcomes across the Care Pathway. It includes assistive technology, aids and adaptations, telecare, and telehealth. Implementation commenced at the end of April 2022 and includes a partnership arrangement with Hampshire County Council and their commercial partner PA Argenti. Hampshire acts as a strategic partner to assist the Department in transformation and deliver a new approach to care technology.
- 38 One of the key strategic aims of the service is to deliver a significant financial contribution to the Council – both in terms of avoided future demand and in terms of actual in-year cost reductions. Savings are a mixture of avoided cost and cashable savings as well as non-financial benefits of care technology providing better outcomes for people.
- 39 The newly transformed Council Care Technology (CT) service has been running since 25 April 2022. Since launch, demand for the service has been strong and is growing. The service is currently on track to meet or exceed its current targets for new CT users (of 1,450 in year one).

**AC4 (Eff) - Establishment Review – £350,000 saving 2023/24 rising to £850,000 from 2024/25

- 40 A review of the Department's staffing establishment following the implementation of the TOM programme and new ways of working commencing with Homecare Assessment and Reablement Team (HART) service during 2022 and a number of additional areas of the Department in 23/24.

**AC5 (Eff) - Review of Mental Health Pathway and placements – £250,000 saving 2023/24 rising to £450,000 from 2026/27 onwards

- 41 A review of the Mental Health Care Pathway including a progression model to reduce residential costs and other support. The intention is to enable people to step down from building-based services into their own homes with flexible support to prevent a further relapse and escalation back into building-based services. A Mental Health Accommodation Pathway Project has been established with membership including both internal and external partners. Additional staffing is being put in place to help support the move to step down accommodation and initial savings have been made. A floating support scheme which commenced from June 2022 will support people to maintain tenancies and promote well-being.

*AC6 (Eff) - Review of placements transitioning from Children's Services – £60,000 saving 2023/24 rising to £120,000 from 2024/25

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

*AC7 (Eff) - Review of Direct Services/Day Services/Short Breaks – £430,000 saving 2023/24 onwards

- 43 Following the Covid-19 pandemic a refresh of how in-house services are delivered alongside new contracts for external day services. The areas of service delivery expected to contribute to this include the reviews of:
- Melton Short Breaks and Supported Living service – this will align the staffing structure and delivery model with other in-house short breaks and supported living services. Melton remains the last area for this work to be completed.
 - Short Breaks – the proposed closure of Smith Crescent in Coalville alongside the use of the refurbished unit at The Trees for short breaks will both increase the capacity available across the county, whilst negating the need for further additional investment to rebuild a facility in Coalville and deliver savings through the reduction of operational running costs.
 - In-house Community Life Choices (CLC) services – proposals aim to reduce the amount of directly provided services alongside the development of revised contractual arrangements for CLC services. Savings to operational running costs will attribute to this savings line.

**AC8 (Inc) - Increased BCF Income - £500,000 saving 2023/24 onwards

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

AC9 (Eff) – Direct Payment Commissioning Efficiencies – £1,000,000 saving 2023/24 rising to £1,500,000 from 2024/25

- 45 This is a review of Direct Payment packages and surplus balances held by service users. Reviews of Direct Payments with a surplus balance of more than four weeks will be undertaken and care packages to be reduced to reflect amount needed. Improvements will also be made to ensure income recovery from service user contributions and back office systems and process

AC10 (Eff) - Commissioning and implementation of revised Extra Care model - £260,000 from 2023/24 onwards

- 46 A review of commissioning of Extra Care unplanned care services has been undertaken and a procurement exercise commenced in October 2022 following agreement by Cabinet in September. The new contract for the Extra Care Service is required to be in place by 1 April 2023. The revised service model will realise a saving from April 2023 whilst ensuring that the schemes operate more efficiently.

AC11 (Eff) – Improved systems, ways of working and cost of recovery efficiencies- £210,000 from 2023/24 onwards

- 47 Review of various small systems and processes to generate efficiencies:
- a) Recommissioning of mental health support - £75,000 The re-procurement for the Leicester, Leicestershire and Rutland (LLR) Mental Health Wellbeing and Recovery Support Services, funded by the three local authorities and the Integrated Care Board (ICB), has achieved a saving of £75,000 to the Council.

- b) Appointeeship and Deputyship case management system replacement - £50,000 - A project is underway to replace the Caspar system used within Appointeeship and Deputyship by end of January 2023. There is a saving of £50k in licence costs. The replacement system is a module within the main social care case management system (IAS) so there will be further benefits derived from eliminating rekeying that currently occurs between Caspar and IAS as well as streamlining internal processes.
- c) Reduction in financial waivers -£50,000 - Proposed to achieve through proactive case management of those on full and partial waivers of payments for services, to regularly review and reduce over time due to changing circumstances and ability and confidence to pay changing.
- d) Short breaks actual cost of fees £35,000 - Ensure actual costs of in-house short breaks are charged to health and out of county commissioners to ensure full recovery of costs to deliver the service.

AC12 (Inc) - Review of Mental Health Section 117 funding arrangements -£250,000 saving 2023/24 rising to £500,000 from 2024/25

- 48 To undertake a review of Mental Health S117 funding arrangements, at present whilst there is agreement with the ICB to progress to a 50/50 funding split for all Section 117 care packages excluding Transforming Care Programme cases. A number of cases have been identified where care packages are either being funded in total by adult social care, or where savings could be achieved through moving to 50/50 funding. This is offset in part by cases where Health previously funded at more than 50% where there will be an increase in cost.

AC13 (Eff) - Home Care - review of single-handed care and care packages -£1,400,000 saving 2023/24 onwards

- 49 A dedicated Occupational Therapy Team will review home care packages where two carers have been commissioned for moving and handing care calls. Working with providers to train staff and provision of specialist equipment. A snapshot of cases where two carers are commissioned shows approximately 625 cases in October 2022. In year savings in 2022 indicate reductions are already underway in the region of £342k. This has a proven record of savings delivery in previous years through similar reviews.

AC14 (Eff) - Reduce demand for 1 to 1 support in residential care and supported living - £600,000 saving 2023/24 onwards

- 50 Reviews of all one-to-one support in Residential Care and Supported Living will be undertaken to better identify and challenge commissioning practice, using care technology and develop a strengths and asset based approach.
- 51 Make more effective use of the Care Cubed care funding tool to identify where high cost placements may be renegotiated to reflect a fairer cost of care and reduce supplementary needs payments.

AC15 (Eff) - Improve consistency in hourly rates for Direct Payments (DP) and promote use of personal assistants- £150,000 saving in 2023/24 rising to £510,000 from 2025/26

- 52 The hourly rates paid to DP recipients vary and current available guidance to operational staff requires updating. This has resulted in operational commissioning staff agreeing hourly rates on an individual basis. The proposal is to:
- Standardise the DP rate to Personal Assistants (PA);
 - Develop the PA market in Leicestershire through a bespoke programme led and supported by adult social care;
 - Increase the number of people accessing PA's as an alternative to home care agency provision.
- 53 This would help achieve consistency by reducing the variation in the rates paid, whilst encouraging more people to become PAs. Putting in place clearer guidance for staff about how hourly rates should be applied will also help reduce the use of exceptions and reduce higher hourly rates.

AC16 (Eff) - Improving outcomes from the Homecare Assessment and Reablement Team (HART) and Community Response Service (CRS)- £230,000 saving in 2023/24 rising to £920,000 from 2026/27

- 54 Developing and delivering an intake model for all new and requests for increases in packages of care with the net benefit of increasing Better Care Fund income and reducing domiciliary care usage.
- 55 Intake model will commission appropriate services following a more focussed assessment period and where appropriate, reablement support, leading to better outcomes and increased independence and a reduction on commissioned service budgets and admissions to building based services.
- 56 A pilot project with therapy staff from Leicestershire Partnership NHS Trust commenced in early November 2022 in a single locality area to develop an enhanced model of integrated working to maximise health and social care resources, whilst delivering improved outcomes in a shorter timeframe – this model will support the wider intake approach.

AC17 (Eff) – Alignment of the Homecare Assessment and Reablement Team (HART) and Community Response Service (CRS)- £150,000 saving in 2023/24 rising to £200,000 from 2024/25

- 57 Restructuring the CRS and HART teams to align grading structures across CRS in line with revised HART model, combining resources to remove overlaps and duplication and reduce mileage costs and ineffective travel time. The review will look to delete unfunded posts and will aim to use the available staff to deliver a range of support to people in the county rather than specific job tasks. The introduction of the revised roster system is already delivering some mileage efficiencies for CRS staff.

AC18(Eff) – Reprovision of in-house day services- £150,000 saving in 2023/24 rising to £300,000 from 2024/25

- 58 The reprovision of Community Life Choices (CLC) aligned to closures of in-house services and moving existing service users to other providers which will achieve savings in the region of £150,000 in 2023/24. A management and asset restructure will produce an additional £150,000 savings.

Communities and Wellbeing

**AC19 (Eff/SR) - Implementation of revised service for Communities and Wellbeing - £40,000 saving from 2025/26

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

**AC20 (SR) – Review Green Plaque Service - £30,000 saving in 2023/24 rising to £55,000 from 2024/25

- 60 The Green Plaque Scheme was established in 2014 as a means of celebrating people and locations in Leicestershire that have made a significant impact. 36 plaques have been awarded. The scheme is currently paused for new nominations.
- 61 There is significant work required from the Record Office to research and validate the nominations; an officer plans and facilitates the nominations and shortlisting and voting processes, arranges the production and siting of the physical plaques, which often require various permissions, including listed building consent and planning, as well as organising the unveiling events and associated publicity. Stopping the scheme would not impact any particular user groups significantly and no mitigation would be required. As a standalone service it does not impact directly on other parts of the service or Council.

**AC21 (SR) – Review charging for Creative Learning Services - £50,000 saving from 2024/25 onwards

- 62 Creative Learning Services currently charge schools for the services they provide and a review of charging will be undertaken to ensure that the costs of delivering these services are recovered.

Savings under development

- 63 The following areas are being developed to meet future savings targets:
- a) Three Conversations Model - The Three Conversations approach recognises that people and their families are the experts in their own lives and by listening to them it could be possible to develop a different approach to meeting their needs; utilising resources and skills, building upon their strengths, connecting them to the right people, communities, organisations to make their lives better. This approach

has now been used in more than 40 local authorities in England and a number of Health and Social Care partnerships in Scotland.

A 12-month pilot supported by Partners4Change to develop and test the Three Conversations Model is underway in a number of innovation sites across different areas of the Care Pathway. These innovation sites will develop new ways of working and the results will be collated and analysed to inform a business case for the full roll-out of the Three Conversations Model across the whole of the Care Pathway.

- b) Review of Discharge process and Reablement with ICB - Developing and delivering an intake model for all new packages of care. Better use of capacity in framework provision. Reduces some review demand in Home First teams and Operational Commissioning teams. Aligns with work being undertaken by Newton Europe and Local Government Association in terms of discharge processes.
- c) Digitalisation of service delivery - Digitalisation of service delivery. Areas being developed include:
- *Automation and digitisation of processes* - Consideration is being given to areas of manual processing that could be digitised to increase efficiency. Examples include the use of robotic process automation to automate low value, repetitive administrative tasks.
 - *Introduction of electronic signatures* of documents is estimated to reduce processing time from three weeks to four days for Direct Payment Agreements (DPA) and three months to one week for Individual Placement Agreements (IPA).
 - *Systems integration* - The integration of the LLR Care Record with social care case management system will enable efficiencies for staff to self-serve information from other stakeholders without having to waste time telephoning around. The provision of Council data to partners will also provide reciprocal benefits to them.
 - *Improving online offer to promote customer self-service* - Encouraging people to use on-line assessments will improve turnaround time for people to be assessed and reduce the amount of administration and costs associated with handling post.

Health and Social Care Integration

Better Care Fund (BCF)

- 64 Health and Social Care Integration continues to be a top priority for both the County Council and its NHS partners. Developing effective ways to co-ordinate care and integrate services around the person and provide more of this care in community settings are seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
- 65 The Council has received funding from the NHS through the BCF since 2015/16 in line with levels determined by Government. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.

- 66 The BCF Policy Framework and Planning Requirements are refreshed regularly and may cover one year or a number of years. The Department of Health and Social Care (DHSC) and the Department for Levelling Up, Housing and Communities (DLUHC) published a Policy Framework for the implementation of the BCF in 2022/23 on 19 July 2022. NHS England will approve BCF plans in consultation with DHSC and DLUHC.
- 67 The four national conditions set by the Government in the policy framework for 2022/23 are:
- a) That a BCF plan, including at least the minimum mandated funding to the pooled fund specified in the BCF allocations and grant determinations, must be signed off by the Health and Wellbeing Board, and by the constituent local authorities and NHS organisations.
 - b) A demonstration of how the area will maintain the level of spending on social care services from the BCF minimum contribution in line with the uplift to the BCF minimum contribution.
 - c) That a specific proportion of the area's allocation is invested in NHS commissioned out of hospital services, which may include seven-day services and adult social care.
 - d) That a clear plan is in place to support improvements in the following two policy objectives:
 - enable people to stay well, safe and independent at home for longer;
 - provide the right care in the right place at the right time.
- 68 The value of BCF funding for Leicestershire which was announced in July 2022 for 2022/23 is shown in the table below:

	2022/23 £m	
NHS Minimum Allocation	46.1	Level mandated by NHS England
IBCF	17.7	Allocated to local authorities, specifically to meet social care need and assist with alleviating pressures on the NHS, with emphasis on improving hospital discharge, and stabilising the social care provider market.
Disabled Facilities Grant	4.4	Passed to district councils
Total BCF Plan	68.2	

- 69 £20.5m of the NHS minimum allocation into the BCF is used to sustain adult social care services. The national conditions of the BCF require a certain level of expenditure to be allocated for this purpose. This funding has been crucial in ensuring the Council can maintain a balanced budget, while ensuring that some of its most vulnerable users are protected; unnecessary hospital admissions are avoided; and the good performance on delayed transfers of care from hospital is maintained.

- 70 In addition to the required level of funding for sustaining social care service provision, a further £7m of Leicestershire's BCF funding has been allocated for social care commissioned services in 2022/23. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support and crisis response.
- 71 The balance of the NHS Minimum Allocation £18.6m is allocated for NHS commissioned out of hospital services.
- 72 Any reduction in the funding for social care from the BCF would place additional pressure on the Council's MTFS, and without this funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda.

Adult Social Care Reform

- 73 In December 2021, the Government released its long-awaited White Paper on social care reform, 'People at the Heart of Care'. The White Paper articulated a 10-year vision for transforming adult support and care in England. This was accompanied by Government announcements of £5.4bn of national funding over three years solely for the reform of Adult Social Care in England - £3.6bn to pay for charging reform, and £1.7bn to improve access to social care.
- 74 From a local authority financial perspective, key elements of this reform included a lifetime cap on personal care costs to put a limit on the costs that people will need to spend to meet their eligible care and support needs; an extension to the means test that determines what someone can afford to contribute towards the costs of their care; and a move towards paying care providers a fair cost of care to ensure sustainable care markets. These elements all had a cost implication for local authorities, and whilst there was still some uncertainty over the levels of these costs and the level of Government funding that would be available to support this, early indications were that there would be a gap between costs and funding.
- 75 However, the Chancellor's Autumn Statement in November 2022 announced a two-year delay on the national rollout of social care charging reforms – initially planned for implementation starting in 2023/24, this has now been pushed back to 2025/26. The Statement also said that the funding for implementation would be maintained within Local Government to enable local authorities to address adult social care pressures. Further details are awaited and the Council will closely monitor the position and the impact it will have in Leicestershire.

Other External Influences

- 76 There is a number of areas of funding that influence the achievability of the MTFS for the department. For example:
- Ongoing impact of Covid pandemic;
 - Hospital Discharge arrangements;
 - Increasing costs of care mainly due to in the National Living Wage and shortages of workforce in the care sector in certain rural areas.

Other Funding Sources

77 For 2023/24, the following other funding is expected to be received:

- Former Independent Living Fund grant of £1.2m is to be paid to the County Council which provides support packages is going to be part of the Social Care Grant, to help disabled people live independently in the community;
- Service users eligible for Continuing Health Care - £7.5m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users £14.4m;
- Social Care in Prisons Grant - £102,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £45,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £106,000;
- Funding to support Adult Learning from Skills Funding Agency estimated to be £4.1m and Education Funding Agency £75,000.
- Adult Social Care Market Sustainability and Improvement Fund - £5.7m

Capital Programme

78 The proposed Adults and Communities capital programme totals £21.2m (see Appendix D). The main source of external funding for the programme is the BCF grant programme (£17.8m), which is passported to District Councils to fund major housing adaptations in the County. The balance of the programme (£3.4m) is discretionary funding.

79 The capital programme for the Department is traditionally relatively small. The only allocations are for future projects being developed with a focus on delivering long term revenue savings/operational improvements as part of the Social Care Investment Programme (SCIP) £3.4m, which involves the purchase and development of properties to meet the needs identified within the Social Care Accommodation Development Plan, which was approved by the Cabinet on 25 June 2019 which are subject to business cases.

Future Developments

80 Below is a summary of provisional capital bids expected to be made by the Department. These have yet to be formally approved and are subject to business cases:

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

Background Papers

Report to the Cabinet:16 December 2022 – Medium Term Financial Strategy 2023/24 to 2026/27 Proposals for Consultation

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

Better Care Fund

[“People at the Heart of Care”](#) White Paper

Circulation under local issues alert procedure

81 None.

Equality and Human Rights Implications

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

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

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

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

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Appendices

Appendix A – Revenue Budget 2023/24

Appendix B – Growth

Appendix C – Savings

Appendix D – Capital Programme 2023/24 to 2026/27

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ADULTS AND COMMUNITIES**REVENUE BUDGET 2023/24**

Net Budget 2022/23 £		* Employees £	Running Expenses £	Internal Income £	Gross Budget £	External Income £	Net Budget 2023/24 £
Care Pathway - Operational Commissioning							
1,014,026	Heads of Service (OC) & Lead Practitioners	S	919,560	48,000	0	967,560	967,560
7,545,655	Cognitive & Physical Disability (C&PD)	S	6,405,621	2,095,326	0	8,500,947	7,347,935
4,037,692	Learning Disability & Autism (LD&A)	S	4,619,880	70,755	0	4,690,635	4,272,795
6,954,621	Mental Health & Safeguarding (MH&S)	S	7,119,888	1,705,763	-150,000	8,675,651	6,913,171
19,551,994	TOTAL		19,064,949	3,919,844	-150,000	22,834,793	19,501,461
Care Pathway - Integration, Access & Prevention							
-65,268	Heads of Service (IAP) & Strategic Service Managers	S	337,618	679,434	0	1,017,052	228,352
26,833	Integration Team	D	376,966	191,000	0	567,966	0
2,105,489	Access & Digital Services	S	2,950,675	943,167	-508,000	3,385,842	2,153,499
8,786,369	Home First	S	10,891,059	696,988	-300,000	11,288,047	8,370,666
639,821	Social Care Investment	B	388,270	251,551	0	639,821	639,821
11,493,244	TOTAL		14,944,588	2,762,140	-808,000	16,898,728	11,392,338
Direct Services							
139,667	Direct Services Managers	S	135,867	5,400	0	141,267	141,267
4,875,761	Supported Living, Residential and Short Breaks	S	4,689,996	189,765	0	4,879,761	4,875,761
2,720,391	CLC / Day Services	S	1,666,139	151,002	-67,850	1,749,291	1,702,791
346,865	Shared Lives Team	D	307,185	39,680	0	346,865	346,865
99,086	Direct Services Review	S	0	150,086	0	150,086	150,086
8,181,770	TOTAL		6,799,187	535,933	-67,850	7,267,270	7,216,770
Early Intervention & Prevention							
912,112	Extra Care	S	0	652,112	0	652,112	652,112
96,000	Eligible Services	B	0	377,430	0	377,430	96,000
855,351	Secondary (e.g. Carers & Community Assessments)	B	0	1,167,505	0	1,167,505	780,351
361,682	Tertiary (e.g. Advocacy)	B	0	708,361	-54,000	654,361	361,682
2,225,145	TOTAL		0	2,905,408	-54,000	2,851,408	1,890,145
Strategic Services							
305,790	Heads of Strategic Services	S	204,104	1,400	0	205,504	205,504
2,089,753	Business Support & Strategy and Planning	S	1,652,653	283,898	-18,843	1,917,708	1,917,708
1,833,502	Commissioning & Quality	S	2,568,290	160,903	0	2,729,193	1,843,326
4,229,045	TOTAL		4,425,047	446,201	-18,843	4,852,405	3,966,538
Demand Led Commissioned Services							
71,270,235	Residential & Nursing Care	S	0	112,119,705	0	112,119,705	74,872,235
1,631,675	Shared Lives Residential	S	0	1,631,675	0	1,631,675	1,631,675
30,257,818	Supported Living	S	0	31,313,818	0	31,313,818	31,313,818
33,775,990	Home Care	S	0	36,115,990	0	36,115,990	36,115,990
43,082,064	Direct Cash Payments	S	0	42,169,062	0	42,169,062	41,007,064
6,169,300	Community Life Choices (CLC)	S	0	6,634,300	0	6,634,300	6,634,300
535,750	Shared Lives - CLC	S	0	535,750	0	535,750	535,750
-26,032,896	Non-Residential Income	S	0	0	0	-28,890,896	-28,890,896
160,689,936	TOTAL		0	230,520,300	0	230,520,300	163,219,936
-26,490,030	Better Care Fund (Balance)	S	0	17,690,614	0	17,690,614	-26,990,030
1,156,212	Department Senior Management	S	908,622	335,261	0	1,243,883	1,040,157
181,037,316	TOTAL ASC		46,142,393	259,115,701	-1,098,693	304,159,401	181,237,315
Communities and Wellbeing							
309,927	C&W Senior Management	B	327,298	7,300	-23,000	311,598	311,598
1,953,389	Libraries Operational	S	2,097,883	293,291	-6,700	2,384,474	1,983,655
1,127,893	Libraries Resources	S	270,555	866,040	0	1,136,595	1,115,595
910,389	Museums & Heritage	D	930,069	307,323	0	1,237,392	896,762
466,257	Participation	D	419,232	15,087	0	434,319	434,319
950,855	Collections & Learning	B	1,313,177	307,119	0	1,620,296	954,496
0	Externally Funded Projects	D	159,735	143,930	0	303,665	0
12,860	Adult Learning	D	5,158,315	1,283,515	-411,398	6,030,432	0
-56,534	C&W Efficiencies		0	-51,390	0	-51,390	-51,390
5,675,036	TOTAL C&W		10,676,264	3,172,215	-441,098	13,407,381	5,645,035
186,712,352	TOTAL ADULTS & COMMUNITIES		56,818,657	262,287,916	-1,539,791	317,566,782	186,882,350

* S/D/B : indicates that the service is Statutory, Discretionary or a combination of Both

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Appendix B

References	<u>GROWTH</u>	2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000
	<u>ADULTS & COMMUNITIES</u>				
	<u>Demand & cost increases</u>				
** G5	Older people - new entrants and increasing needs in community based services and residential admissions	5,910	8,560	11,120	13,715
** G6	Learning Disabilities - new entrants including children transitions and people with complex needs	335	1,465	2,860	4,255
** G7	Mental Health - new entrants in community based services and residential admissions	870	1,485	2,080	2,675
** G8	Physical Disabilities - new entrants in community based services	325	650	910	1,155
	TOTAL	7,440	12,160	16,970	21,800

* items unchanged from previous Medium Term Financial Strategy

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

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Appendix C

References

SAVINGS

2023/24	2024/25	2025/26	2026/27
£000	£000	£000	£000

References used in the following tables

* items unchanged from previous Medium Term Financial Strategy

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

Eff - Efficiency saving

SR - Service reduction

Inc - Income

ADULTS & COMMUNITIES**Adult Social Care**

**	AC1	Inc	Increased income from fairer charging and removal of subsidy / aligning increases	-100	-200	-300	-400
*	AC2	Eff	Implementation of Target Operating Model (TOM)	-500	-500	-500	-500
**	AC3	Eff	Implementation of digital assistive technology to service users	-650	-1,900	-1,900	-3,900
**	AC4	Eff	Establishment Review following implementation of TOM programme	-350	-850	-850	-850
**	AC5	Eff	Review of Mental Health pathway and placements	-250	-250	-250	-450
*	AC6	Eff	Review of placements transitioning from Children's	-60	-120	-120	-120
*	AC7	Eff	Review of Direct Services/Day Services/Short Breaks	-430	-430	-430	-430
**	AC8	Inc	Increased BCF income from annual uplift	-500	-500	-500	-500
	AC9	Eff	Direct Payments commissioning efficiencies	-1,000	-1,500	-1,500	-1,500
	AC10	Eff	Commissioning and implementation of revised Extra Care model	-260	-260	-260	-260
	AC11	Eff	Improved systems, ways of working and cost of recovery efficiencies	-210	-210	-210	-210
	AC12	Inc	Review of Mental Health Section 117 funding arrangements	-250	-500	-500	-500
	AC13	Eff	Home Care - review of single handed care and Care packages	-1,400	-1,400	-1,400	-1,400
	AC14	Eff	Reduce demand for new and review of 1 to 1 support in residential care and supported living	-600	-600	-600	-600
	AC15	Eff	Improve consistency in hourly rates for DP's and promote use of personal assistants	-150	-350	-510	-510
	AC16	Eff	Improving outcomes from homecare assessment and reablement team (HART) / community response service (CRS)	-230	-920	-920	-920
	AC17	Eff	Alignment of HART/CRS services	-150	-200	-200	-200
	AC18	Eff	Reprovision of in house day services	-150	-300	-300	-300
			Total ASC	-7,240	-10,990	-11,250	-13,550
			<u>Communities and Wellbeing</u>				
**	AC19	Eff/SR	Implementation of revised service for communities and wellbeing	0	0	-40	-40
	AC20	SR	Review Green Plaque service	-30	-55	-55	-55
	AC21	SR	Review charging for Creative Learning Services	0	-50	-50	-50
			Total C&W	-30	-105	-145	-145
			TOTAL A&C	-7,270	-11,095	-11,395	-13,695

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Estimated Completion Date	Gross Cost of Project £000		2023/24 £000	2024/25 £000	2025/26 £000	2026/27 £000	Total £000
Mar-27	17,788	Disabled Facilities Grant (DFG)	4,447	4,447	4,447	4,447	17,788
			4,447	4,447	4,447	4,447	17,788
Mar-25	10,000	<u>Social Care Investment Plan (SCIP):</u> SCIP - Additional Schemes to be confirmed - balance	1,560	940	955		3,455
		Sub-Total SCIP	1,560	940	955	0	3,455
		Total A&C	6,007	5,387	5,402	4,447	21,243

		<u>Future Developments - subject to further detail and approved business cases</u> Records Office Heritage and Learning Collections Hub Adult Accommodation Strategy (Social Care Investment Plan) Digital for A&C					
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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
23 JANUARY 2023

NATIONAL PERFORMANCE BENCHMARKING 2021/22 AND
PERFORMANCE REPORT 2022/23 – POSITION AT NOVEMBER 2022

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

Purpose of Report

1. The purpose of this report is twofold: firstly, to highlight the comparative performance position in 2021/22 through national benchmarking, and secondly to present to the Committee an update of the Adults and Communities Department's performance at the end of November 2022.

Policy Framework and Previous Decisions

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

Background

3. At a national level adult social care performance is monitored via the Adult Social Care Outcomes Framework (ASCOF). This set of indicators is reported annually, and NHS Digital published the 2021/22 position in October 2022. In addition, the Care Quality Commission (CQC – the independent regulator in England of health and adult social care) reports annually in their assessment State of Care in England.
4. 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 Adult and Communities Department 2020-2024, '*Delivering Wellbeing and Opportunity in Leicestershire*'. This strategic approach is based on a set of principles with the person at the centre, ensuring the support they receive can deliver the right outcomes. Appendix B outlines the 'layered' model designed to maximise independence – Prevent, Reduce, Delay and Meet needs.
5. The majority of metrics set out in Appendix A are reflected in the ASCOF and are benchmarked against the national position. However, several metrics neither fit within the ASCOF nor with the CQC State of Care assessment, in particular those relating to Communities and Wellbeing. These do not have a national average to compare performance with and 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 November.

6. 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.
7. Finally, the report concludes with reference to the forthcoming CQC Assurance programme for adult social care. Under the Health and Care Act this introduces a new legal duty for the CQC to review and make an assessment of the performance of local authorities discharging their regulated care functions.

Performance Update: Benchmarking of 2021/22 Performance and April to November 2022

8. The ASCOF returned to the full dataset in 2021/22 after the previous year was considerably affected by the outbreak of the Covid-19 pandemic. This change involved the re-introduction of 13 metrics sourced from either the annual survey of people in receipt of services or the biennial survey of carers.
9. ASCOF performance was impacted by the outbreak of the pandemic both nationally and locally in 2020/21 and whilst the latest year has shown signs of performance returning to pre-pandemic levels, this is not always the case. Furthermore, any comparison between the years needs to bear in mind the impact noted.

Adult Social Care

10. There is a strong link between employment and appropriate accommodation with enhanced quality of life for **people with learning disabilities**, including health and wellbeing and reduced social exclusion. There are two metrics in the ASCOF that relate specifically to people aged 18-64 with learning disabilities focusing on these areas. The first of these relates to the proportion in employment (ASCOF 1E) and whilst performance in Leicestershire dropped slightly from 10.5% (148 out of 1,405) in 2020/21 to 9.2% (129 out of 1,401) in 2021/22, it remains notably higher than the national average at 4.8% and in the top 25% of authorities. There was a similarly high level of performance in relation to accommodation (ASCOF 1G) with 85.3% (1,195 out of 1,401) in settled accommodation. Whilst this is again above the national average of 78.8% it fell short of the top 25% of authorities by just 1% point. This high level of performance has continued into the latest reporting year and at the end of November there were 9.5% (113 out of 1,191) of people in employment and 84.7% (1,009 out of 1,191) in settled accommodation.
11. **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. However, there was a marked increase in permanent admissions (ASCOF 2A parts 1 and 2) across the country in 2021/22 compared to the previous year due to the lower level in 2020/21 caused by the outbreak of Covid-19. This primarily affected admissions of people aged 65+ and the increase in Leicestershire for this age-group meant a higher number of admissions – presented as a rate per 100,000 of the local population (567.2) which is higher than the national average (538.5), although not that dissimilar to the position across the East Midlands (562.0). For people aged 18-64 however, the number of permanent admissions in Leicestershire remained low with performance

(6.1 per 100,000 population) being in the best 25% of authorities (anything below 8.9 per 100,000 population). Looking at admissions in the current year, from April to November, there have been 500 admissions of people aged 65 or over giving a full-year forecast rate of 489.4 per 100,000 population, considerably lower than the 567.2 rate of 2021/22. During the same time period there have been 32 admissions of people aged 18-64 giving a full-year forecast rate of 11.3 per 100,000 population. This notable increase is due, in part, to a focus on reviewing people in temporary residential placements of which the outcome may be to now classify the placement as more permanent. Despite this forecasted increase, the rate remains lower than the 2021/22 average for the East Midlands, other shire authorities and the national average.

12. **Reablement** is a short and intensive service to help people who have experienced deterioration in their health and/or have increased support needs to relearn the skills required to keep them safe and independent at home. The ASCOF contains two metrics to measure a local authority's performance in this area – ASCOF 2D: the proportion of people with no continued needs post reablement, and ASCOF 2B part 1: where people live 91 days following hospital discharge and reablement. For the first of these metrics Leicestershire's performance in 2021/22 was 90% (or 2,332 out of 2,591), which had improved considerably from the previous year and was in the top 25% of local authorities. In a similar vein, 89.4% (or 395 out of 442) of people were living at home 91 days post discharge in 2021/22, a performance that again put Leicestershire in the top 25% of authorities. During the first eight months of 2022/23 performance on both metrics is slightly lower than the previous year (86% and 88% respectively) although both remain well above the latest national average.
13. The County Council remains committed that everyone in receipt of long-term, community-based care should be provided with a **personal budget**, preferably as a direct payment. During 2021/22, performance against the ASCOF measure relating to service users in receipt of a direct payment was 40% (or 2,009 out of 5,000), which remained in the top 25% of local authorities and considerably higher than the national average (27%). At 96% (4,784 out of 5,000) the proportion of service users with a personal budget was similar to the national average of 95%. For carers, both proportions, 100% for personal budgets (2,263 out of 2,264) and 99% for direct payments (2,252 out of 2,264), were above national averages and in the top 25% of local authorities. The latest position for the current year (April to November 2022), has shown a slight downturn in performance in relation to service users (92%) whilst the very high performance for carers has continued from the previous year.
14. Local authorities are required to conduct two **statutory surveys**, a survey each year of people in receipt of social care services and a similar survey of carers is required on a biennial basis. Following a hiatus in 2020/21 due to the Covid-19 pandemic both were completed in 2021/22. Results from both surveys were disappointing, particularly when benchmarked against other local authorities. In terms of finding information, 57% of service users and 48% of carers said they found it easy. Both these proportions meant that performance was in the bottom 25% of authorities in England. It was a similar position with regards to service users and carers having as much social contact as they would like (37% and 25% respectively). Again, performance was in the bottom 25% of authorities in England. Further indicators sourced from the survey of people in receipt of services showed comparatively low performance in relation to general quality of life and feeling safe. For carers, the overall picture was closer to the national position although the 61% of carers who

were included in discussion with regards to the person they care for fell short of the national average of 65%.

15. A **safeguarding** alert can include any concern for welfare and will often require a response from the Authority, but not necessarily in relation to safeguarding. During 2021/22 there were 777 per 100,000 population safeguarding concerns logged by the County Council, higher than the East Midlands average of 555 per 100,000 population. For context the East Midlands has the lowest rate across the country whilst the North East region has the highest at 1,059 per 100,000 population. Once an alert has been investigated into any potential risk of abuse or neglect there may be need for a more in-depth enquiry under Section 42 of the Care Act 2014. During 2021/22 13% of alerts in Leicestershire were dealt with as an enquiry (695 enquires). This is lower than the East Midlands conversion rate of 34% due, in part, to the higher number of contacts recorded in Leicestershire as a concern. Since April 2022 the number of alerts received in Leicestershire has reduced by 15% compared to the equivalent period last year (down from 4,040 to 3,425) whilst the number of completed enquiries has reduced by 30% (down from 515 to 361).
16. Under the Care Act 2014's statutory guidance, councils should undertake a **review of care plans** no later than every 12 months, though this is not a legal duty. Undertaking reviews on a regular basis helps to identify if outcomes set out in the original support plan are being achieved. During 2021/22, 67.3% (3,077 out of 4,568) of people who had been in receipt of services for at least a year had been reviewed in the past 12 months, notably higher than the national average of 55%. Performance in Leicestershire has continued to improve and at the end of November had reached 76% (3,394 out of 5,171).
17. Quality standards for **contracted services** such as community-based services and residential or nursing care form part of the core agreement and providers are monitored by the CQC against these standards. In October 2022, the CQC released 2021/22 performance in its publication '*The state of health care and adult social care in England*'. With regards to residential and nursing care providers, 78.8% (130 out of 165) in Leicestershire are classed as good or outstanding, an improvement from 74.4% last year although slightly lower than 81.0% nationally. The remainder of Leicestershire homes were generally rated as requiring improvement (30 or 18.2%), whilst five (3.0%) were rated as inadequate. The domiciliary care market has a greater deal of change and new registrations, and as such there is a larger number of unrated agencies (25 or 20%) compared to care homes (four or 2.4%). Excluding the unrated agencies, 87 or 87.0% of domiciliary care services in Leicestershire are rated as good or outstanding, slightly higher than the national figure of 85.9%. There were 11 (11%) agencies needing improvement and only two (2%) rated as inadequate.

Communities and Wellbeing

18. As noted in paragraph five, there is no national performance framework covering the Communities and Wellbeing side of the Adults and Communities Department. The following paragraphs therefore provide an update of performance in the latest reporting year.
19. The number of physical **visits to heritage sites** has continued to improve since re-opening in July 2021 with a recent peak of 19.6k visits in August – the highest monthly level since August 2019 (21.5k). Overall, the number of physical visits

between April and November 2022 (98.4k) is considerably higher than the same period last year (66.4k), although lower compared to the equivalent period in 2019 prior to the outbreak of Covid-19 when visits surpassed 110k during the period. The number of website visits however continues to grow at 135.2k between April and November 2022 compared to 115.7k for the same period in 2021 and 65.9k pre-pandemic in 2019. Combining both physical and website visits since April 2022, the total is well on track to meet the 2022/23 target of 264.1k visits.

20. **Library visits** also consist of both physical footfall at library premises and website visits. For the period April to November 2022, approximately a third (165.2k) of visits were via the website whilst footfall to library premises accounts for the remaining two-thirds (351.0k). Like visits to heritage sites, when combined (516k) the physical library visits and website visits continue to improve and, whilst some way short of levels seen before the pandemic (777k for Apr-Nov 2019), are considerably higher than the November milestone (376k).
21. With the growing level of footfall at local libraries, the number of loans has consequently increased on last year. Between April and November 2022 there were 1.5 million loans in total, up by 17% from 1.3 million during the equivalent period last year. Junior loans in particular have seen a considerable improvement, up by 28% to 567k between April and November 2022. E-loans on the other hand continue to show growth (6% increase on the comparable period last year) but not to the extent as previous years and certainly not at the same level as junior loans. Across the board, loans are not just up on this time last year but are currently surpassing local milestones and on track to meet 2022/23 targets.
22. **Volunteering** programmes continue to be a priority for the Department in relation to libraries, museums, and heritage services. Between April and November there were 11,500 hours of volunteering, an increase of 4,600 hours or 67% on 6,900 during the same period last year, and already achieving the agreed target for 2022/23 of 10,200 hours.
23. The **Leicestershire Adult Learning Service's** (LALS) performance relates to the proportion of learning aims due to be completed in a given period that were successfully achieved. The current academic year started in September 2022, and the performance of 85% at the end of November is in line with last year although currently just below the 86% target.

Conclusions

24. This report provides a summary of benchmarked performance in 2021/22 and an update of performance and activity during the more recent period, April to November 2022.
25. The ASCOF was back to the full metric set in 2021/22 following a reduced level during the initial pandemic year of 2020/21. Strong areas for Leicestershire include the outcomes for people using reablement services, supporting working age adults to continue living in the community rather than in permanent care placements, and specifically for younger people with a learning disability the proportion in employment and settled accommodation. In addition, the use of direct payments for both service users and carers continue to remain high.

26. In contrast feedback from the two statutory surveys of people in receipt of services and carers was poor. Of particular concern is the low proportion of both carers and service users stating that they found it easy to find information. There was a notable reduction at a national level in this regard, however, the proportions in Leicestershire were lower and ranked in the bottom 25% of authorities.
27. Activity across libraries and heritage sites continues to gather pace following the outbreak of the pandemic, and the improvement, whilst currently still short of pre-pandemic levels, is strong and surpassing locally agreed targets.
28. In preparation for the new CQC Assurance Process, work is well underway to draft a self-assessment which will summarise the Council's performance in relation to delivery of Care Act duties and set out its improvement plans. The ASCOF benchmarking and latest performance monitoring outlined in this report will support this work. Together with feedback from a wide range of internal and external stakeholders and analysis of the Council's policies and strategies, it will create an evidence base that highlights areas of good performance whilst identifying areas for development.
29. In addition to the work outlined in the previous paragraph, monitoring and analysis continues on a regular basis, with a strong focus on supporting the Adults and Communities Department meet the current challenge of adult social care demand.

Background papers

- Care Quality Commission – The State of Health Care and Adult Social Care in England 2021/22
- Adult Social Care Outcomes Framework 2021-22
- 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

30. None.

Equality and Human Rights Implications

31. 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

32. 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

Officers to Contact

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Adults and Communities Performance 2022/23




April to November 2022

Performance Rating and Progress

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

PREVENT 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
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	% of sequels that 'Prevent Need'	Target Band Width	55% - 60% Local target		55.3%	56.4%
ASCOF 3D pt 1	% of SUs who find it easy to find information	High	64.6% 21/22 Nat. Ave.		Survey Results due May 2023	56.8%
ASCOF 3D pt 2	% of carers who find it easy to find information	High	57.7% 21/22 Nat. Ave.		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	202.1k Local Nov milestone	▲	233.6k	182.0k
Local	Library visits (inc. website visits)	High	376.2k Local Nov milestone	▲	516.2k	345.4k
Local	Total library loans	High	1,393.9k Local Nov milestone	▲	1,544.5k	1,322.0k
Local	Junior loans	High	477.3k Local Nov milestone	▲	566.5k	441.1k
Local	E-loans	High	573.1k Local Nov milestone	▲	604.3k	571.7k
Local	Total community library issues	N/A	For Information Only	N/A	205.9k	122.8k
Local	Community library children's issues.	N/A	For Information Only	N/A	163.4k	97.3k

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	6.8k Local Nov milestone	▲	11.5k	6.9k

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
Local	LALS Success Rate	High	86% Local target		85.0%	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
ASCOF 1E	% of people with LD in employment	High	4.8% 21/22 Nat. Ave.		9.5%	9.2%
ASCOF 1G	% of people with LD in settled accommodation	High	78.8% 21/22 Nat. Ave.		84.7%	85.3%

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
Local	% of sequels that 'Reduce Need'	Target Band Width	18% - 23% Local target		16.9%	20.3%
ASCOF 11 pt 1	% of SUs who had as much social contact as they would like	High	40.6% 21/22 Nat. Ave		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.	▼	Survey is biennial and will next run in Autumn 2023	24.7%

DELAY 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
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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	▲	12.9%	11.0%
ASCOF 2D	% of people who had no need for ongoing services following reablement	High	77.6% 21/22 Nat. Ave	▼	86.3%	90.0%
ASCOF 2B pt 1 <i>*BCF*</i>	Living at home 91 days after hospital discharge and reablement	High	81.8% 21/22 Nat. Ave	◀▶	87.7%	89.4%
ASCOF 2A pt 1	Permanent admissions to care (aged 18-64) per 100,000 pop.	Low	13.9 per 100k pop. 21/22 Nat. Ave	▼	Full-year Forecast 11.3 per 100k Pop. 48 Admissions in 22/23	Full-year Actual 6.1 per 100k Pop. 26 Admissions in 21/22
ASCOF 2A pt 2 <i>*BCF*</i>	Permanent admissions to care (aged 65+) per 100,000 pop.	Low	538.5 per 100k pop. 21/22 Nat. Ave	▲	Full-year Forecast 489 per 100k Pop. 749 Admissions in 22/23	Full-year Actual 567 per 100k Pop. 832 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
Local	% of sequels that 'Meet need'	Target Band Width	7% - 12% Local target	▼	14.8%	12.3%
ASCOF 1C pt 1a	Adults aged 18+ receiving self-directed support	High	94.5% 21/22 Nat. Ave	▼	91.8%	95.7%
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	High	26.7% 21/22 Nat. Ave	▼	37.0%	40.2%
ASCOF 1C pt 1b	Carers receiving self-directed support	High	89.3% 21/22 Nat. Ave	◀▶	100%	99.9%
ASCOF 1C pt 2b	Carers receiving direct payments	High	77.6% 21/22 Nat. Ave	◀▶	99.5%	99.5%

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
Local	Safeguarding outcomes fully or partially achieved	High	94.0% Local target	◀▶	93.4%	92.9%

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
ASCOF 4B	% of service users who say that services have made them feel safe	High	85.6% 21/22 Nat. Ave.	▼	Survey Results due May 2023	81.2%
Local	% of service users who received their annual review	High	55.2% 21/22 Nat. Ave	▲	76.0%	67.3%

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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ADULT AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
23 JANUARY 2023

OUTCOME OF CONSULTATION ON ELIGIBILITY FOR CARE
TECHNOLOGY SERVICES

REPORT OF DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the Report

1. The purpose of this report is to advise the Adults and Communities Overview and Scrutiny Committee on the outcome of the consultation on the eligibility of residents for care technology services and to seek its views on the proposed approach prior to Cabinet approval being sought on 1 April 2023.

Policy Framework and Previous Decisions

2. The relevant policy framework is the Adults and Communities Department Ambitions and Strategy for 2020–2024.
3. The Council's new Care Technology (hereinafter "CT") service went live on 25 April 2022. The Cabinet approved the business case for the new service on 5 February 2021. The service recognises the importance of assisted technology in enabling people with care and support needs to lead independent and fulfilling lives.
4. The majority of the CT service is provided on an eligibility basis. This is defined as a person being assessed as having eligible needs under the Care Act 2014 or is likely to have such needs within the proceeding six-months. The person must also be over 18 years old and live in Leicestershire. If a person is not eligible, then they are signposted to alternative support.
5. Since the launch of the new CT service on 25 April 2022, a discretionary repair and maintenance service has been provided, but this is not sustainable as demand increases for statutory provision.
6. It is proposed that requests for repairs and maintenance for legacy equipment be considered as part of a care and support review and that consideration of such requests be assessed by reference to Care Act' eligibility criteria to ensure fairness across the service and those it supports.
7. The Committee considered a report at its meeting on 7 November 2022 and supported the consultation on eligibility for CT services, and the consultation documentation was shared with the Committee prior to commencement of the consultation as requested by Committee Members.

Background

8. The CT service now offers a range of different equipment with a focus on falls protection, bed and door monitors and a 24/7 responder service. This is available free of charge to eligible adult residents in the county who meet the criteria and who will receive support in respect of their care needs.
9. People who have received care and support services in the past, including CT, will be assessed as part of their care and support review. If a person is not eligible to receive support, they will be signposted to other organisations who may be able to assist them.
10. The new CT service is proving to be highly successful since its launch with higher levels of demand than originally planned:
 - 1,250 referrals;
 - 900 installations;
 - 1,750 pieces of equipment installed;
 - 800 people in total on the service as at 9 December 2022.
11. The Council has an amount of older, legacy, equipment that was previously provided on a universal/discretionary basis by the former Assistive Technology service, particularly to people who are deaf or hearing impaired. It is estimated that there are over 8,000 items of legacy equipment. Since the launch of the new CT service it has responded to requests for repairs and maintenance of old equipment although capacity issues mean that it is impacting the numbers of installations of new equipment.
12. Legacy equipment is equipment no longer provided by the new supplier under the new CT service. Examples include personal listeners, amplified phones, adapted smoke alarms, doorbells, medication safes, big button telephones and key locators.

Consultation

13. A four week public consultation was launched online from 11 November to 9 December 2022, and provided the background on the proposal for requests for repairs and maintenance for legacy equipment to be considered as part of a care and support assessment review and be subject to Care Act eligibility criteria, and that the Council was seeking views on the CT service. The consultation included a link to a questionnaire to be completed.
14. Members of local communities were asked for their views on what the service offer could be going forward for people with legacy equipment, and also to ask about their experiences of using the Council's and other repair services.
15. The consultation was promoted through the Council's social media channels and an easy-read version of the consultation was produced and published. The consultation was also promoted internally to Care Pathway staff and on the Yammer platform.
16. A letter was sent to 1,130 people who had previously used the CT service for legacy equipment from the Council since 2018. This outlined similar information provided on

the website and invited people to complete the survey online or to contact the Council for a paper copy of the questionnaire.

17. A letter was also sent to the main organisations who specifically support deaf or hard of hearing communities seeking their views.
18. An offer was made to attend and explain the consultation to a local group representing deaf/hard of hearing and deaf/blind people aged over 50 but was not taken up.
19. A letter was received from the British Deaf Association and subsequently an offer has been made to meet with their members and provide details of the consultation with a BSL interpreter present.

Findings from the Consultation

20. The findings from the consultation are detailed in Appendix A attached to this report and are summarised below. Specific individual comments received are available upon request.
21. 49 responses were received (47 online responses and two postal responses). A further week was given for postal returns to arrive because of recent postal disruptions before the final results were collated.
22. 94% (46) of responses were from individuals and 6% (3) from those representing an organisation.
23. 83% (35) indicated they had a disability and 24% (9) had a role as a carer.
24. 81% (25) of respondents had previously used the former assistive technology Council service and 58% (14) indicated that they had had equipment repaired or maintained in the last two years.
25. 14 people responded that they had legacy equipment repaired and 100% had this via the Council CT service. 83% (10) said they were fairly or very satisfied with that service with positive comments about the promptness and helpfulness of the services provided.
26. People were asked to respond to a proposed approach, whereby as part of a care and support assessment review the Council would apply eligibility criteria currently in place for the new CT service, to requests for repairs and maintenance for legacy equipment. The approach was supported by 41% (20), and 49% (24) tended to disagree or strongly disagreed.
27. Many comments reflected the impact that the proposals may have if someone was assessed as ineligible, in particular how it would impact on a person's independence and the affordability to get any repairs done.
28. There was concern from a national charity that essential equipment for people with hearing loss would not be provided as part of a blanket policy and that people with hearing loss would not receive equipment to enable them to remain safely independent in their own home.

29. There were also comments from those who felt that this would add pressure onto front line staff to carry out assessments.
30. However, there were also more supportive comments such as those who could afford to pay should pay, and the Council should use its scarce resources sensibly and prioritise those in greatest need. There were further comments, including that the Council should ensure people know what equipment is available and where to get it, and to provide the service as a chargeable service to those who did not meet eligibility criteria. One person suggested finding a benefactor to operate a repairs service.
31. When it came to charging for a service, 12% (6) agreed and 38% (18) strongly disagreed, with a further 23% (11) tending to disagree. In addition, 34 comments were received, with the majority of people being concerned about affordability and that the equipment “was the Council’s” and that repairs to equipment should be the responsibility of the Council.
32. Affordability was reflected in the responses when people were asked if they would pay for a repairs service. 33% (10) indicated that it was not very likely or not at all likely that they could afford a service. However, 40% (12) stated that it was fairly or very likely that they could pay. There was a high number, 27% (8), of people who did not know whether they would be able to afford it.
33. Comments were mixed with some people who disagreed with the proposal saying that they relied on the equipment and would pay for repairs. Others stated it would depend on the cost of the repairs or on the cost and quality of alternatives.
34. In the event that a person was no longer eligible for Council support, 36% (10) stated this would impact them to a great extent and 50% (14) stated this would impact them to some extent.
35. Comments varied with some people stating that it would depend on the equipment and cost involved and others on the impact on their quality of life and independence.
36. The consultation also asked for any additional comments. Content varied with people wanting the status quo, some feeling that a decision had already been made, some were unaware that they had had a service until they received a letter, some people needing more support and others suggesting that providing the specialist equipment enables people to live safely and independently in their own homes, especially adapted smoke alarms.

Proposals/Options

37. The responses to the consultation have led to the following options being considered:
 - a) Option 1 - Continue to provide a service for users of legacy equipment using the existing resource in the CT service - This option is considered to be unsustainable as it does not achieve the Council’s objectives or ambition for the use of technology to improve people’s wellbeing and to deliver the most efficient service.

It would also create a two-tier system as the legacy service provided would be based on universal service provision when the rest of the service offer is based on eligibility. This would create unfairness and impact deliverability of the new service.

Using the current resource pool would ultimately reduce the capacity of the new service to support all those individuals that meet the eligibility criteria as set out in the Care Act to the extent that was intended when the new service was launched. This would therefore adversely impact the benefits identified in the business case approved by the Cabinet in February 2021.

Replacement equipment would need to be purchased at an estimated additional cost of £110,000 to provide the service based on the 2021 budget.

The cost for that equipment would have to be met from the existing budget, adversely impacting the amount of budget available for new equipment, thus reducing the cashable benefits identified in the original business case.

- b) Option 2 - Continue to provide a service for users of legacy equipment and recruit additional resource to manage the demand - The benefit of this option would enable the Council to retain and allocate any calls for repairs and maintenance, including replacement of broken equipment. The resource can be utilised to service requests for the new CT equipment when there is available capacity.

The disadvantages are that this will require staffing and replacement equipment. A dedicated assessor/installer post would be needed at a cost of £30,078 plus subsistence costs of £45,000 to cover visits across the County, plus £110,000 for equipment.

As with Option 1 this option does not achieve the Council's objectives or ambition for the use of technology to deliver the most efficient service. It would also still create a two-tier system with the legacy service being provided on universal service provision when the rest of the service offer is based on eligibility creating unfairness.

The costs of this option would also still have to be met from the existing budget, which would adversely impact delivery of the new CT service and reduce the cashable benefits identified in the original business case.

- c) Option 3 - Commission a third party that could provide the repairs and maintenance service on behalf of the Council - The benefit of this option is that a service partner allocates any calls for repairs and maintenance, including replacement of broken equipment, leaving the Council team to focus on delivery of the new service.

The disadvantages are that this will require budget and contract management/performance monitoring of the successful provider.

The costs would have to be met from the existing budget, again adversely impacting the delivery of the CT service and reducing the cashable benefits identified in the original business case.

It may not be possible to find an organisation that offers specialist repairs and installation. Recent contracts awarded by local councils are for provision of additional support and reablement to those with sensory impairments.

Similarly as with Options 1 and 2, this option also does not achieve the Council's objectives or ambition for the use of technology to deliver the most efficient service would still create a two-tier system with the legacy service being provided on universal service provision when the rest of the service offer is based on eligibility creating unfairness. It would mean operating a dual model.

- d) Option 4 – Align criteria for the legacy equipment with the new care technology offer - Requests for repairs and maintenance for legacy equipment would be considered as part of a care and support assessment review and be subject to Care Act eligibility criteria.

The main benefit of this option places this offer on the same equitable basis as the new equipment provision, to ensure fairness across the service and those it supports.

Those not meeting the eligibility criteria would be signposted to other available support. Many of the legacy devices are available from consumer sites at low cost, and devices could be easily sourced and replaced where they are beyond economical repair. Examples of typical equipment and the costs include:

- Personal Listener – £128;
- TV Loop - £170;
- Doorbell - £40;
- Amplified Phone – £50-£80;
- Smoke Alarm £125;
- Easy to use mobile - £150;
- AutoDial / Emergency Phone - £55.

Under this option, the CT service would be able to focus on delivering the new equipment to those identified as being in most need of support. It would continue to maximise the value of care technology across Leicestershire and driving the benefits to people and the cashable savings identified in the business case.

Resource Implications

38. The consultation process involved the Council's Communications Team, Data and Business Intelligence Team, and the Chief Executive's Policy Team, alongside the Adults and Communities Department.
39. The Director of Law and Governance has been consulted and provided information confirming that the approach being taken is in keeping with the Council's statutory duties under Section 9(1) of the Care Act 2014 where it appears to a local authority

that an adult may have needs for care and support, the authority must assess those needs for support.

40. To set-up the new CT service, funding has been utilised from previous equipment budgets and in-year reserves to fund new equipment. Any additional costs arising from the selected option would have to be met and managed from the existing budget and be within Medium Term Financial Strategy proposals.
41. The Director of Corporate Resources has been consulted on the content of this report.

Timetable for Decisions

42. The outcome of the consultation will be presented to the Cabinet on 10 February 2023 and subject to the Cabinet's agreement the proposed approach will be implemented from 1 April 2023.

Conclusion

43. It is proposed that Option 4 is the preferred approach.
44. Moving from a universal service provision to one based on eligibility is unpopular, with those who have received the service in the past having an expectation that it continues, and particularly in the current economic climate.
45. However, this is a fairer way to provide resources so that the Council can target those most in need of support and ensure equity across the service being provided.
46. Whilst there were more negative comments received, some people did state that they felt people who could afford to pay should and that the Council should focus on those most in need. It was believed that people would try to find ways of paying if it is an essential part of living independently. Whilst 61% (29) disagreed with charging and 86% (24) indicating it would impact them, 40% (12) were fairly or very likely to pay if they were ineligible.
47. People did want more in the way of signposting to other available support where devices can be obtained, and repairs sourced. Further consideration to be given to improving information given by customer services agents and information provided on the County Council's website.
48. The Committee is invited to comment on the outcome of the consultation and the proposed Option 4 approach that requests for repairs and maintenance for legacy equipment be considered as part of a care and support assessment review from 1 April 2023 and be subject to Care Act eligibility criteria to ensure fairness across the service and those it supports.

Background papers

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

Report to the Cabinet: 5 February 2021: Technology Enabled Care
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=6440&Ver=4>

Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 – Consultation on Eligibility for Care Technology
<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=6842&Ver=4>

Circulation under the Local Issues Alert Procedure

49. None.

Equality and Human Rights Implications

50. An Equality and Human Rights Impact screening assessment was undertaken to assess the impact of the creation of the new service and the approach on the protected groups. That screening document indicated that the proposals would not reduce care and would be based on individual assessments and the outcomes for the person.
51. The original Equality and Human Rights Impact screening assessment has been revisited in light of the consultation to identify any potential impact of the proposal (positive and negative, intended and unintended) on people receiving the service and also that the previous service had a focus on people who were deaf or hard of hearing.
52. Users of the former Assistive Technology service were contacted by letter, as were groups specifically involved in supporting people who are deaf and hard of hearing and the views of those who responded are included in this report.
53. The outcome of the review of the original Equality and Human Rights Impact screening assessment was that, overall, it would be neutral impact on the following basis:
 - Discretionary services will stop meaning that individuals will require signposting to other sources of support and specialist suppliers with equipment readily available;
 - People who are deaf or hard of hearing will still be able to access the service if they have eligible care and support needs;
 - The impact on people who are deaf or hard of hearing is assessed overall as neutral. There will be some people who are ineligible and unable to afford equipment and they would see a negative impact. However, there will be people who meet the eligibility criteria for the service. 40% of people who responded to the consultation indicated that they would be likely to pay for a service;
 - Across all groups, the new service and eligibility criteria will deliver a positive impact for the people of Leicestershire;
 - Care technology, used appropriately, will enable service users to be more independent in their own homes or care setting. By adopting the same approach for eligibility across the care technology offer, provision for repairs and maintenance is on the same equitable basis as the new care technology equipment and ensures that all persons in need of support qualify on an equal or comparable basis.

The Public Sector Equality Duty

54. Decision makers evaluating whether or not to pursue the recommended option should have in mind the requirements of the 'Public Sector Equality Duty'.
55. For ready reference, the terms of Section 149 of the Equality Act 2010 are set out in Appendix B attached to this report. Materially, the duty requires public bodies to have due regard to the need to eliminate discrimination and advance equality of opportunity as between groups of persons who share a relevant protected characteristic and persons who do not share such protected characteristics.
56. The legislation explains that advancing equality of opportunity includes removing or minimising disadvantages suffered by persons who share a relevant protected characteristic.
57. It is right to recognise that CT services are routinely provided to persons with protected characteristics. For example, in the case of people with hearing or sight impairments, technology is used to minimise the disadvantages caused by the person's disability.
58. Many individuals with such disabilities will fulfil the eligibility criteria under the Care Act to receive support from the Council. However, some elderly or disabled persons (*and who are deemed in law to have a protected characteristic*) may not meet the eligibility criteria under the Care Act.
59. The issue then is that the Council is proposing to withhold services from certain persons who may have a protected characteristic on the basis that they do not meet the current eligibility criteria.
60. Undoubtedly, the objective of the Public Sector Equality Duty is to ensure that public bodies discharge their various functions in a manner which seeks to minimise discrimination and promote equality between different groups in society. The removal of discretionary services from a group with protected characteristics has the potential to adversely impact on the equality of opportunities as between groups.
61. Of course, the Public Sector Equality Duty does not create an immutable rule that the Council should apply its resources in a particular manner or for the benefit of a particular group (*whether or not they have protected characteristics*). Rather the duty is to have "due regard" to the objectives set out in the legislation.
62. Decision makers should properly have due regard to the impact on those who have historically received discretionary services and who may no longer receive such services (*if they do not meet the eligibility criteria*).
63. However, in this case the Council's goal is broadly to allocate its finite resources to addressing the needs of individuals who demonstrably have the greatest need (*as shown by the fact that they meet eligibility criteria*). Decision makers may then be satisfied that although they have considered the likely impacts of the proposed option it is reasonable (*and not in contravention of the Public Sector Equality Duty*) to adopt the proposed option.

Environmental Implications

64. There are no negative environmental impacts anticipated as part of approach to legacy equipment.

Partnership Working and Associated Issues

65. The CT service already engages with a number of stakeholders including the NHS, the Health and Wellbeing Board, Public Health and local district councils to ensure that the approach aligns with related activity across their sectors.

Risk Assessment

66. There is a risk that some groups will see the changes as negatively impacting people to live safely and independently in their own homes. The mitigation is that the care technology that has been introduced since April 2022, is directly provided to enable people to live safely and independently in their own homes, to support carers and to speed up discharges from hospital and to provide a 24/7 response service.
67. There is a risk that the new service has to split its focus on delivering the new value added equipment if it has to continue to provide repairs and maintenance to legacy equipment. The mitigation is to move to a service based wholly on eligibility.
68. The national charity stated that lives will be put at risk if people do not have access to the appropriate equipment, especially safe and reliable adapted smoke alarms. The mitigation is that these are readily available on the consumer market. The Royal National Institute for Deaf People has links to specialist suppliers of equipment with smoke alarm prices at £55, doorbells and amplified/big button phones from about £40.
69. There is a risk that lack of access to a specialist assessment and the recommendation of safe and reliable assistive devices in the home can lead to people with hearing loss becoming isolated and cut off, which can lead to more complex support needs developing – for example, mental health issues or physical health issues. The mitigation is that a person in need would be assessed and if they were not eligible signposted to a range of reliable and cost-effective alternatives.
70. There is a risk of negative publicity for the Council as people who may have received a service in the past, find that they need an assessment and, as a result, are no longer eligible for the service. The mitigation will be to explain that the service is for those most in need and to signpost to a range of reliable and cost-effective alternatives.

Officers to Contact

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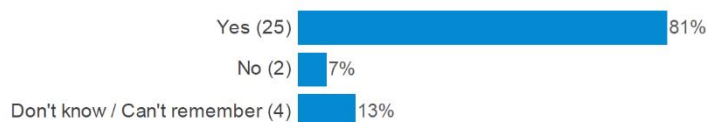
ANALYSES FROM THE CONSULTATION ON ELIGIBILITY FOR CARE TECHNOLOGY SERVICES

This report was generated on 19/12/22. Overall 49 respondents completed this questionnaire. The report has been filtered to show the responses for 'All Respondents'.

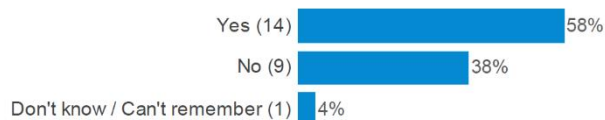
(In what role are you responding to this consultation?)



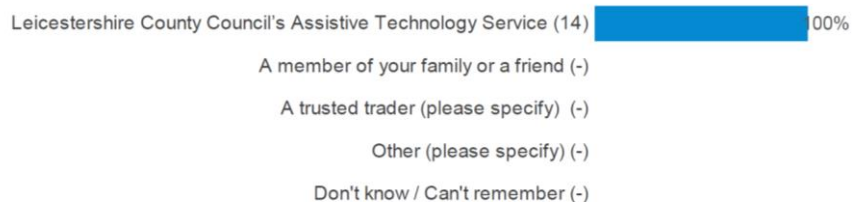
Did you use Leicestershire County Council's Assistive Technology Service (before 25 April 2022)?



In the last 2 years, have you had any legacy equipment maintained or repaired that was supplied by Leicestershire County Council (either by Leicestershire County Council or somebody else)?



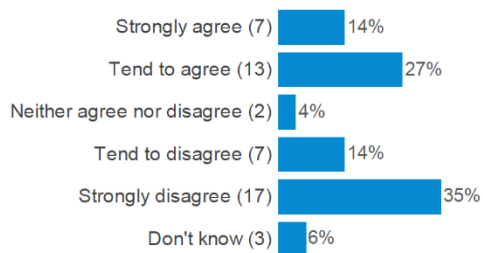
Thinking about the most recent time you had any legacy equipment maintained or repaired, who undertook the repair/maintenance?



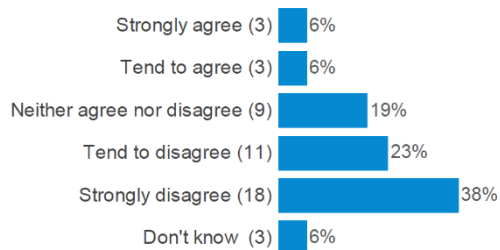
Thinking about the most recent time you had any legacy equipment maintained or repaired, to what extent were you satisfied or dissatisfied with the service you received? (Leicestershire County Council's Assistive Technology Service)



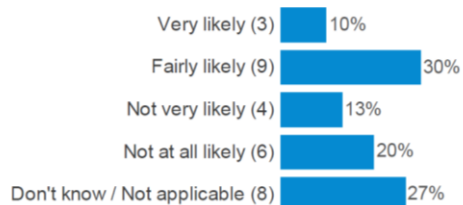
To what extent do you agree or disagree with the above proposed approach?



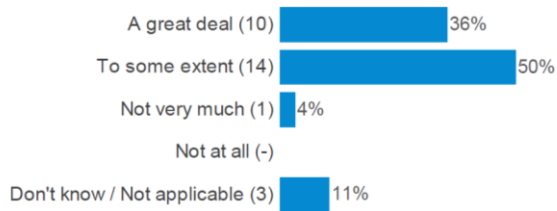
To what extent do you agree or disagree that the council should charge service users for the repair and maintenance of legacy equipment? ()



Going forward, how likely, if at all, would you be to pay for the repair/maintenance of your legacy equipment should you not meet the eligibility criteria?



In the event that you were not eligible for repairs and maintenance paid for by the Council, to what extent, if at all, would this impact you?



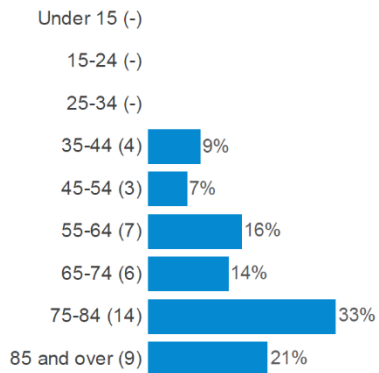
What is your gender?



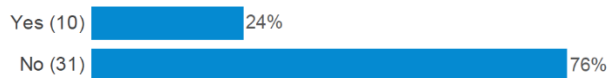
Is the gender you identify with the same as your sex registered at birth?



(What was your age on your last birthday? (derived))

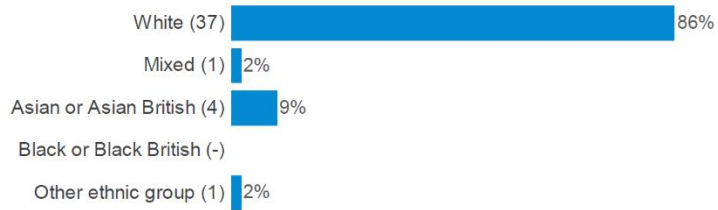


Are you a carer of a person aged 18 or over?



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



What is your ethnic group?**Are you an employee of Leicestershire County Council?****What is your sexual orientation?**

149 Public sector equality duty

- (1) A public authority must, in the exercise of its functions, have due regard to the need to:
 - (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
- (2) A person who is not a public authority but who exercises public functions must, in the exercise of those functions, have due regard to the matters mentioned in subsection (1).
- (3) Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—
 - (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
 - (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
- (4) The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.
- (5) Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to:
 - (a) tackle prejudice, and
 - (b) promote understanding.
- (6) Compliance with the duties in this section may involve treating some persons more favourably than others; but that is not to be taken as permitting conduct that would otherwise be prohibited by or under this Act.
- (7) The relevant protected characteristics are:
 - age;
 - disability;

- gender reassignment;
- pregnancy and maternity;
- race;
- religion or belief;
- sex;
- sexual orientation.

- (8) A reference to conduct that is prohibited by or under this Act includes a reference to:
- (a) a breach of an equality clause or rule;
 - (b) a breach of a non-discrimination rule.
- (9) Schedule 18 (exceptions) has effect.

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