



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

Date/Time: **Monday, 5 June 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. G. A. Boulter CC Mr. L. Hadji-Nikolaou CC
Mr. B. Champion CC Mr. J. Miah CC
Mr. N. Chapman CC Mr. T. J. Richardson CC
Mrs. A. Wright CC

AGENDA

Item

Report by

Please Note:

A webcast of the meeting can be viewed on the [Council's YouTube](#) streaming pages.

1. Appointment of Chairman
2. Election of Deputy Chairman
3. Minutes of the meeting held on 6 March 2023. (Pages 5 - 12)
4. Question Time.
5. Questions asked by members under Standing Order 7(3) and 7(5).
6. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.
7. Declarations of interest in respect of items on the agenda.



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| 8. | Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16. | | |
| 9. | Presentation of Petitions under Standing Order 35. | | |
| 10. | Leicester, Leicestershire and Rutland Joint Living Well with Dementia Strategy 2024-28. | Director of Adults and Communities, and Director of Public Health | (Pages 13 - 46) |
| 11. | Update in the Implementation of the Leicester, Leicestershire and Rutland Carers' Strategy. | Director of Adults and Communities, Director of Children and Family Services and Director of Public Health | (Pages 47 - 56) |
| 12. | Performance Report 2022/23 - Position at March 2023. | Chief Executive and Director of Adults and Communities | (Pages 57 - 64) |
| 13. | Leicestershire Adult Learning Service Performance and Accountability Statement. | Director of Adults and Communities | (Pages 65 - 74) |
| 14. | Care Data Matters. | Chief Executive and Director of Adults and Communities | (Pages 75 - 80) |
| 15. | Market Sustainability and Improvement Fund. | Director of Adults and Communities | |
| 16. | Dates of future meetings. | | |

Future meetings of the Committee are scheduled to take place on the following dates, all at 2.00pm:

Monday 4 September 2023
Monday 6 November 2023
Monday 22 January 2024
Monday 4 March 2024
Monday 3 June 2024
Monday 2 September 2024
Monday 4 November 2024

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website 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, 6 March 2023.

PRESENT

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

Mr. B. Champion CC
Mr. N. Chapman CC

Mr. L. Hadji-Nikolaou CC
Ms. Betty Newton CC

In attendance

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

56. Minutes

The minutes of the meeting held on 23 January 2023 were taken as read, confirmed and signed.

57. Question Time.

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

58. 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).

59. Urgent items.

There were no urgent items for consideration.

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

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

No declarations were made.

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

There were no declarations of the party whip.

62. Presentation of Petitions under Standing Order 35.

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

63. National Portfolio Status for Leicestershire's Libraries and Heritage Provision

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide information to the Committee on the Department's successful application to Arts Council England (ACE) for funding through the National Portfolio Organisation (NPO) programme for Libraries and Heritage provision. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

Arising from discussion and questions, Members noted the following points:

- i. The funding agreement had now been signed and the NPO programme agreed.
- ii. Further information on the Library and Heritage Service and Creative Leicestershire could be found at <https://www.cultureleicestershire.co.uk/>
- iii. The first year of the programme was well set, and work continued with the University of Nottingham to develop a cultural strategy and data strategy, starting with a symposium bringing other local authorities together that already had cultural strategies.
- iv. There was work planned for websites in order to effectively share events and activities to more audiences.
- v. Creative practitioners would be recruited, to engage with local people and involve them in co-curated community projects. The format of the projects would be determined once the groups had been formed.
- vi. Planned in terms of Creative Expressions in libraries was the commissioning of at least two artists and residents to work within at least six libraries.
- vii. For those areas without libraries and museums, there would be ongoing work with other heritage providers to deliver exhibitions and events. Contents of exhibitions would also be shared digitally so that people could access them from wherever they were in the County.
- viii. The next phase of the programme would be a learning process, taking on board what had worked well and what had been less effective over the first year.
- ix. When asked how the exhibitions would be presented to areas with no physical buildings, assurance was given that the project would be as fair and representative as possible, with digital solutions not only important in giving access to people across the County, but also access to those people who were less mobile. The importance of the community Connectors Group and Programme Board were also recognised, because part of their tasks was to make sure the Council was being as representative as far as possible. Work would continue in partnership with heritage groups and other cultural providers to maximize the funding.
- x. Creative Leicestershire had a good network in supporting creative practitioners and artists that worked across the County and would be accessed for their expertise in terms of recruiting people and contacting local artists to bringing forward what communities wanted to achieve, matching assets and resources to deliver that.

- xi. Information on the specific targets in the NPO programme and information on the bid put forward would be provided to Members.

The Cabinet Lead Member, who would sit on the NPO Programme Delivery Board, assured the Committee that regular updates would be provided to scrutiny, and to other County Councillors on events in their areas.

RESOLVED:

- a) That the report on the successful application to Arts Council England (ACE) for funding through the National Portfolio Organisation (NPO) programme for Libraries and Heritage provision be noted and welcomed.
- b) That the Director be requested to circulate to the Committee after the meeting information on the specific targets in the NPO programme and information on the bid put forward.

64. Market Sustainability Plan

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update regarding the final Market Sustainability Plan (MSP) to be submitted to the Department of Health and Social Care (DHSC) at the end of March 2023. The report also provided update on the Fair Cost of Care (FCoC) exercise carried out by the Council and subsequent publication of associated information, and the Council's position in respect of uplifts to commissioned care package fees for 2023/24. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion and questions, Members noted the following points:

- i. Provider uplifts detailed within the report were the result of working both with the external sector and colleagues within the wider corporate teams to respond to inflation for the 2023/24 financial year, whilst appreciating it was a hard time for everyone in the country, including for care providers with them experiencing the national living wage (NLW) uplifts in April 2023 and circa 10% inflation levels. Providers had now been informed of the uplifted fees.
- ii. The MSP had been informed by the FCoC analysis on the care homes market, and home care market. Both reports set out the basics of the approach to ascertain FCoC in each market, main results, and assumptions made about profitability in the market.

The results of the FCoC were reasonably close to fees being paid, with the caveat that the FCoC exercise was somewhat flawed, for example, to say that the median costs of care value submitted by providers is the 'fair cost of care' is a gross oversimplification, and the home care response rate was very low and therefore the data and analysis of limited value

- iii. Research would appear to show that the NHS in Leicester, Leicestershire and Rutland (LLR) had a considerably lower number of people who were identified as requiring Funded Nursing Care and Continuing Health Care. compared with other Integrated Care systems nationally.

If those determinations were not being made, this calls into question the sustainability of the nursing care sector and could be one reason why there are significantly fewer nursing beds in Leicestershire than similar other areas. This also potentially affected the quality of care because providers require funding through the NHS to properly staff nursing care homes., This had been raised as a clinical risk with NHS colleagues and further analysis to better understand and address this issue is ongoing.

- iv. People who were previously self-funded in a home with fees higher than the Council rate and whose funding resources had depleted would become former self-funders. The Council would look at each individual case in a person-centred way for the wellbeing of the individual, with the Council exploring whether a third-party fee top up was available, whether it was appropriate to consider moving the person to another care home, or whether the Council funded the additional costs for the individual, with the outcome very often being the latter subject to negotiation with the care home.
- v. The average home care package was for 13 to 14 hours per week. At 20 to 30 hours per week this was still well below the median home care fee of £719.00 per week. The service worked in a people centred way, promoting 'Home First' to keep people in their own homes with care and support, and was better for the person's wellbeing and more cost effective.
- vi. In terms of the urban-rural continuum when comparing the County and the City Council approach, the City Council operated in a tight geographical care area which had a smaller effect on travelling costs unlike the County Council with more rural, widespread areas. Fee rates were structured at four levels, with rural and isolated areas having higher levels of fees. It was noted there were challenges for a provider to be able to provide two or three packages of care through a care run which could be spread out quite significantly.
- vii. Members were reassured that the Council was supporting rural and isolated areas, with a key piece of evidence being how long it took for people to get into care, which had been a significant problem in the past, and with people being more supported at home. Growth levels in the market had not been reflected in higher levels of growth in rural and urban areas, where there continued to be growth in home care.
- viii. In terms of the residential care market, it was noted there was stability with sufficient beds in residential care, but with nursing care beds there was an issue about the size of the market, though the quality was very good. Members further noted that in order to bring more providers into the County to expand the market, as in any business providers would look to see whether or not there was a viable return and demand for the service they were offering. Whilst demand continued to be low, Leicestershire would not see any new market entrance, unless specifically aimed at people who could fund their own care. The home care market, with a fee structure, that pays higher fees in rural areas, is operating effectively.

RESOLVED:

- a) That the report on the final Market Sustainability Plan (MSP) to be submitted to the Department of Health and Social Care (DHSC) at the end of March 2023 be noted.

- b) That the update on the Fair Cost of Care (FCoC) exercise carried out by the Council, the subsequent publication of associated information, and the Council's position in respect of uplifts to commissioned care package fees for 2023/24 be noted.
- c) That the Director be requested to provide updates on the position of the residential and nursing care market, and information on the distortion of nursing care bed numbers in comparison to other areas around the country.

65. Adult Social Care Assurance Self-Assessment

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to seek the Committee's views on the Council's draft Self-Assessment, which was being developed in preparation for inspection by the Care Quality Commission (CQC) under the new assurance process introduced through the Health and Care Act 2022. It was proposed that the Committee would receive updates on the Self-Assessment and Improvement Plan every six months. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

In introducing the report, the Director advised Members that the document was a viable self-assessment ready for 1 April 2023 when the new assurance process took effect and would be a live document updated on a regular basis to ensure it completely reflected the work being done at any given time.

Arising from discussion and questions, Members noted the following points:

- i. From April 2023 the CQC would continue to pilot assessment methodology and would at the same time be developing profiles of each authority in the country, using information from social care, the NHS, and from a variety of other sources.
- ii. Following on from the Committee's standalone workshop on 13 February 2023, the assessment document had been amended to reflect comments, one of which had been to make the document more concise and positive around Leicestershire and the services offered; its strengths being better celebrated.
- iii. Content had been added regarding how people could access adult social care services, information about advocacy services, how people would be protected whilst waiting for an assessment, and other useful information which linked well to the CQCs framework. The document had been revised into a table format to make it easier to review.
- iv. A further comment from the workshop had been to highlight dependencies on partner agencies, and so linking with discussions on continuing health care and funding nursing care determinations. At point 2.4 in the appendix to the report, it explored the issue further and highlighted how it could have led to fewer nursing care options in Leicestershire and included an improvement action for the Authority to explore. It was suggested that the Cabinet Lead member for Health be engaged on the self-assessment, to ensure that consistent messages were being shared, particularly with health partners.
- v. A Member suggested that in order to improve access to information and advice about adult social care services, better use of district council communication channels and district council members could be made as outlined at point 1.14 of the appendix to the report.

- vi. Significant work was underway to engage with people with lived experience of social care services and to find out what they thought about how easy it was (or not) to access information, particularly on the Councils website. The team had engaged with learning disability locality group members who had provided substantial feedback on their experiences and any barriers faced. Feedback would be analysed and shared with colleagues to help inform the redesign of the website. Similar sessions would also be held with the Department's engagement panel members representing adult social care services or groups in looking at fact sheets on certain areas, such as adult social care finance, to see how easy it was to understand the information, or how they would approach topics on the website.
- vii. Having reviewed other council websites, it was suggested that there were opportunities to improve the layout of the County's own website, and time to introduce more video information to explain content, particularly to people who were more visual learners. It was noted that an external evaluation of the website would need to be commissioned corporately and that this was being explored.
- viii. Information had been added to the document which set out improvements made to the Safeguarding Adults Board in recent years, what it had achieved, such as the range of training, and resources it had developed in areas like hidden harm and risks to people with learning disabilities. This also showed a positive picture about training completion rates and the lead practitioner for safeguarding had been engaged to increase rates of staff completion of courses.
- ix. A Member asked if, when updates were brought before the Committee, amendments to the sections could be highlighted in the document.
- x. Members raised concerns regarding point 1.15 in the appendix to the report, which showed that in 2021/22 the Council ranked in the worst 25% of authorities for the percentages of service users and carers who reported they had as much social contact as they would like. It was noted that the figures were from a survey and that responses were subjective, in that social levels of contact might not necessarily have anything to do with social care, but might be social contact with family, friends and the community. Members were assured, however, that the Council would continue to work comprehensively with the resources it had, and with the voluntary and community sector to enable people to have more social contact where possible.
- xi. It was noted that in the report the Joint Strategic Needs Assessment figure for people that had dementia, 59.4% had a coded diagnosis. A Member requested that the document be amended to capture more information around diagnosis rates.

RESOLVED:

- a) That the report on the Council's draft Self-Assessment, being developed in preparation for inspection by the Care Quality Commission (CQC) under the new assurance process, introduced through the Health and Care Act 2022 be noted.
- b) That the Committee receive an update report on the Self-Assessment and Improvement Plan in six months, and thereon after when required.

- c) That it be requested that amendments to the document be highlighted in future updates.
- d) That the Director be requested that future documents be amended to make clearer information around diagnosis rates.

66. Social Care Reform Programme Update

The Committee considered a report of the Director of Adults and Communities, the purpose of which was to provide an update on the progress of the Social Care Reform Programme, particularly the re-focusing of the programme following the Government's postponement of the proposed Charging Reforms, which formed a key element of the programme, until at least 2025. A copy of the report marked 'Agenda Item 11' is filed with these minutes.

It was noted that a revised programme of works had been planned, reduced to three workstreams: CQC assurance process; Fair Cost of Care exercise and MSP report; improvement programme for adult social care finance. These were currently being examined, following which recommendations would be brought to Committee for comment. A Member suggested that rather than have a report brought to each Committee meeting, that a report on each of the three workstreams be presented as and when appropriate.

RESOLVED:

- a) That the report on the progress of the Social Care Reform Programme, particularly the re-focusing of the programme following the Government's postponement of the proposed Charging Reforms until at least 2025, be noted.
- b) That the Director be asked to provide separate reports on each of the three workstreams when appropriate.

67. Date of next meeting.

It was noted that the next meeting of the Committee would be held on Monday 5 June 2023 at 2.00pm.

2.00pm – 3.19pm
06 March 2023

CHAIRMAN

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
5 JUNE 2023

LEICESTER, LEICESTERSHIRE AND RUTLAND
JOINT LIVING WELL WITH DEMENTIA STRATEGY 2024-28

JOINT REPORT OF THE DIRECTORS OF
ADULTS AND COMMUNITIES AND PUBLIC HEALTH

Purpose of the report

1. The purpose of this report is to present the draft Leicester, Leicestershire and Rutland (LLR) Joint Living Well with Dementia Strategy 2024-28 and invite comments. Subject to the Cabinet's approval on 23 June the Strategy will then be the subject of a formal consultation exercise.
2. The report also updates the Committee on the progress of work under the current Strategy (2019-22).

Policy Framework and Previous Decisions

3. The relevant policy framework includes:
 - a) National legislation and guidance:
 - The Care Act 2014
 - The White Paper - People at the Heart of Care: adult social care reform - December 2021
 - The Mental Capacity Act 2005
 - The NHS Long Term Plan 2019
 - The Challenge on Dementia 2020.
 - b) County Council policies/strategies:
 - Leicestershire County Council Strategic Plan 2022-2026: the Dementia Strategy has relevance to all five outcomes of the Strategic Plan, but contributes particularly to the 'Keeping People Safe' outcome.
 - Adults and Communities Department Ambitions and Strategy for 2020–2024: the Dementia Strategy demonstrates how the Council will promote wellbeing for people with dementia, and prevent, reduce, delay, and meet need for formal adult social care.
 - Leicestershire Joint Health and Wellbeing Strategy 2022-2032, which states that the partners will provide joined up services that support people and carers to live independently for as long as possible, including those with dementia.
 - Medium Term Financial Strategy (MTFS), which sets the financial context for delivery of the Dementia Strategy in Leicestershire.

4. On 16 October 2018, the Cabinet approved the LLR Living Well with Dementia Strategy 2019–2022.

Background

5. The third LLR Living Well with Dementia Strategy which, following public consultation and approval will cover the period 2024-2028, is underpinned by the guiding principles from the NHS Well Pathway for Dementia.
6. The current Strategy running from 2019-2022 was approved by the Cabinet on 16 October 2018. Due to the unprecedented circumstances caused by the pandemic, the joint LLR Dementia Programme Board decided to extend the existing Strategy by an additional year to 2023.
7. The previous Strategy generated a number of LLR wide actions, most of which have progressed, and others which are proposed to continue into the next Strategy.
8. Achievements of the current Strategy include:
 - Continuation of a strong partnership approach through the LLR Dementia Programme Board with LLR councils, the Integrated Care Board (ICB), Leicestershire Partnership NHS Trust (LPT), University Hospitals of Leicester (UHL), the voluntary sector and other allied professionals.
 - Dementia risk factors are part of primary care health checks.
 - Surgeries are using a tool to assist them develop dementia-friendly GP practices.
 - A Joint Strategic Needs Assessment (JSNA) chapter on dementia has been completed which informs the Strategy.
 - Information and advice supporting people living with dementia has been promoted across the area, particularly through the Dementia Support Service and the LLR Dementia Friendly Guide.
 - There has been successful procurement and operation of the advice and guidance Dementia Support Service in Leicester and Leicestershire provided by Age UK LeicesterShire and Rutland.
 - A small group of people with lived experience supported the procurement of the Dementia Support Service and the drafting of this Strategy and have become members of the Dementia Programme Board.
 - The local dementia-friendly community network continues to support dementia awareness and is linked closely with the Dementia Programme Board.
 - Living well activity and awareness raising has been prioritised in most of the neighbourhood plans for LLR.
 - A small team of Admiral Nurses (specialist dementia nurses) work within UHL to provide inpatient expertise to staff and patients living with dementia as well as a meaningful activities team.
 - Leicestershire County Council's Positive Behaviour Support team has begun a new approach to supporting care providers concentrating on managers and employers to develop best practice in supporting people who present challenges through developing policy, support tools, training, and culture change.
 - Additional expectations were added to the new Home Care for Leicestershire contracts to improve and monitor the quality of care for people with dementia.

9. Areas of activity which have proven challenging are:
- Diagnosis rates have reduced substantially as a result of services closing due to the pandemic. There is also a disparity in the diagnosis rates in the County compared to the City. Currently the diagnosis rates for the LLR area are; West Leicestershire 59.1%, East Leicestershire and Rutland 58.7% and Leicester 74.7% against a national target of 66.7%. This disparity is thought to be partly as a result of the diagnosis clinics being run exclusively at Glenfield Hospital in the Leicester conurbation, and therefore difficult for people living in less accessible or rural areas of the County to reach. In response, the LPT has committed to running diagnosis clinics in County locations as opposed to solely at the Memory Assessment Service in Leicester. There is a focus on “seldom heard” groups in the revised Strategy and this will include rural communities in Leicestershire.
 - Admissions avoidance, admissions and discharge pathways and post-discharge support for people with complex dementia remain a priority.
 - Ensuring people and professionals have access to the tools they need to be confident and competent to live with or care for someone with dementia remains a priority.
 - Activity that supports people to remain independent, requires further improvement with communities and in neighbourhoods.

The revised Strategy for 2024-2028

10. The revised draft Strategy, attached as Appendix A to this report, has been developed by a subgroup of the Dementia Programme Board which comprises Leicestershire County Council, Leicester City Council, and Rutland County Council, the ICB and voluntary sector organisations.
11. From November 2022, the co-production group of the Dementia Support Service provided insight into the action points as well as offered advice on the content and layout of the Strategy from the perspective of having dementia or caring for someone with dementia.
12. Healthwatch LLR surveyed over 250 people living with dementia across LLR that attended social groups or completed a written survey. The feedback, which has informed the Strategy and which will shape the delivery plans of the partner organisations can be summarised as:
- There are inconsistencies across LLR with variations in the speed and types of diagnostic pathways.
 - Despite multiple channels of information, there are inconsistencies in people’s experiences of access to and appropriateness of it.
 - There is an inconsistent provision of and access to support services with many different barriers to be addressed.
 - People living with dementia and their carers who had access to services provided by Admiral Nurses, Age UK, Voluntary Action South Leicestershire (VASL) and the Alzheimer’s Society highly value the support and information they receive.
 - There is poor recognition of the needs of those with early onset dementia.
 - There were suggestions supporting the need for a single point of access, such as a hub, to improve information and access to services.

13. A younger onset dementia event in November 2022 included a facilitated focus group engagement activity with 19 people under the age of 65 living with dementia.
14. The Council's Engagement Panel was informed of the Strategy and officers will report back periodically to update through the consultation period.
15. In addition to this engagement, local and national intelligence was used including:
 - The JSNA for Dementia 2018-2021.
 - Feedback from surveys and interviews with officers, providers and people using day services on the impact of the COVID-19 pandemic and carer needs.
 - Contract and commissioning meetings with the Dementia Support Service provided by Age UK on current needs and issues facing people receiving their service.
 - Feedback from members of the LLR Dementia Programme Board who either commission or provide dementia specific support.
 - Feedback from other voluntary organisations supporting people living with dementia particularly around access to support from diverse communities.
16. The revised Strategy is intended to be implemented from January 2024 (subject to the Cabinet's approval and similar governance processes in Leicester City and Rutland Councils). It is proposed that this Strategy is set for a period of five years. There is scope through the Dementia Programme Board to measure the Strategy's actions against any new and emerging health and social care national policy and amend if required.
17. The Strategy will be presented as pages on each of the three Councils' websites or as a link from each of the three Councils' websites to one host website, and therefore design and formatting are minimal at this stage.

Actions for the County Council's Adult Social Care and Public Health Services

18. The priority actions described in the document are high-level as they must cater to all of the organisations involved. Each statutory organisation will therefore have a delivery plan addressing its specific priorities against the Strategy action plan.
19. The Dementia Programme Board will monitor the progress of the action plans and will support organisations to set targets for each year, underpinned by their delivery plans. The Board expects organisations to work collaboratively to achieve the overarching Strategy actions. This includes working at a neighbourhood and place-based level and co-dependencies with other workstreams.
20. For adult social care the key actions are contained within the 'supporting well' section of the Strategy, and the 'living well' section is relevant to activity within Public Health and Adults and Communities more broadly. NHS commissioning and service provision, whilst also relevant to support, living with dementia and the end of life, has a responsibility for prevention and diagnosis.
21. In order to ensure that the priorities for adult social care are delivered, a refreshed Dementia Strategy Delivery Group has commenced to develop the Council's Delivery Plan and collaborations required with NHS Trusts, ICB and the Health and Wellbeing Board. A delivery plan for the Council will be brought to this Committee and the

Cabinet in autumn 2023 with the results of the consultation and the final draft of the Strategy.

Consultation

22. The Strategy requires a public consultation, and it is proposed that the County Council host this during summer 2023 on behalf of LLR partners. A draft of the consultation document is attached as Appendix B.
23. There will be a simplified version for people with dementia. The consultation will be online with printed copies available on request.
24. The Dementia Partnership Board will ensure wide communication of the draft Strategy, such as through press releases, the Council's own social media and newsletters, promotion through partner organisations and adult social care providers, and to unpaid carers.

Resource Implications

25. There is no additional investment attached to this Strategy.
26. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

27. The proposed time frame for the consultation is as follows:

Adults and Communities Overview and Scrutiny Committee	5 June 2023
Cabinet – permission to consult	23 June 2023
Consultation	July-August 2023
End of consultation	August 2023
Results of consultation available	September 2023
Reports to Scrutiny and Cabinet	Autumn 2024
Strategy launched	January 2024

Conclusions

28. Cabinet approval is required to undertake a formal joint consultation alongside Leicester City Council, Rutland Council, and the ICB on the priorities and actions identified for supporting people with Dementia, their carers and families.
29. Following significant stakeholder engagement, the draft Strategy has been developed alongside partner agencies and will proceed to the Cabinet on 23 June 2023.
30. Amendments may be required to the draft Strategy after formal consultation responses are received.

Recommendation

31. The Committee is invited to comment on the draft Strategy and the proposals for public consultation, prior to the request to Cabinet on 23 June 2023 seeking approval to consult.

Background papers

LLR Living Well with Dementia Strategy 2019-2022

<https://resources.leicestershire.gov.uk/sites/resource/files/field/pdf/2018/12/24/LLR-Living-Well-with-Dementia-Strategy-2019-2022.pdf>

The Prime Minister's Challenge on Dementia 2020

<https://www.gov.uk/government/publications/prime-ministers-challenge-on-dementia-2020>

NHS Well Pathway for Dementia <https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

Joint Strategic Needs Assessment chapter for dementia <https://www.lsr-online.org/uploads/dementia.pdf?v=1649162842>

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

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

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

NHS Long Term Plan <https://www.longtermplan.nhs.uk/>

Leicestershire Joint Health and Wellbeing Strategy 2022-2032

<https://politics.leics.gov.uk/documents/s166738/Appendix%20A%20JHWS.pdf>

Leicestershire County Council Medium Term Financial Strategy (MTFS)

Circulation under the Local Issues Alert Procedure

32. A copy of this report will be circulated to all members of the County Council.

Equality Implications

33. As this is an LLR Strategy the Equality Impact Assessment for the whole draft Strategy has been developed jointly with key Council and ICB colleagues and led by Leicester City Council, and therefore used the City Council template. However, to ensure alignment with County Council processes the information has also been transposed onto the Council's template and where required to reflect Leicestershire's demographic information has been added, and attached to this report as Appendix C.

Human Rights Implications

34. There are no Human Rights Implications arising from this report.

Appendices

Appendix A Draft Living Well with Dementia Strategy 2024-28

Appendix B Draft consultation document

Appendix C Equality Impact Assessment for Leicestershire

Officer to Contact

Jon Wilson

Director of Adults and Communities

Adults and Communities Department

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Inderjit Lahel

Assistant Director – Strategic Commissioning

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Leicester, Leicestershire and Rutland Joint Living Well with Dementia Strategy 2024-2028

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Section 1: Introduction

Supporting and helping those living with dementia and their carers remains a priority for Leicester, Leicestershire and Rutland's (LLR) health and social care organisations. Our strategy sets out Leicester, Leicestershire and Rutland's ambition to support people to live well with dementia. It continues to reflect the national strategic direction outlined in the latest Prime Minister's Challenge on Dementia which detailed ambitious reforms to be achieved by 2020. The strategy is written for people affected by dementia either directly or as a carer and for the professionals who work to support them.

Leicester, Leicestershire and Rutland's Living Well with Dementia Strategy was developed in 2019 and has since been refreshed to reflect our priorities for 2023-2028. The strategy has been developed in partnership between local health, social care and voluntary sector organisations and informed by people with lived experience of dementia.

An important focus of our strategy is to continue to deliver personalised and integrated care. We have used the NHS England Well Pathway for Dementia to give us a framework that puts the individual and their carer at the centre of service development and implementation across health and social care. We acknowledge that by collaborating in this way, efficiencies across the wider health and social care system will also be realised.

As a partnership, we are committed to minimising the impact of dementia whilst continually improving dementia care and support within the communities of Leicester, Leicestershire and Rutland, not only for the person with dementia but also for the individuals who care for someone with dementia. We will continue to actively encourage a person centred and strength-based approach. We also aim to improve access to diagnosis and support services for all patients and people drawing upon support especially those from seldom heard groups who currently do not access services.

Section 2: What is dementia?

[Prime Minister's Challenge on Dementia 2020](#): "Dementia describes a set of symptoms that include loss of concentration and memory problems, mood and behaviour changes and problems with communicating and reasoning. These symptoms occur when the brain is damaged by certain diseases, such as Alzheimer's Disease, a series of small strokes or other neurological conditions such as Parkinson's disease."

All types of dementia are progressive. The way that people experience dementia will depend on a variety of factors therefore the progression of the condition will be different.

People of any age can receive a dementia diagnosis, but it is more common in those 65 years old and over. Early onset dementia refers to younger people with dementia whose symptoms commence before the age of 65. Due to the life stage differences amongst younger people with dementia in comparison to the older population, different social issues are experienced.

No two people with dementia are the same and therefore the symptoms each person experiences will also differ.

Section 3: Our approach

We aim to create a health and social care system that works together so that every person with dementia, their carers and families have access to and receive person centred compassionate care and support not only prior to diagnosis but post-diagnosis and through to end of life.

This strategy has been guided by principles developed by NHS England in their transformation framework. This 'Well Pathway for Dementia' is based on NICE guidelines, the Organisation for Economic Co-operation and Development framework for Dementia and the Dementia I-statements from The National Dementia Declaration.

Our vision is that Leicester, Leicestershire and Rutland are all places where people with dementia can live well through the following NHS England guiding principles:

- Preventing Well
- Diagnosing Well
- Supporting Well
- Living Well
- Dying Well

Furthermore, following the pathway as part of ongoing business we will focus on: Leading, Integrating, Commissioning Training, and Monitoring Well

Section 4: National Picture

There are currently around 900,000 people with dementia in the UK. This is projected to reach 1.6 million people in the UK living with dementia by 2040 (Alzheimer's UK, 2019). The majority of people living with dementia are aged 65 and over, however there is a small portion of people under 65 living with dementia, approx. 40,000 (Alzheimer's Society, 2014).

Figures published by the Alzheimer's Society, Alzheimer's Research UK, Public Health England and WHO show that:

- there are over 25,000 people with dementia from black and minority ethnic groups in England and Wales, and this is estimated to rise to nearly 50,000 by 2026
- there are 209,600 new cases of dementia in the UK each year
- worldwide, around 50 million people are currently estimated to have dementia and there are 10 million new cases each year
- two thirds of people with dementia are women and over 600,000 women in the UK are now living with dementia. The condition is the leading cause of death in women in the UK.
- There are over 700,000 unpaid carers of people with dementia in the UK. Women are more likely to take on unpaid caring roles for people with dementia and are two and a half times more likely than men to provide intensive, 24-hour care.

Section 5: Local Picture

There are currently over 9,000 diagnosed people living with dementia across Leicester, Leicestershire and Rutland.

- As nationally, similar rates of males and females have a diagnosis of dementia across LLR, however this shifts with more females having a diagnosis of dementia in age categories above 80.
- Largest ethnic group to have a diagnosis of dementia across LLR is 'White', this is followed by 'Asian/Asian British', however there is significant gap in the rate of diagnosis between the two groups.

There was a total of over 14,000 people predicted to be living with dementia across Leicester, Leicester and Rutland in 2020 and data projections show that this number is estimated to increase to over 13,000 in County, 3,000, in City and 900 in Rutland by 2030 (POPPI).

1 in 14 of 65s and over in Leicester, Leicestershire and Rutland is thought to have a dementia, which is reflective of the national trend. It is estimated that there are 105,000 carers across Leicester, Leicestershire and Rutland, although specific data for how many people care for those with dementia is not available. For further information relating to carers, please see the Leicester, Leicestershire and Rutland's Joint Carers Strategy 2022-2025 'Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland'.

Section 6: National Context and background

In February 2015, the Department of Health published the Prime Minister's Challenge on Dementia 2020, to support the National Dementia Strategy of 2009. This detailed why dementia remains a priority and outlined the challenges the United Kingdom continues to face in relation to dementia. The priorities identified within this are to improve health and care, promote awareness and understanding and research. The Challenge continues to promote the Well Pathway for Dementia and therefore this local strategy uses the same structure as a guide.

There are a number of other national drivers that shape and influence the way we can support people affected by dementia. Some are listed below:

- Care Act 2014: sets out a framework of how local authorities should protect and care for adults within their locality.
- Equality Act 2010: protects people from discrimination in the workplace and wider society.
- Health and Care Act: new legislative measures aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services.
- People at the Heart of Care: adult social care reform White Paper: 10-year vision on how support and care will be transformed
- Living Well with Dementia: a national dementia strategy sets out a vision for transforming dementia services with the aim of achieving a better awareness of dementia, early diagnosis and high-quality treatment at whatever stage of the illness and in whatever setting.
- NHS Adult Social Care Outcomes Framework: measures how well services achieve the outcomes that mean the most to people.

Section 7: Local Context and Background

How dementia support currently looks

The Dementia Support Service is the commissioned post diagnostic service, it aids people's understanding of what and where support is available. Anyone affected by dementia can self-refer into the Dementia Support Service and there are also standard referral pathways for professionals. These services are commissioned by the Councils and NHS and are subject to competitive tender legislation so the provider may change over time. The commissioned service at point of publication of the strategy is Age UK Leicester Shire and Rutland. Rutland County Council combine this support with their Admiral Nurse service.

There is a range of services and support available for people living with dementia across Leicester, Leicestershire and Rutland. Some of these services are provided by local community groups and the voluntary and independent sector and some are provided or commissioned by NHS and Local Councils. Some of this support is subject to an assessment of need. The main method of receiving health support for people with dementia is through their general practice and the two NHS Trusts, Leicestershire Partnership Trust and University Hospital Leicester. Different Councils have slightly different arrangements for accessing and delivering social care, but work to the same national eligibility criteria. More detailed information including contact details is contained within the online LLR Dementia Friendly Guide and the Dementia Support Service can also help with access. The NHS website also describes services and access to these.

Local policies that influence our work

Locally, a number of policies and approaches are informing our strategic thinking. This is important to consider as the support offered for people living with dementia and their carers often intersects with other parts of health and social care offers. We are mindful of collaborative working and wider considerations of where our strategy sits. Some areas of specific considerations are:

- [Leicester, Leicestershire and Rutland Joint Carers Strategy Refresh 2022-2025](#):

establishes priorities in order to provide better support to carers locally.

- [Joint Health and Wellbeing Strategy](#) 2019-2024 sets out health priorities for Leicester and provides details of objectives for improved health outcomes.

- [Leicestershire Dementia Joint Strategic Needs Assessment 2018-2021](#) : explains dementia through focusing on local concordance with other issues and demographics.

Rutland main strategic plans

[City All Age Commissioning Strategy](#) : outlines commissioning priorities across Leicester City Social Care department.

[Leicestershire County Council Strategic Plan 2022-2026](#)

How the strategy is governed

The Leicester, Leicestershire and Rutland Living Well with Dementia Strategy is managed by the Leicester Leicestershire and Rutland Dementia Programme Board.(DPB) This is part of the overall systems that are in place to improve health and wellbeing for the citizens of the area. The following shows how specific Statutory Partnership Boards connect.

Leicester, Leicestershire and Rutland Health and Wellbeing Partnership (LLR HWP).

This is a statutory committee bringing together an alliance of partners who are concerned with improving the care, health and wellbeing of the local population. Each local authority area has a Joint Health and Wellbeing Plan. These feed down to local area Health and Wellbeing Plans. The Dementia Strategy enables these boards to consider activity that

specifically addresses the local needs of people living with dementia.

Leicester, Leicestershire and Rutland Mental Health Collaborative Board

This board ensures a focus on Mental Health and Dementia at a high level particularly with services delivered by Leicestershire Partnership Trust in collaboration with all statutory partners.

Leicester, Leicestershire and Rutland Dementia Programme Board

Sitting under the Mental Health Collaborative is the Dementia Programme Board which has specific responsibility to ensure the implementation and monitoring of the Dementia Strategy.

Membership

- Leicester City Council
- Leicestershire County Council
- Rutland County Council
- NHS Leicester, Leicestershire and Rutland Integrated Commissioning Board
- University Hospitals of Leicester NHS Trust
- Leicestershire Partnership NHS Trust
- Leicester, Leicestershire and Rutland Dementia Friendly Community
- Age UK Leicester Shire and Rutland
- Alzheimer's Society
- Healthwatch
- National Institution of Health Care Research
- Local Universities
- Admiral nurses
- Dementia UK

Section 8: What people have told us

Healthwatch Leicester, Leicestershire and Rutland spoke to a range of people through focus groups, 1 to 1 interview and a large-scale survey to learn about the views of people living with dementia and their carers. This focused on people's experiences regarding the support that they have been in receipt of and their overall dementia journey from pre diagnosis. Overall, 523 people were engaged with through 36 focus groups, 34 through semi structured interviews and 126 through survey responses, these counts include people with dementia, carers and professionals. Some useful feedback was given for example, inconsistencies around access to support and information as well as waiting times. Some suggestions for how support could be improved were made. This research is of great value to us and have informed our priorities for this strategy.

People with younger onset dementia are often underrepresented and can have varying priorities to those 65 years old and over. DPB members arranged an event in November 2022 which focused specifically on the support for people with younger onset dementia and encouraged befriending and advice sharing between them and their carers. During the event 3 focus groups were held in which people with younger onset dementia and their carers were encouraged to share their experiences and advise on what support could be offered to improve their dementia journeys. This information is also of great value to the Dementia Programme Board and has been used to inform our priorities.

Both of these engagement exercises are reflected in Section 9 of this strategy.

Section 9: What we are planning to do 2023-2028

We aim to provide and develop specific activity using the well pathway to meet our overall approach. Some areas will continue to be part of our usual day to day business and some we will aim to refocus and refresh and so have higher priority. This strategy identifies the high-level actions which will be specifically addressed by each organisation's delivery plan. The organisational plans can also focus on place and neighbourhood to ensure specific support is provided where needed. Each organisation is responsible for drafting, following, and maintaining their delivery plan and reporting annually on its progress to the Dementia Programme Board. The expectation is that the delivery plans will be SMART (Specific, measurable, achievable, relevant, time bound) and organisations are accountable to the DPB governance to ensure high-level actions are being met.

This strategy does not have specific financial investment allocated in order to deliver the high-level priorities cross organisationally. Each organisation is responsible for ensuring that the activity and objectives are met using existing resources through allocated budgets by each organisation e.g. the Dementia Support Service is commissioned by Leicester City Council and Leicestershire County Council, these organisations had allocated a budget for the service, this ensures our 'Living Well' objective is met. Members of the Dementia Programme Board will continue to explore opportunities for funding through potential government allocated grants, however the priorities outlined are aimed to be achieved irrespective of extra funding being allocated.

Leading, Integrating, Commissioning Training, and Monitoring well

The overarching themes in the Well Pathway are important to address in this Strategy and relate to how we work as a health and social care system with our key partners.

The Dementia Programme Board (DPB) will continue to take responsibility for the following activities:

Leading, Integrating and Commissioning Well

- Promote practice that develops a strength-based approach to supporting families living with dementia
- Support and respond to the development of neighbourhood or place-based plans and other interdependent projects that impact on this Strategy
- Respond and adapt the strategic action plan as required to address any local or national policy change that impacts on people living with dementia
- Refresh the health and social care pathway for people living with dementia from Diagnosis to End of Life to ensure they are effective and efficient. We will aim to prioritise diagnosis and hospital discharge pathway.
- Use Public Health lead Joint Strategic Needs Assessments to support the commissioning of dementia friendly services for people with dementia. We will consider opportunities for joint commissioning and continue to jointly commission the Dementia Support Service.

Training well - Quality Improvements and workforce competency

- Ensure the quality aspects of personal care for people living with dementia are monitored within NHS and ASC contracts and work with providers to address any gaps.
- Promote and support access to good quality dementia training.

Monitoring well

- Report progress of the Strategy to the Mental Health Collaborative Board at least annually.
- Review the systems in place to implement, monitor and report on the Strategy adapting as required at least annually.
- Support local and organisational focused delivery plans, within which system wide actions will be agreed and implemented. System wide means across health, social care and housing responsibilities.

Well Pathway

Preventing Well

There is increasing awareness of the role of prevention in addressing dementia, particularly vascular dementia. Locally there are still gaps in understanding the connection between healthy living and dementia and opportunities with the public and patients to raise awareness. People have told us that there seems to be a grey area between a natural forgetfulness of ageing and the recognition of the onset of dementia and younger people have told us that dementia is also confused with depression. We have raised awareness of the risks of dementia through activity during Dementia Action Week such as through local publications, and a BBC Radio Leicester feature. Furthermore, Dementia Friendly Community Networks encourage dementia friendly work cross organisationally.

We will continue to

- Screen for risk factors for dementia within Primary Care Health Checks and raise awareness of the risk factors for dementia.
- Raise awareness of dementia and its symptoms.

We will aim to

- Promote dementia prevention methods such as lifestyle behaviour changes. We will share a message of “What is good for the heart is good for the brain” (Age UK).
- Promote involvement in research development and the value of early diagnosis.

Diagnosing Well

Research suggests that timely diagnosis of dementia is important to enable the start of appropriate treatment and support. From recent engagement from Healthwatch people indicated they waited on average 1-2 years before seeking help some as long as five years. We also know that people from South Asian communities are underrepresented in the figures we hold about diagnosis.

Government aspirations are that there is 6-week average wait between referral from GP to initial assessment and starting treatment. There is also a national target of 67% people with dementia having a diagnosis. Memory Assessment and Diagnosis services were severely disrupted during the Covid pandemic both locally and nationally and referrals from GPs also declined. Locally, we were doing well before the pandemic and had reached the diagnosis targets across areas with Leicester reaching 85%. Unfortunately, the impact of the pandemic led to these falling by 13% across all areas. Annual NHS dementia care plans are also lower than the expected national average.

Local NHS Diagnosis Rates are recorded by clinical commissioning group areas and are:

- West Leicestershire 57.9%
- Leicester City 72.5%
- East Leicestershire and Rutland 56.5%

The percentages represent the proportion of people living with dementia that have a formal diagnosis as of January 2023.

We will continue to

- Use pharmaceutical treatments and consider alternative therapies that have proven benefits to people with dementia.

We will aim to

- Reduce Dementia Diagnosis wait times.
- Refine the dementia assessment pathway to ensure that people are diagnosed in a timely manner.
- Improve patient access to the pre and post Dementia Support Service.
- Improve Dementia Diagnosis experience for people from South Asian communities. Explore culturally appropriate Dementia Diagnosis tool.

Supporting Well

National and local guidance reinforces the importance of having person centred support in place for individuals living with dementia and their carers. This is the ethos and working practice in this area and we continue to promote, influence and commission support aimed at both health and social care as well as within the voluntary sector. We aim to ensure this support is of good quality and meets the needs of individuals accessing these services. People have told us there are some barriers experienced by people accessing support.

We know that dementia is a progressive condition so people are likely to have increasing health and social care needs over time and most people will need personal care support in the later stages of dementia. They may also have other health conditions or frailty associated with old age. There are national criteria and assessment processes in place for Adult Social care and Continuing Health Care so some people will be required to self-fund their care.

The Covid pandemic had a substantial effect on families living with dementia, visiting care settings was restricted, people with dementia were particularly vulnerable to infection and informal carers, where possible, were providing an increased level of care and support. People living with dementia were also affected by changes in routines and increased isolation. Priority actions remain in place to discharge people safely from hospital as soon as they are medically fit for discharge and the stresses on informal carers and professional organisations who are providing care remain. Not all people with dementia have complex needs but where this is the case there are additional challenges to meeting their care, particularly where there are changes in behaviours that challenge the person and those caring for them.

We will continue to

- Improve the in-patient experience for people with dementia.
- Promote the LLR Carer Strategy actions in relation to supporting people with dementia and their informal carers.
- Raise awareness of support available for people with dementia and their carers.

We will aim to

- Refresh work that avoids hospital and care home admissions.
- Refresh work relating to hospital discharge pathways and post discharge support that sustains people returning home or into care settings.
- Support, refresh and manage pathways for people who have complex needs including where there are behaviours that challenge.
- Promote the development of “dementia friendly” accommodation including in the community and residential care sector.
- Refresh pathways and person-centered support for seldom heard groups e.g., Younger Onset Dementia, diverse ethnicities, people with a Learning Disability, prison populations.
- Promote and develop good risk reduction methods that keep people safe and promote independence- including Care Technologies and practice in relation to the Mental Health Act, Capacity Act and Liberty Protection Safeguard including Positive Behaviour Support and Positive Risk-taking practice.

Living Well

Living well with dementia relates to staying active healthy and connected to families and your community. It is also about a strengths-based approach (which focuses on strengths and not deficits, SCIE) to dementia both for individuals and communities. There is some research that both leisure activities and activities specifically for the brain can delay the progress of dementia. During the Covid pandemic, we saw a surge of community spirit and neighbourliness as well as people feeling more isolated and for some this seems to have hastened the progression of their dementia. We also note that using video calling became a regular feature of communications. Since the end of lockdown, we have seen a resurgence of social groups in local communities able to meet the needs of people with dementia, both within dementia only and generic leisure and social groups.

Through the Dementia Support Service in Leicester and Leicestershire provided by AgeUK people are supported to live well with dementia pre and post diagnosis. The service has a dedicated team of staff, volunteers and a co-production group including people affected by dementia, who have all contributed to shaping and developing its various elements. This includes specific post diagnosis information and advice sessions, 1-2-1 carer learning sessions and / or group support. Many social groups developed have been launched with the view of offering a wide variety of activities to support people to live well with their dementia, including walking, music, gardening and woodwork groups as well as cognitive stimulation therapy. In Rutland the dementia support service is jointly provided by Admiral Nurses and a Dementia Support Worker providing a range of similar support as well as additional clinical support from the Admiral Nurses. There are also a range of other groups and activities run by a range of voluntary and public sector organisations aimed at supporting people with dementia, many can be found in the Dementia Friendly Guide. Furthermore, the LLR Living Well with Dementia Grant recently has helped local voluntary organisations to fund 29 community-based projects aimed to support people living with dementia and their carers. An event for people with Younger Onset Dementia was put together by LLR commissioners in 2022 to offer people an opportunity to learn about support available to them and share their experiences.

People have told us that there is some variation in the availability and access to living well activities across Leicester, Leicestershire and Rutland. We know that people find it hard to access information about living well with dementia even though there are many good sources of information available. We also know that planning ahead can aid people to live well but also plan for potential changes in their abilities as their dementia progresses and manage crisis. Discussing “planning ahead” can be a difficult conversation and this is an area that needs more development.

We will continue to

- Promote the development of information and advice about living well with dementia that is accurate, timely, accessible, and joined up across LLR.
- Promote and develop the LLR Dementia Friendly Community and access to the Dementia Support Services and other living well support.
- Use funding opportunities, when they are available, to develop living well activity especially in areas which are less well served.

We will aim to

- Develop routine engagement processes with people living with dementia and carers to inform our work, including people with lived experience being involved in strategy development.
- Promote and develop practice that supports people living with dementia plan and live well including crisis contingency planning, advanced care planning, and promote the benefits of Lasting Powers of Attorney.

Dying Well

We know that having early conversations with those affected by dementia, about advanced decisions and care planning can help both the person, their family and care providers at end of life. There are good practise models that look at dying well

and the guidelines about RESPECT. According to the national census an estimated 65% of people with dementia die in care homes and 23% in hospital so these are the two care settings we aim to support good dying well practice in.

We will aim to

- Promote and develop good practice in relation to people with dementia including strengthening the link with End-of-Life pathways and RESPECT Procedures.

Section 10: Useful links

<https://www.nhs.uk/conditions/dementia/>

<https://lightbulbservice.org/>

<https://loros.co.uk/>

<https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/03/dementia-well-pathway.pdf>

LLR Carer Strategy <https://www.healthandcareleicestershire.co.uk/refreshed-joint-carers-strategy-highlights-commitment-to-supporting-carers/>

<https://www.england.nhs.uk/publication/dementia-friendly-health-and-social-care-environments-hbn-08-02-2/>

<https://www.nice.org.uk/guidance/ng97>

<https://www.resus.org.uk/respect/respect-patients-and-carers>

<https://www.ons.gov.uk/peoplepopulationandcommunity/>



Leicester, Leicestershire and Rutland's Living Well with Dementia Strategy 2024-2028

The draft Leicester, Leicestershire and Rutland (LLR) Living Well with Dementia Strategy 2024 – 2028 has been developed using input and feedback from people affected by dementia, via the members of the LLR Dementia Programme Board. The strategy is for everyone affected by dementia –people with a diagnosis of dementia, their families and carers, and other people and organisations who work to support them.

Key priorities across LLR have been identified to support people affected by dementia to live well.

Further information on the proposals can be found here: [xxx](#). Please read the supporting information provided before completing the questionnaire.

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

Do not use the back button on your browser/device as you may lose your response. Use the buttons below to navigate the survey.

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

Q1 In what role are you responding to this consultation? Please tick all that apply.

- I have a diagnosis of dementia
- I have a family member with dementia / I am a carer of a person with dementia
- I am interested member of the public
- I work for a council
- I work for a service provider
- I work for the NHS for a primary care network
- I work for the NHS in secondary care
- I am a representative of a voluntary sector organisation, charity or local community group
- I am a housing provider
- I am a stakeholder (like an elected member, representative of statutory body)
- Other (please specify)

Please specify 'other'

Q2 If you indicated that you represent an organisation, business, community group, health organisation or other statutory body, please provide your details.

Job title:

Organisation:

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

Q3 Are you providing your organisations official response to the consultation?

Yes

No

Q4 Do you work in adult social care?

Yes

No

Q5 Which areas are you commenting on dementia support in? Please tick all that apply.

Blaby

Charnwood

Harborough

Hinckley & Bosworth

Melton

North West Leicestershire

Oadby & Wigston

Leicester City

Rutland

Our Strategy

We achieved many successes under our previous strategy, which focused on collaboration with partners and joint commissioning of services. This new strategy is more focused on people and patients.

Aims of the strategy

- To minimise the impact of dementia whilst transforming care and support, not only for the person with dementia but also for carers
- To move towards personalised and integrated care
- To put the individual and their carer at the centre of service planning and design
- To improve access to diagnosis and support services for patients and service users from Black, Asian, minority ethnicity and hard to reach groups

Q6 Overall, to what extent do you agree or disagree with the aims of our strategy?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Q7 Are there any other aims you think we should consider?

Characters remaining: left

Working well together

This Strategy aims to support health social care organisations, care providers and voluntary sector providers work well together to deliver a joined-up approach to dementia care and support.

Q8 Do you agree or disagree that the services across health and social care that support people living with dementia work well together?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Quality and workforce

The Strategy aims to support a confident and competent workforce supporting people living with dementia.

Q9 Do you agree or disagree that staff are confident and competent to support people with dementia?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

The next few sections ask for your views on our proposed actions. These are arranged under five guiding principles:

- Preventing well
- Diagnosing well
- Supporting well
- Living well
- Dying well

Preventing well

We will continue to:

- Screen for risk factors for dementia within Primary Care Health Checks and raise awareness of the risk factors for dementia
- Raise awareness of dementia and its symptoms

We will aim to:

- Promote dementia prevention methods such as lifestyle behaviour changes. We will share a message of “What is good for the heart is good for the brain” (Age UK)
- Promote involvement in research development and the value of early diagnosis

Q10 Do you agree or disagree that these actions will help to minimise the risk of people developing dementia?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Q11 Is there anything else we could do to minimise the risk of people developing dementia?

Characters remaining: left

Diagnosing well

We will continue to:

- Use pharmaceutical treatments and consider alternative therapies that have proven benefits to people with dementia

We will aim to:

- Reduce Dementia Diagnosis wait times
- Refine the dementia assessment pathway to ensure that people are diagnosed in a timely manner
- Improve patient access to the pre and post Dementia Support Service
- Improve Dementia Diagnosis experience for people from South Asian communities
- Explore culturally appropriate Dementia Diagnosis tool

Q12 Do you agree or disagree that these actions will mean people receive a timely diagnosis?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Q13 Is there anything we could do to diagnose dementia better?

Characters remaining: left

Q14 Is there anything else we could do to improve diagnosis and raise dementia awareness in Black, Asian and minority ethnic and seldom heard?

Characters remaining: left

Supporting well

We will continue to:

- Improve the in-patient experience for people with dementia
- Promote the LLR Carer Strategy actions in relation to supporting people with dementia and their informal carers
- Raise awareness of support available for people with dementia and their carers

We will aim to:

- Refresh work that avoids hospital and care home admissions
- Refresh work relating to hospital discharge pathways and post discharge support that sustains people returning home or into their residential care home
- Support, refresh and manage pathways for people who have complex needs including where there are behaviours that challenge
- Promote the development of “dementia friendly” accommodation including in the community and residential care sector
- Refresh pathways and person-centered support for seldom heard groups e.g., Younger Onset Dementia, diverse ethnicities, people with a Learning Disability, prison populations
- Promote and develop good risk reduction methods that keep people safe and promote independence- including Care Technologies and practice in relation to the Mental Health Act, Mental Capacity Act and Deprivation of Liberty Safeguards including Positive Behaviour Support and Positive Risk-taking practice

Q15 Do you agree or disagree that these actions will give people with dementia (and their family/ informal carers) access to safe, high-quality health and social care?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Q16 Is there anything else we could do to support people with dementia and their family/ informal carers?

Characters remaining: left

Living well

We will continue to:

- Promote the development of information and advice about living well with dementia that is accurate, timely, accessible, and joined up across Leicester, Leicestershire and Rutland
- Promote and develop the Leicester, Leicestershire and Rutland Dementia Friendly Community and access to the

Dementia Support Services and other living well support

- Use funding opportunities, when they are available, to develop living well activity especially in areas which are less well resourced.

We will aim to:

- Develop routine engagement processes with people living with dementia and carers to inform our work, including people with lived experience being involved in strategy development
- Promote and develop practice that supports people living with dementia plan and live well including crisis contingency planning, advanced care planning, and promote the benefits of Lasting Powers of Attorney

Q17 Do you agree or disagree that these actions will ensure people with dementia can live normally in safe and accepting communities?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Q18 Is there anything else we could do to support people with dementia to live well?

Characters remaining: left

Dying well

We plan to:

- Promote and develop good practice in relation to people with dementia including strengthening the link with End-of-Life pathways and ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) Procedures

Q19 Do you agree or disagree that this action will mean people with dementia can die with dignity?

Strongly agree

Agree

Neither agree
nor disagree

Disagree

Strongly
disagree

Don't know

Why do you say this?

Q20 Is there anything else we could do to ensure people living with dementia can die with dignity?

Characters remaining: left

Any other comments

Q21 Do you have any other comments or suggestions?

Characters remaining: left

About you

The local authorities of Leicester, Leicestershire and Rutland are committed to ensuring that their services, policies and practices are free from discrimination and prejudice, meet the needs of all sections of the community and promote and advance equality of opportunity.

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

*This is the 'About you' intro statement that we used in the LLR PNA Public Survey last year, need to confirm this with City & Rutland re. statement and equalities questions

Q22 What is your gender?

- Male
- Female
- I use another term

Q23 Is the gender you identify with the same as your sex registered at birth?

- Yes
- No
- Prefer not to say

Q24 What was your age on your last birthday? (Please enter your age in numbers not words)

Q25 What is your full postcode?

This will allow us to see the areas where people are responding from. It will not identify your house.

Q26 Are you a parent or carer of a young person aged 17 or under?

- Yes
- No

Q27 If yes, what are the ages of the children in your care? Please tick all applicable

- 0-4
- 5-10
- 11-15
- 16-17

Q28 Are you a carer of a person aged 18 or over?

- Yes
 No

Q29 Do you have a long-standing illness, disability or infirmity?

- Yes
 No
 Prefer not to say

Q30 Please can you tell us what your long-standing illness, disability or health condition relates to? Please tick all that apply.

- A cognitive impairment (e.g. dementia or as a result of a brain injury)
 A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy)
 A mental health difficulty, (e.g. depression, schizophrenia or anxiety disorder)
 A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)
 A social / communication impairment (e.g. speech and language impairment or Asperger's syndrome / other autistic spectrum disorder)
 A specific learning difficulty or disability (e.g. Down's syndrome, dyslexia, dyspraxia or AD(H)D)
 Blind or have a visual impairment uncorrected by glasses
 Deaf or have a hearing impairment
 An impairment, health condition or learning difference that is not listed above (please specify if you wish)
 Prefer not to say

Please specify your impairment, health condition or learning difference that is not listed above

Q31 What is your ethnic group? Please tick one box only.

*Check with other councils whether we need extensive list of ethnic groups for level of detail

- White
 Mixed
 Asian or Asian British
 Black or Black British
 Other ethnic group

Q32 What is your religion?

*Used our LCC response options

- No religion
- Christian (all denominations)
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion

Q33 Which of these activities best describes what you are doing at present?

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

Q34 Are you an employee of Leicestershire County Council?

- Yes
- No

Q35 What is your sexual orientation?

*Used our LCC response options

- Bi
- Gay or Lesbian
- Straight/ Heterosexual
- I use another term
- Prefer not to say

Please click the 'Submit' button to send us your response.

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

When the consultation closes in xxx, we will report the results back to xxx in xx 20xx.

Please return your completed survey to: xxxx

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

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Appendix C: Leicestershire Equality Impact Assessment

Name of policy: Leicester, Leicestershire & Rutland Living Well with Dementia Strategy 2024-2028

Department: Adults & Communities

Who has been involved in completing the Equality Impact Assessment: Sharon Aiken, Leicestershire County Council.
Diana Dorozkinaite, Leicester City Council.

Relevant contact information for those involved: sharon.aiken@leics.gov.uk
diana.dorozkinaite@leicester.gov.uk

Who is completing the EIA:

First name	Surname
Ben	Smith

Email:

Email address
ben.r.smith@leics.gov.uk

What is the proposal?: The Leicester, Leicestershire and Rutland's (LLR) Living Well with Dementia Strategy 2024-2028 sets the priorities across LLR for ways Social Care and Health services can support people living with dementia and their families and carers. The strategy has been developed in partnership between the Integrated Commissioning Board, the 3 Local Authorities, NHS Provider Trusts and local voluntary sector organisations.

What change and impact is intended by the proposal? : The strategy confirms the priorities across LLR for ways Social Care and Health services can support people living with dementia and their families and carers.

What is the rationale for this proposal?: It reflects the national strategic direction outlined in The Prime Minister's Challenge on Dementia which details ambitious reforms to be achieved by 2020 (version not updated) and supports the requirements of the Care Act 2014 for local authorities and health partners to work in partnership and integrate services where possible, in order to provide seamless support, avoid duplication and achieve best value for money.

What equalities information or data has been gathered so far?: The strategy proposal considers the impact dementia has on people's lives and the intersection of protected characteristics with dementia. All of the protected characteristics are considered and research has been undertaken both through already existing resources and through first hand engagement to understand how support can be improved for people with dementia and carers.

What does it show?: Data has been sourced from Joint Strategic Needs Assessments undertaken by Leicester City Council (to be published) and Leicestershire County Council (2018-21). Integrated Commissioning Board collected diagnosis data and undertook engagement with professionals.

There are currently over 9,000 diagnosed people living with dementia across Leicester, Leicestershire and Rutland.

- As nationally, similar rates of males and females have a diagnosis of dementia across LLR, however this shift with more females having a diagnosis of dementia in age categories above 80.

- Largest ethnic group to have a diagnosis of dementia across LLR is 'White', this is followed by 'Asian/Asian British', however there is significant gap in the rate of diagnosis between the two groups.

There was a total of over 14,000 people predicted to be living with dementia across Leicester, Leicester and Rutland in 2020 and data projections show that this number is estimated to increase to over 13,000 in County, 3,000, in City and 900 in Rutland by 2030 (POPPI&PANSI).

What engagement has been undertaken so far?: Healthwatch Leicester, Leicestershire and Rutland undertook a wide scale engagement exercise featuring people with dementia and their carers in order to identify challenges that people with dementia experience and how they can be best supported. In all, they spoke to 34 people in semi-structured interviews, attended 36 different focus groups and collected 126 survey. A wide range of recommendations concerning strategic priorities have been made and these were imperative in the development of the strategy. Some focus groups with people with younger onset dementia were also held during a younger onset engagement and networking event. This helped commissioners develop some focus on the priorities unique to this demographic that experiences dementia and learn how they can be better supported

Also, some desk research around specific challenges experienced by people from various underrepresented backgrounds was also undertaken by commissioners. The intention of this was to gather already existing research findings and use this as a way of informing our strategic priorities. The report was developed by officers and shared with the Dementia Programme Board at early stages of the dementia strategy review.

What does it show?: The officers report focused on compiling research studies and online articles around the challenges people from various seldom heard groups face in the UK. The groups in question are: prison population, traveller and gypsy communities, LGBT+ Communities, learning disability and underrepresented ethnic groups. Commissioners believe that developing the holistic background knowledge of the issues that the seldom heard communities face will help ensure the strategy is accessible and conscious of issues experiences by people in these communities.

The Healthwatch engagement exercise produced a final report with 16 recommendations focused around pre-diagnosis, diagnosis, support following diagnosis and access to health and social care. All of the recommendations have been considered whilst developing the refreshed strategy.

Age:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
The majority of people diagnosed with dementia are 65+. Many of the carers of people with dementia are also likely to be over 65. The Strategy's main	Yes	In this instance, as the majority of people diagnosed with dementia are 65 years old and over it is imperative that our engagement and service

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>aim is to support a local health and social care system that works together so that every person with dementia their carers and families have access to and receive compassionate care and support not only prior to diagnosis but post diagnosis and through to end of life. Through the action plan within the Strategy, statutory and voluntary sector organisations demonstrate how they will work together to support people affected by dementia and their families and carers. Younger people with dementia require different advice and support- services such as the Memory Assessment Service and our Dementia Support Service (feature specialist younger onset dementia support worker) have been commissioned to ensure that this advice / support is received across the area but organisations must ensure younger people feature in their delivery plans as well. Some engagement was undertaken exclusively with people diagnosed with dementia at less than 65 years old and their carers. This helped us identify how we can address their needs within the Strategy and local delivery planning.</p>		<p>response considerations also focus on under 65s. The two age groups have different challenges that they experience due to different life stages upon diagnosis and may differ in the onset of symptoms. It is important to consider how people age under 65 can be integrated into mainstream services which are dominated by old age services. We have considered the impact of age when developing our strategy. The public consultation will be promoted across organisations and people will be encouraged to share their views through completing an online form. Accessibility is a consideration in this, and the Dementia Programme Board members will be encouraged to promote the consultation and to encourage services to support people with completing the feedback form where possible. The Dementia Programme Board who oversees the Strategy will continue to influence and promote age-appropriate services and support from Statutory provision and commissioned services like inpatient care, home care and residential care and monitor delivery of the Strategy. Individual place based and organisational delivery plans will be shared with the DPB.</p>

Disability:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>Dementia is a major cause of disability, affecting personal care, everyday cognitive activities and social behaviour. As dementia is progressive and eventually effects all functioning managed by the brain people will become increasingly disabled both cognitively and physically. Older People with dementia often have co morbid conditions. The strategy is intended to improve support available to people diagnosed with dementia and their carers. Improving awareness and access to support will also improve outcomes for people with disabilities or health conditions which increase their likelihood of developing dementia such as learning disabilities. Furthermore, effective and timely diagnosis is another consideration within the strategy and some key objectives circle around this. Reducing waiting</p>	<p>Yes</p>	<p>The aim of the strategy is to have a positive impact on disability as a result of dementia. It is also worth to consider concordant disabilities and how these can be supported to ensure that they do not prevent people from accessing dementia support. Some research has been conducted on Learning Disabilities (LD) and dementia by commissioners and partners. Some generic service provision may not be aware of the Strategy or their responsibilities to ensure the needs of people with dementia are met. The strategy aims to ensure inclusivity of all people living with dementia and their carers and specialises support where needed. Ensuring people are not discriminated due to concordant disabilities is essential and the strategy supports this. The Strategy will be widely communicated and supported by the DPB, who will</p>

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>lists for assessment and diagnosis would allow people to receive post diagnostic support earlier potentially slowing down the progression of the illness. The Strategy support actions addressing living and supporting well activity and this includes activity that maintains people’s health, independence, social connections and reduces the risk of harm. The Strategy also has actions that aim to support people who have increased health and social care needs including those whose behaviours present challenges and people coming out of hospital.</p>		<p>work with commissioners and providers of mainstream services and interdependent workstreams to ensure these are inclusive of people with dementia. The consultation will be accessible to people with dementia and other disabilities through accessible text and visual impairment adaptations. Commissioners met with a dementia co-production group in which advise on how to ensure the consultation is accessible was sought. Advice regarding text content, font and colour given.</p>

Race:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
<p>There is some evidence to suggest that people from certain ethnic communities are at higher risk of dementia than others, and that there is lower take up of dementia support services and diagnosis rates amongst ethnically diverse communities. This can lead to people with dementia not receiving the support that may be helpful to them and their informal carers. The Strategy seeks to recognise and be responsive to the needs of people from minority ethnic groups, which may be different from those of the majority population for example to meet first language needs, culturally appropriate activity and support, connection with communities as well as ensure paid carers have awareness of race and dementia in order to meet identified needs. In some areas there may be a case for specific services for specific communities. The Strategy also aims at promoting strong partnerships between statutory, voluntary and community groups. Person centred plans are integral in commissioned support, and this requires viewing the holistic background of a person including their ethnicity and culture.</p>	<p>Yes</p>	<p>Not considering the discrepancy in diagnoses and attendance to support services, can further create a gap to service access for people from certain communities. This could lead to people presenting in crisis who have no or little previous involvement with services, families in crisis and under strain without the knowledge and support to provide care as the person with dementia condition progresses. The strategy if not being accessible to people from diverse backgrounds holds potential for exclusion and prevents appropriate access to support. Furthermore, not considering the impacts of race, ethnicity and culture can lead to exclusions from consultation processes for the strategy development. The DPB expects services to be flexible and ensure that people from all backgrounds are well supported. It will be expected that local and place-based delivery plans address the specific needs of people from diverse backgrounds. The commissioned Dementia Support Services will continue to be supported to develop its services with and for different communities. The ICB and Memory Assessment Service are implementing specific assessment tools for South Asian communities. All other contracts and internal services will continue to be monitored in relation to access and use. The DPB will promote tools and resources that specifically relate to working with a diverse population</p>

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
		through its networks. The Strategy will continue to promote partnership with the healthcare practitioners and VCS organisations and local communities to ensure resources are allocated to promoting dementia awareness in ethnically diverse communities. Commissioners have undertaken secondary research to learn about unique challenges people from migrant and ethnic minority backgrounds may face e.g. culture difference and language difference and will use this to support future additional commissioning.

Sex:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
More women than men are diagnosed with dementia and also more women than men become carers of a person with dementia, however, take up of current Dementia Support Services is disproportionate in relation to male carers. The Strategy is designed for anyone affected by dementia regardless of their gender. Specific initiatives intended to support proportionate take-up of services have already been incorporated into commissioned services across LLR. Contract performance information is reviewed by commissioners to monitor proportionality of service delivery and impact of any targeted initiatives.	Yes	Not considering the impact of gender can lead to missing ways support can be targeted to be more accessible to underrepresented groups. Furthermore, there is some complexity as males are less represented, however they also have lower rates of dementia diagnoses and are less likely to be carers. The nuances of gender representation are considered by commissioners when developing the strategy. Specific initiatives intended to support proportionate take-up of services have already been incorporated into commissioned Dementia Support Services across LLR. Contract performance information will continue to be reviewed by commissioners to monitor proportionality of service delivery and impact of any targeted initiatives, to inform ongoing service improvement.

Gender Reassignment:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
There may be a number of people in the target group who have undergone reassigned gender. The Strategy	Yes	Demographic data regarding gender reassignment for people with dementia is not collected using our local data sources so specific numbers of people affected by gender reassignment

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
will be equally available to those people and services are expected to be sensitive to their needs.		cannot be sourced. However, this is expected to be a low number due to how rare gender reassignment is in cohorts featuring older people. The unique challenges faced by people that have undergone gender reassignment have been identified in the secondary research undertaken by commissioners and presented to the dementia programme board at the beginning of the strategy review. Commissioners are aware of these challenges and will ensure that the support delivered and promoted as a result of the strategy will be conscious of specific needs that this demographic may have and will cater to these.

Marriage and Civil Partnership:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?
The strategy is designed for anyone affected by dementia regardless of their marriage or civil partnership status. As informal carers may be partners the Strategy links closely with the LLR Carer Strategy. Partners may also be acting for the person under a Lasting Power of Attorney or as next of kin. Due to the dementia relationships may be strained between partners and this is considered when thinking about carer support.	No

Sexual Orientation:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
The consultation and the final strategy actions will be equally accessible and appropriate to people in LGBTQ+ groups and will be required to address any specific needs and ensure staff supporting people have good equality training.	Yes	Ignoring this protected characteristic may lead to services that do not understand or recognise LGBTQ+ people backgrounds, relationships and life history. They may feel they are not able to express themselves and fear the reactions of heterosexual carers, family and other people they encounter. This could lead to people not feeling comfortable in for example group activities and leading to accessing support at time or crisis or at a later time than heterosexual people. The consultation and the final strategy will be equally accessible to LGBTQ+ people and will be required to be not discriminate and address any specific needs. Specifically the consultation will be promoted to the local LGBTQ+ Centre, as well as internal LGBTQ+ staff groups. Councils are also members of Stonewall and Commissioners are expected to have good equality training. Commissioners conducted secondary research to learn about challenges for people form LGBTQ+ communities and dementia

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
		which has informed the Strategy and will inform local delivery plans. The Strategy expects that all services used by people with dementia are accessible and aware of the potential LGBTQ+ discrimination including language and assumptions about life styles that can be predominantly heterosexual, that negative attitudes are challenged and positive images and activity is LGBTQ+ inclusive within services

Pregnancy and Maternity:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?
It is highly unlikely that there will be any people living with dementia affected by pregnancy or maternity directly. Some carers may be affected.	No

Religion or Belief:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?	What are the identified risks or concerns and how they will be mitigated?
Religion and beliefs often intertwine with culture. Some professionals may not be aware of how people’s religion and beliefs may impact on decision making at different stages of dementia. The Strategy seeks to raise awareness of the needs of people with dementia from different religious backgrounds and seldom heard groups and this work is linked to the work covered under section F Race. Dementia is a terminal and life limiting condition where increase medical care is needed, and people may not have mental capacity to make decisions or communicate their wishes.	Yes	Not considering the impact of religion or belief will omit the need for person centred support and could potentially exclude some groups from receiving dementia diagnoses and interventions as well as receiving care that is appropriate to their religion and belief. The Dying well actions contained in the Strategy aim to ensure that end of life decisions and medical interventions are cohesive with people’s religion and beliefs. This will be monitored via local delivery plans to the DPB. Within the strategy there is a section relating to living well where there will be a focus on supporting people from seldom heard groups as with race, the Strategy seeks to recognise and be responsive to the needs of people from a variety of religions or belief systems, which may be different from those of the majority population and may require specific person-centred support. On top of the actions covered in section f around expectation and partnership

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?
	What are the identified risks or concerns and how they will be mitigated? working, local organisational and placed based plans will address this need where they consider there are gaps.

Other groups: e.g., rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived, armed forced, or disadvantaged communities:

What are the benefits of the proposal for those from the following groups?	Is there any specific risks or concerns?
The specific work referenced earlier regarding a focus on under represented groups will provide an opportunity to further develop services to meet the needs of all people in LLR affected by dementia.	No

Action Plan:

What concerns were identified?	What action is planned?	Who is responsible for the action?	Timescale
Poor data around people living with dementia broken down by protected characteristics.	Ensure that the local delivery plans have an appropriate focus on under represented groups broken down by protected characteristics.	Commissioners in each Local Authority.	First 6 months of strategy (as a part of delivery plan development).

How will the action plan and recommendations of this assessment be built into decision making and implementation of this proposal?: the action plan and recommendations of this assessment will be a standing agenda item in the meetings of the Leicestershire Dementia Strategy Delivery Group.

How would you monitor the impact of your proposal and keep the EIA refreshed?: Through the above meeting and also through the LLR Dementia Programme Board.

Date of completion: 2023-05-16



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
5 JUNE 2023

**UPDATE ON THE IMPLEMENTATION OF THE LEICESTER,
LEICESTERSHIRE AND RUTLAND CARERS' STRATEGY**

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

Purpose of the report

1. The purpose of the report is to provide the Committee with an overview of progress in implementing the Leicester, Leicestershire and Rutland Carers' Strategy 2022-2025 and the associated action plan in Leicestershire, attached as Appendix A to this report.
2. The report sets out details of the Carers' Week programme (5-11 June 2023), attached as Appendix B, and outlines key areas being developed to support carers in Leicestershire with the Council's partners.

Policy Framework and Previous Decisions

3. The relevant policy frameworks include:
 - a) National legislation and guidance:
 - The Care Act 2014
 - The Children and Families Act 2014
 - The White Paper - People at the Heart of Care: adult social care reform - December 2021.
 - b) County Council policies/strategies:
 - Adults and Communities Department Ambitions and Strategy for 2020–2024
 - Leicestershire Joint Health and Wellbeing Strategy 2022-2032
 - SEND and Inclusion Strategy 2020-2023
 - Medium Term Financial Strategy (MTFS)
 - Leicestershire County Council Strategic Plan 2022-2026.
4. The Joint Carers' Strategy Refresh 2022-2025 'Recognising, Valuing and Supporting Carers in Leicester, Leicestershire and Rutland' was developed jointly by Leicestershire County, Leicester City and Rutland Councils and the ICB (Integrated Care Board) across the Leicester, Leicestershire, and Rutland (LLR) area, and from June 2022 was the subject of a formal eight-week consultation. The refreshed Strategy builds on the previous Strategy which was in place from 2018-2021.

5. Following the conclusion of the public consultation, this Committee considered a report on the Strategy at its meeting on 5 September 2022, and it was subsequently approved at Cabinet on 25 November 2022. The Leicestershire Carers' Strategy Action Plan, which set out the County Council's commitment to carers in a plan, was agreed at the same time.

Background

6. Carers play an important role in communities and make a difference to the lives of those they care for by maintaining their independence. Carers can feel isolated, emotionally drained and can have financial difficulties, which can impact on their own lives, health, and wellbeing. Support to carers allows them to continue with their caring duties.
7. Leicestershire is a place where carers are recognised, valued, and supported both in their caring role and as an individual. The Census 2021 identified that there were 61,306 unpaid carers in Leicestershire providing essential support to a family member or friend. Many more people may not consider themselves as having a caring role and will go unidentified and unsupported.
8. Monday 5 June 2023 marks the start of the National Carers' Week, an annual campaign to raise awareness of caring, highlighting the challenges unpaid carers face and recognising the contribution they make to families and communities throughout the UK. It also helps people who do not think of themselves as having caring responsibilities to identify as carers and access much-needed support.
9. Carers' Week is an opportune time to present to the Committee the progress that the County Council has made towards the implementation of the refreshed LLR Strategy since its approval in November 2022.
10. Recognising, Valuing and Supporting Carers in LLR is a joint Strategy developed by the three LLR council authorities and the ICB across the LLR area that commits all three councils to a shared vision and priorities for recognising, valuing, and supporting carers across LLR. The aim is to help carers to continue in their caring role and maintain their own health and wellbeing.
11. This joint Strategy is a sign of how it is intended to work together and reflects ongoing commitment to carers. It is recognised that to achieve this vision and the best possible outcomes for carers, NHS and local authority partners need to work collaboratively to ensure that carers are not only recognised but are valued and supported to live healthy and fulfilled lives.
12. Areas to be progressed within the strategy are those which:
 - Facilitate carer identification.
 - Enable staff across the health and social care system to receive training on carers' needs.
 - Promote access to information for carers.
 - Support carers to be able to access a broad range of services within their local communities, including voluntary or community led organisations, helping to support their wellbeing and alleviate social isolation.

- Improve the move between children's and adult services with young carers and parent carers, so that they can consider and plan for their future aspirations.
- Considers carers' needs in the commissioning of mainstream services, for example, mental health.

Proposals

13. As part of the Strategy refresh, commitments have been made across the health and social care system in LLR to:
- Consider carer needs on admission to, and discharge from, hospital.
 - Encourage people via community groups and partner organisations to self-identify as carers so that they can get access to the right support.
 - Value carers and young carers' experience, and ensure they are involved in what happens to the person that they care for.
 - Make sure carers can access the information they need in the formats they require.
 - Encourage communities to support carers through community groups, and help carers access local groups so that they can socialise and take a break from their caring responsibilities.
 - Recognise that carers have their own lives to lead alongside their caring role, and lead by example as carer-friendly employers, encouraging more local businesses to do the same.
 - Ensure that carers know about new technology that could support them in their caring roles and supporting them to be confident using new technology or gadgets.
 - Work with partners to raise the profile of schemes like the carers' passport, which helps organisations to easily recognise and acknowledge carers.
 - Develop a range of support for young carers, including improved awareness in schools and colleges of young carers, roll out a young carers passport scheme, and improve support for young carers in navigating the health system locally.
14. Progress towards actions in the Strategy is monitored via the LLR Carers' Delivery Group which meets bi-monthly and has representatives from all of the stakeholder organisations including carers' representatives.

Delivering the Carers' Agenda in Leicestershire

15. The Leicestershire Carers' Strategy Action Plan which was approved in November 2022 has been further developed, and is attached as Appendix A.

Leicestershire Multi-Agency Carers' Strategy Group

16. To ensure cross partner commitment and delivery of the Leicestershire Carers' Action Plan, a county group has been developed with a lead Assistant Director from the County Council as Carers' sponsor and group chair. The group includes key County Council representatives, and partners from across the ICB and voluntary sector.

Carers Forum or Reference Group

17. Building on the Department's Engagement Panel and engagement framework, a focussed carers' forum will be set up to ensure that Leicestershire's carers' views are heard and are able to inform future delivery.

Refresh of the internal Carers Champions initiative

18. There is currently a group of operational staff who have volunteered to be departmental Carers' Champions. However, this group and its membership will be refreshed and relaunched to ensure that it is both relevant and adds value to the Carers agenda.

Building on relationships with the voluntary sector

19. The Department has a key strategic partner for carers, namely Voluntary Action South Leicestershire (VASL), who have recently been awarded a carers support contract. There are a range of other voluntary sector organisations in the County who support carers either directly or indirectly and further work/engagement with the sector will form part of the Multi-agency Carers' Strategy Group.

Raising the profile of carers

20. Work has started, in conjunction with Communication colleagues, to disseminate information across the Council on carers work/initiatives that may benefit both employees of the Council and the wider community. An ongoing programme of information sharing and profile raising is in place.

Linkages to other Council initiatives and strategies

21. Carers support is intrinsic to a number of departmental and Council programmes. In particular the LLR Dementia Strategy, the Multiply Project (Adult Education) and support for parent carers and young carers through Children and Family Services. The approach in Leicestershire will be to ensure that carers support and outcomes are considered across other areas/programmes where possible.

Carers' Week programme of events

22. On Monday 5 June 2023, 10am to 1pm, the County Council will be hosting an event in celebration of Carers' Week, 'Recognising and Supporting Carers in the Community'. Carers and Council staff have been invited to the session which will provide an overview of what support is available to carers, enable carers to connect with each other, promote carer wellbeing, and provide information and advice. Items will focus on carer identification, carers' passport, young carers, health check screening, fire service advice, access to local services, assisted technology, numeracy, Adult Learning Services, recruitment and retention, and cost of living help.
23. A number of events across the week have been planned across the County with VASL and other partner organisations supporting Carers' Week for Leicestershire.
24. A summary of the week's programme is attached at Appendix B and members of this Committee are encouraged to attend any events across the County.

Hospital Discharge Grant for Carers

25. The Hospital Discharge Grant for Carers was one of a number of projects funded through £2 million of central Government funding allocated to the Council in November 2022 from the Adult Social Care Discharge Fund. The grant ran from 25 January to 31 March 2023.
26. The aim of the project was to provide support for carers to facilitate the discharge from hospital back home. It was recognised that during the first few days of discharge, carers would benefit from additional support to help the cared-for, so they are supported and kept safe. As a result of this, the short-term scheme was initiated.
27. Carers who had supported someone living in Leicestershire who had recently been discharged from hospital could be eligible for the funding, if the cared for person:
 - lived in Leicestershire.
 - was discharged from hospital no more than four weeks before the grant application was made.
 - needed the carer for help and support to keep them safe.
 - incurred additional costs for the carer since the hospital discharge - including a loss of income due to taking time off work.
 - submitted an application during the period 25 January to 31 March 2023
28. The scheme was administered and led by VASL - Support for Carers on behalf of the Council. It resulted in 138 applications processed and a total of £39,793.80 was given out in under 10 weeks during January to March 2023, equating to an average carer receiving £288.36:
 - 95% (38 out of 40 carers) stated they strongly agreed or agreed the scheme helped to cover costs incurred following the cared for being discharged.
 - 95% (38 out of 40 carers) stated they strongly agreed or agreed the scheme had a positive impact on the carer's wellbeing whilst caring for the cared-for after their discharge.
 - 90% (36 out of 40 carers) stated the scheme helped them to support the cared-for at home following hospital discharge.
29. A total of 94 (68%) new carers were identified as a result of the scheme, supporting the Council towards a key priority set in the Strategy, identifying early and recognising carers, and enabling the carers to access information, advice, and additional support.

Resource Implications

30. Existing Council officer resources from several departments is delivering the action plan for Leicestershire.
31. Approximately £3.1m is spent on supporting Carers within the Department through Cash Payments (£2.9m) and the Carers Support Service (£171k).

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

Recommendation

33. The Committee is asked to note the contents of this report, particularly the specific areas relating to Leicestershire to ensure the Carers Agenda is progressed locally.

Background papers

Joint Carers Strategy Refresh 2022-2025 Recognising, Valuing and Supporting Carers in Leicester, Leicestershire, and Rutland

<https://www.leicestershire.gov.uk/sites/default/files/2023-01/Leicestershire-County-Leicester-City-and-Rutland-Carers-Strategy.pdf>

Report to the Cabinet: 16 October 2018 – LLR Carers Strategy 2018 -2021

<https://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=5184&Ver=4>

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

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

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

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

SEND and Inclusion Strategy 2020-2023 <https://bit.ly/3N8CJli>

Circulation under the Local Issues Alert Procedure

34. A copy of this report will be circulated to all members of the County Council.

Equality and Human Rights Implications

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

Other Relevant Impact Assessments

36. There are no other relevant impact assessments.

Appendices

Appendix A LLR Carers' Strategy: Leicestershire action plan progress

Appendix B Summary of Carers Week 2023 programme of events

Officers to Contact

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Appendix A: Updated LLR Carers Strategy Action Plan: May 2023

Priorities:

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

<u>Action Area (LLR Priority Areas)</u>		<u>Description</u>		<u>Timescales</u>	<u>Update</u>
CS1	Continue to develop Leicestershire County Council staff's understanding of carers (1,2,4,6,7,8)	CS1.1	Training for Adults and Communities staff regarding carers to be embedded in new starter induction with a focus on: <ul style="list-style-type: none"> • Carer Awareness; • Carers Assessments; • Recognition and Valuing Carers. 	Apr 23	Lead practitioners (LP) going to DMT in May to present mandatory care pathway training - including carers training. Plans for tableau report to show mandatory training completed/ outstanding. LP to follow up with care pathway of any training outstanding.
		CS1.2	Ensure all teams across the Council (including maintained schools/academies staff) have access to knowledgeable staff members for support around working with carers/carers rights within the workplace.	Apr 23	To be progressed
		CS1.3	Reinvigorating the Carers Champions roles across the Adults and Communities Department.	Dec 22	Advert for new carers champions in care pathway newsletter and yammer in November. To continue to review membership every 6mths. Plans to set up meeting look at a strategic group to have oversight of

<u>Action Area (LLR Priority Areas)</u>		<u>Description</u>		<u>Timescales</u>	<u>Update</u>
					the LLR Carers Strategy and progress priorities forward.
		CS1.6	Further develop the Council's internet and intranet pages for carers support and promote as part of the Council's commitment to carers. Review the pages annually.	Apr 23 and annual	LLR Carers Strategy (accessibility compliant) uploaded. Improved search facility to make it easier when searching for the strategy. Plans to develop carers webpage to provide regular updates on progressing with LLR Carers Strategy You said we did...
CS2	Information activity (1,2,3,5,6,7,8)	CS2.1	Updating of key definitions to aid self-identification of carers. This will include use of consistent language across literature/web pages and through commissioned activity.	Apr 23	Working progress to review the definitions in May 2023 and to cascade to care pathway staff via newsletter.
		CS2.5	Promote the range of services and support available to carers (including Young Carers) including but not limited to: <ul style="list-style-type: none"> • Advocacy and getting carers voices heard; • Financial advice or support; • Usable technology/gadgets to support carers both readily available universally and/or from the Council's care tech strategy/programme; • Ensure all carers know how to access the current Mental Health services and support; • Those services and support available through the Council's commissioned carers resources. 	Jul 23	Carers and Young carers were involved with the LLR Carers Strategy consultation. Young Carers event in March obtain their voices using creative methods - paper bags. Carers voices/ feedback also obtained from the recent hospital discharge grant for carers short term scheme

<u>Action Area (LLR Priority Areas)</u>		<u>Description</u>		<u>Timescales</u>	<u>Update</u>
		CS2.7	Pro-actively commission the Carers Support Resource contract with the Voluntary Sector to support all carers in the County with information/advice and support	Nov 22	VASL successfully awarded the new Carers Service Provider in October 2022. A 3year contract until 2026.
CS3	Innovative approaches with carers (1,2,3,5,6,7,8)	CS3.1	Targeted promotion and active growth of the Carers Passport scheme in the County (including the roll out of the Young Carers Passport) and monitoring the number of passports issued.	Mar 23	Structured approach with the passport roll out. YP attend carers group and assessments are carried out. A letter is sent to college/ school to inform them the YP is a carer. Promoting the school/ college awareness of young carers. Synergy - system to upload the child's passport. To date 70 young carers passport issued.
		CS3.2	Promotion of Employers for Carers and Digital Resource for Carers.	Feb 23	License is in the process of being renewed. Plans to invite Carers UK to attend A&C Staff briefing to promote and update LCC website to reflect the new code to access the resources. Comms to support promoting resources.

<u>Action Area (LLR Priority Areas)</u>		<u>Description</u>		<u>Timescales</u>	<u>Update</u>
		CS3.3	Explore further tools around self-identification including: <ul style="list-style-type: none"> • Whole family identification; • Working with educational settings (including early years providers); • Active work with religious settings through targeted interventions and promotions (e.g. Carers Week/Carers Rights Day/Mental Health Week etc). 	Apr 23	Carers event planned for 05.06.23 - where the carers passport is promoted to recognise and identify carers. Support for Carers have identified: 1097 and 1058 carers passport issued (between April 22 to March 2023). Young carers issued 70 carer passport between Sep 2022 to April 2023.
		CS3.4	Continued promotion of the Care Free programme to support more carers to access carers breaks/short breaks to support them in their caring role. This includes ensuring both Council staff and people in the community working with carers are fully aware of the initiative and benefits for carers.	Apr 23	Carefree is currently a free service. They have advised they are looking to start charging for the service. The take up from LCC is low. Plans to obtain feedback from carers who have used carefree
		CS3.6	Maximise the available opportunities within existing work programmes. These will include: <ul style="list-style-type: none"> • Targeting carers (especially those in hard-to-reach communities) in accessing the new Multiply project to upskill maths skills/numeracy skills; • Promotion of local library services and benefits of community hubs to support carers social interaction/community cohesion and friendship ties; • Developing carers support/promoting carers resources and support as part of the Adult and Communities Directorate's Three Conversations model. 	Apr 23 and ongoing	In the process of liaising with Adult learning service to identify what support can be provided. Plans to work with Multiply to support and develop carer's numeracy skills.
CS4	Improving communication (1,2,3,8)	CS4.1	Increase the use of social media to raise carer awareness across the County including the sharing of Every Voice Counts carer stories.	Apr 23	Ongoing piece of work. Continue to promote the carers voice. Social media platforms used to promote carers voice including the hospital discharge grant

<u>Action Area (LLR Priority Areas)</u>	<u>Description</u>		<u>Timescales</u>	<u>Update</u>
	CS4.2	Voice Project work around the label of Young carers focusing on their wants and aspirations including wellbeing, connecting with personal networks and their support and identification in their educational or employment.	Jun 23	Young carers event at King Power stadium March 2023 Approx 50-60 young carers attended and used creative methods to capture young carers voice - who didn't want picture of their faces to be taken and paper bags were used to express their voices and how they felt.
	CS4.3	Development of Young Carers/carers videos on YouTube to detail the lived experiences of Leicestershire's carers.	Apr 24	Currently no technology available to support this. Would like to use Instagram, twitter, Facebook, TikTok or other ways to promote?
	CS4.7	Ongoing use of the LLR Carers Delivery Group to ensure partnership approach to actions are in place/delivered and progress is tangible to carers in the County	Ongoing	Carers Delivery Group meet on a bi-monthly basis to discuss the LLR action Plan. Plans for strategic group at County to meet on a regular basis to identify leads to progress LLR Carers Strategy action plan forward.
	CS5.3	Pro-actively seek the views of families and carers in the quality/delivery of care services to the person cared for. The Council will seek to enhance resources to capture these views to improve services.	Apr 23	From the hospital discharge grant for carers, a number of carers voice was captured to provide feedback on the short term scheme. It was a positive feedback and how they benefited from the scheme and help with supporting the cared for.

<u>Action Area (LLR Priority Areas)</u>		<u>Description</u>		<u>Timescales</u>	<u>Update</u>
		CS6.4	Targeted work with hard-to-reach communities/rural communities where carers access to information and support may be limited.	Apr 23	Plans to work closely with Parish Council and Shepshed and other local newsletters to engage with hard to reach communities to help identify and recognise carers.
		CS7.2	Strengthening Work with the Council's Young Carers Service to develop involvement within the LLR Carers Strategy deliverables and priorities/County Council's Action Plan.	Jul 23	New young carers team in place. LLR young carers leads work closely together for over 11yrs young carers. Currently little evidence of the demand for under 11yrs. Adult and young carers leads meet and update on regular basis

Summary of Carers' Week 2023 programme of events

This paper summarises activities available to people in Leicestershire during Carers' Week 2023, which runs from 5-11 June.

Leicestershire County Council



Carers Event

Recognising and supporting carers in the community

Monday 5 June 10:00 to 13:00
County Hall - Council Chamber

10:00 to 10:30: Registration and refreshments

10:30 to 10:45: **Opening** from Councillor Christine Radford: Lead Member and Jon Wilson: Director of Adults and Communities to present

- recognising and valuing our carers
- LLR Carers Strategy progress: our achievements to date

10:45 to 11:00: **VASL:** Gurjit Sangha, Tony Conlin and Mayor of Oadby Wigston: Rosemary Adams

- Support and offer for adult carers:
 - Carers Assessment
 - Carers Passport
 - Local support groups/ activities

11:00 to 11:20: **Guest speaker:** Colleen Smith

11:20 to 11:35: Comfort break and refreshments

11:35 to 11:55: **Promoting Carers Health and wellbeing: Health check screening:** Tracey Cockburn and Sonia Lear

- carers MOT, weight management and stop smoking service

11:55 to 12:15: **Promoting Carers Health and wellbeing: Active together** Emily Booth

- find ways for carers to get carers more active
- resources offers in their areas/ communities

12:15 to 12:30: **Mindfulness session:** Dr Adele Pacini, Open University - PhD, DClInPsy, C.Psychol, FHEA

12:30 to 12:45: **Promoting Carers Health and wellbeing Importance of Mental Health:** Mikhail Foster: Strategic Lead and Launch of the carers pack: Louise O'Reilly: Communications & Engagement Manager and Emily Coates (Lamps)

12:45 to 13:00: **Q & A, Thank you and closing remarks** - Inderjit Lahel Assistant Director: Strategic Commissioning

13:00 onwards: **Lunch**



Recognising, valuing
and supporting carers
in Leicestershire

- **Monday 5 June** Carers Event at County Hall (see previous page).
- **Tuesday 6 June** 10am – 11am – Mindfulness Sessions for Carers at County Hall.
<https://www.eventbrite.co.uk/e/mindfulness-for-carers-tickets-635314913007?aff=ebdssbdestsearch>

Voluntary Action South Leicestershire (VASL)

- **Monday 5 June** Leicestershire County Council Carers' event. Staff will be presenting and will be available to provide support to carers.
- **Tuesday 6 June** 2:30pm – 4pm - Blaby Carers Group, Countesthorpe Village Hall. VASL will be delivering session in partnership with the Mental Health Service 'Life Links' to provide information to carers on managing stress.
- **Thursday 8 June** 2pm – 4pm – Age UK, Earl Shilton. Carers Event. Range of organisations attending to showcase their support services for carers. Social Prescribers will be attending, and cream teas are available.
- **Friday 9 June** 11.30am – 2pm - Leicester Royal Infirmary canteen. VASL will have an information stand and someone available to support carers. This is being delivered in conjunction with Age UK, the Carers Support Service provider in the city.

The Carers' Centre LLR

- **Monday 5 June** 2pm - 3.30pm Glenmore Community Centre, Shepshed. 'Recognising Carers Contributions' – A session looking at carers' contributions, recognising the skills used in caring and how carers' needs can be better met.
- **Tuesday 6 June** 10am – 11.30am Online via Zoom. 'Valuing Parent Carers' – A session for anyone caring for someone under 25.
- **Tuesday 6 June** 2pm - 3.30pm Peppers, Oakham. 'Coping with Difficult Behaviours' - A Carers' Wellbeing workshop exploring tips and techniques to help carers manage some of the stresses caused by caring.
- **Wednesday 7 June** 2pm - 6.00pm Rutland County Council Chambers, Oakham. 'Rutland County Council Carers Event'. Join members of the team and many other local services at this drop-in event with a wide range of information stalls and workshops.
- **Thursday 8 June** 11am - 1pm Belgrave Hall, Leicester. 'Recognising Carers' - A drop-in coffee morning in beautiful surroundings with time to chat and take part in crafts activities and our Poetry Pharmacy
- **Friday 9 June** 10.30am - 2.30pm Barrow on Soar, Leicestershire. 'Together We Care Barge Trip' – A relaxing trip in the company of other carers, journeying through the beautiful countryside.

NHS Leicestershire Partnership Trust (LPT)

Monday 5 June 10am – 11am LPT are hosting an MS Teams session for colleagues across the LLR system, facilitated by Sharon Spurling from the national Carers Trust. The aim of the session is to highlight carer awareness:

- Who is a carer?
- Understand carer engagement strategies
- How to refer carers for support.

Find out how these link into the six standards of the Triangle of Care, which will be shared during the session.

If you would like to join this session, please follow the link below. For more information please email emily.robertshaw1@nhs.net at LPT.

[Click here to join the meeting](#)

Sharon Spurling is Triangle of Care Programme Lead, joining Carers Trust in 2018 after five years as Chief Executive of Carers Northumberland, a network partner of Carers Trust. She has over 30 years' experience in the voluntary sector, working with voluntary and community sector organisations mainly in the field of social exclusion, carers, substance misuse and women offenders.

Sharon has also worked in grant-making as a Head of Funding for Reaching Communities with the, then, BIG Lottery Fund. Sharon has sat on a number of VCSE Boards including HealthWatch and Community Foundation Northumberland, Tyne & Wear and she volunteers with community groups where she lives in rural Northumberland. She is currently a carer.

Carers' Week pledges

People are invited to show their support by saying 'I Care' at <https://www.carersweek.org/>

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
5 JUNE 2023

PERFORMANCE REPORT 2022/23 – POSITION AT MARCH 2023

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

Purpose of the Report

1. The purpose of this report is to present the Committee with an update of the Adults and Communities Department's performance for the year 2022/23.

Policy Framework and Previous Decisions

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

Background

3. The metrics detailed in Appendix A of the report are based on the key performance measures of the Adults and Communities Department for 2022/23. These are reviewed through the annual business planning process to reflect the key priorities of the Department and the Council. The structure of Appendix A is aligned with the Ambitions and Strategy for 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.
4. The majority of metrics set out in Appendix A are reflected in the national Adult Social Care Outcomes Framework (ASCOF) and are benchmarked against the national position. However, several metrics do not fit within the ASCOF, 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 performance against these during the year.
5. 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.
6. Performance figures are classed as provisional at this stage as the source data for the metrics is currently being compiled, with the signed-off version to be published by NHS England in the autumn. However, the final performance figures are not expected

to vary greatly from those included in this report and will be presented later in the year alongside national benchmarking.

7. Where a national average is quoted, including in Appendix A, this relates to the previous year, 2021/22. The national averages for the most recent year – 2022/23 – will be known when national figures are published by NHS England in October.

Performance Update: April 2022 to March 2023

Adult Social Care

8. Appendix A includes four key measures to reflect each of the four layers of the Vision and Strategy. Each of these monitors the proportion of **new adult social care contacts** from people requesting support and what the sequels of these requests were. During 2022/23, there were 29,200 new adult social care contacts, an increase of 2% on the previous year. Of the new contacts in 2022/23, 57% (16.6k) resulted in a preventative response, such as universal services or signposting. A further 16% (4.7k) resulted in a response relative to reducing need, such as providing equipment or adaptations; 13% (3.8k) resulted in a response relative to delaying need, i.e., the provision of a reablement service that supports people to relearn the skills required to keep them safe and independent at home. Finally, 14% (4.1k) resulted in a long-term service, 1% higher than the previous year and reflecting the growth in the number of people in receipt of a service – up by 260 (3%) to 7,900 since the start of 2022/23.
9. 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 performance during 2022/23 – 9.3% (115 out of 1,235) - remained similar to the previous year and considerably higher than the national average of 4.8%. There was a similarly high level of performance in relation to accommodation (ASCOF 1G) with 84.1% (1,039 out of 1,235) in settled accommodation.
10. **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.
11. For the first of these metrics Leicestershire's performance in 2022/23 was again notably higher than the latest national average (78%) despite a small drop from the previous year – 87.4% (2,785 out of 3,188) in 2022/23 compared to 90% (2,332 out of 2,591) during the previous year. The second ASCOF metric shows that 89.4% (or 513 out of 574) people discharged from hospital to a reablement service between October and December 2022 were living at home 91 days post discharge. This is the same level as in 2021/22 and above the latest known national average of 82%.
12. **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. For people

aged 18-64 there were 46 admissions during 2022/23, considerably higher than 25 during the previous year. This increase was expected from the start of the year as it reflects work undertaken during the past 12 months to undertake reviews of people in temporary placements and where appropriate re-classify their length of stay to be permanent. Despite this increase, the rate per 100,000 of the county population (10.8) remains lower than the latest known national average of 13.9. For people aged 65 or over there continues to be a downward trend in the number of people placed in permanent care – down from 886 admissions in 2021/22 to 841 in 2022/23. At a rate of 549 per 100,000 population it remains slightly above the latest national average of 538.5.

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 2022/23, performance against the ASCOF measure relating to service users in receipt of a direct payment was 36% (1,916 out of 5,327) - a drop from 40% the previous year but well above the latest known national average (27%). At 93% (4,947 out of 5,327) the proportion of service users with a personal budget has reduced in 2022/23 compared to the previous year (95.7%) and is now lower than the latest known national average (94.5%). For carers, both proportions, 100% for personal budgets (2,602 out of 2,602) and 99% for direct payments (2,593 out of 2,602), are above the latest known national averages (89% and 78% respectively).
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 on a biennial basis. During 2022/23 the former was undertaken but not the latter. Findings from the latest survey show that 62% of people in receipt of services find it easy to find information. Whilst this remains lower than the latest known national average (65% in 2021/22) it is a significant improvement on 57% during the previous year. In addition, 39% stated they had as much contact as they would like which is similar to the previous year and 85% stated that the services they receive help them feel safe, which is a significant improvement on 81% previous year.
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 2022/23 there were just short of 5k alerts, 518 fewer (a 9% reduction) on the previous year. 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 2022/23 there were 494 enquiries, 200 fewer (a 29% reduction) on the previous year. This will be due to the fall in the numbers of alerts received by the authority and the move to apply thresholds earlier on in the safeguarding process. The number of people stating that their desired outcome of an enquiry was fully or partially achieved was 93% (259 out of 278), similar to last year and just short of the local target of 94%.
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 2022/23, 76% (3,945 out of 5,172) 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 latest known national average of 55% and an improvement on 69% during the previous year.

Communities and Wellbeing

17. There is no national performance framework covering the Communities and Wellbeing section of the Adults and Communities Department and as such performance is monitored against locally agreed targets.
18. There were 127.1k physical **visits to heritage sites** during 2022/23, a 31% increase on the Covid-19 pandemic disrupted previous year – an additional 30k visits. The number of website visits also increased to 179.5k for the full year 2022/23 compared to 161.9k for the previous year. Combining both physical and website visits for 2022/23, the total was 306.6k, 18% higher than 258.9k in 2021/22, and higher than the local target.
19. **Library visits** also consist of both physical footfall at library premises and website visits. During 2022/23 there were 539.6k visits to libraries across the county, 54% (+188.7k) more than the previous year. During the same period, the number of website visits increased by 20% (+42.0k) to 253.6k during 2022/23. When both are combined there were almost 800k visits during the year, surpassing the annual target of 564k.
20. With the growing level of footfall at local libraries, the number of **loans** has consequently increased on last year. During 2022/23 there were 2.3 million loans in total, up by 13.5% from 2.0 million during the previous year, and above the target of 2.1 million. Junior loans increased by 21% (+142k) to 805.3k during 2022/23 whilst e-loans continue to rise year-on-year with a 7% increase (+57k) to 908k during the past twelve months. Both the number of junior loans and e-loans met the targets for the year.
21. **Volunteering** programmes continue to be a priority for the Department in relation to libraries, museums, and heritage services. During 2022/23 there were over 17.0k hours of volunteering, an increase of 7.4k hours compared to the previous year and above the local target.
22. 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 current performance of 88% at the end of March 2023 is an improvement on the previous year and above the 86% target.

Conclusions

23. The latest year has seen the continued increase in use of community facilities back towards pre-pandemic levels. The number of visitors to heritage sites and libraries surpassed expectations as set out in the annual targets. In addition, the number of library loans – both physical and electronic – have seen improvements during the past 12 months.
24. It has also been a positive year in terms of adult social care performance. Delaying people's needs through supporting them with a reablement service continues to have beneficial outcomes despite a small reduction from the previous year, whilst admissions to permanent placements in residential or nursing care remain in line or lower than the national perspective. The proportion of people whose contact with the

department leads to a service – primarily home care – remains a concern, and further analysis is being undertaken to understand this trend in more detail. Finally, the latest findings from the survey show significant improvement in finding information and feeling safe although both results may remain below the national average when published later in the year.

25. Reporting of performance in 2023/24 is currently being established. Monitoring and analysis will continue on a regular basis covering performance measures such as those included in ASCOF and locally agreed targets.

Background papers

- Adult Social Care Outcomes Framework
- Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24
- Leicestershire County Council Strategic Plan 2022-26
- Better Care Fund

Circulation under the Local Issues Alert Procedure

26. None.

Equality Implications

27. 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.

Human Rights Implications

28. Data relating to equalities implications of service changes are assessed as part of Equality and Human Rights Impacts Assessments.

Other Relevant Impact Assessments

29. There are no other items of data in this report relating to other relevant impact assessments.

Health Impact Assessment

30. 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 2022 to March 2023

Performance Rating and Progress

 Performing **better** than the latest national average or local target

 Performing **similar** to the latest national average or local target

 Performing **below** the latest national average or local target



Performance has **improved** on last year



Performance is **similar** to last year



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 2022/23		56.7%	56.4%
ASCOF 3D pt 1	% of SUs who find it easy to find information	High	64.6% 21/22 Nat. Ave.		61.8%	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%

Leicestershire County Council's Strategic Plan 2022-26	Great Communities Cultural and historical heritage are enjoyed and conserved
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	Heritage visits (inc. website visits)	High	264.1k Local Target 2022/23	▲	306.6k	258.9k
Local	Library visits (inc. website visits)	High	564.3k Local Target 2022/23	▲	792.2k	561.5
Local	Total library loans	High	2,090.9k Local Target 2022/23	▲	2,260.7k	1,991.3
Local	Junior loans	High	715.9k Local Target 2022/23	▲	805.3k	662.9k
Local	E-loans	High	859.7k Local Target 2022/23	▲	908.0k	851.2k
Local	Total community library issues	N/A	For Information Only	N/A	295.2k	247.2k
Local	Community library children's issues.	N/A	For Information Only	N/A	173.3k	144.3k

Leicestershire County Council's Strategic Plan 2022-26	Great Communities People support each other through volunteering
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	Hours of Volunteering (Heritage and libraries)	High	10.2k Local Target 2022/23	▲	17.1k	9.7k

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 2022/23	▲	88.0%	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.	◀▶	9.3%	9.2%
ASCOF 1G	% of people with LD in settled accommodation	High	78.8% 21/22 Nat. Ave.	◀▶	84.1%	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 2022/23	▼	16.3%	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	◀▶	38.7%	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

Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	% of sequels that 'Delay Need'	Target Band Width	10% - 15% Local target 2022/23	▲	12.8%	11.0%
ASCOF 2D	% of people who had no need for ongoing services following reablement	High	77.6% 21/22 Nat. Ave	▼	87.4%	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	◀▶	89.4%	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 Actual 10.8 per 100k Pop. 46 Admissions in 22/23	Full-year Actual 5.9 per 100k Pop. 25 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 549 per 100k Pop. 841 Admissions in 22/23	Full-year Actual 579 per 100k Pop. 886 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
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	% of sequels that 'Meet need'	Target Band Width	7% - 12% Local target 2022/23	▼	14.3%	12.3%
ASCOF 1C pt 1a	Adults aged 18+ receiving self-directed support	High	94.5% 21/22 Nat. Ave	▼	92.8%	95.7%
ASCOF 1C pt 2a	Adult aged 18+ receiving direct payments	High	26.7% 21/22 Nat. Ave	▼	36.1%	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	◀▶	99.4%	99.5%

Leicestershire County Council's Strategic Plan 2022-26	Safe and Well People at most risk are protected from harm
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Measure	Description	Aim	Rating	Progress	2022/23 Performance	2021/22 Performance
Local	Safeguarding outcomes fully or partially achieved	High	94.0% Local target	◀▶	93.2%	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.	▲	85.3%	81.2%
Local	% of service users who received their annual review	High	55.2% 21/22 Nat. Ave	▲	76.3%	68.7%

Delivering Wellbeing and Opportunity in Leicestershire

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

Prevent need

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

Reduce need

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

Delay need

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

Meeting need

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

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE

5 JUNE 2023

LEICESTERSHIRE ADULT LEARNING SERVICE PERFORMANCE AND ACCOUNTABILITY STATEMENT

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

- 1 The purpose of this report is to provide an update on the performance of the Council's Adult Learning Service (LALS) and to seek the views of the Committee on the proposed Accountability Statement mandated by the Department for Education (DfE) from 2023, which is appended to this report.

Policy Framework and Previous Decisions

- 2 The LALS' programmes support the objectives of a number of key strategies, in particular Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Strategy 2020–2024 and the County Council's Strategic Plan 2022-2026.
- 3 The LALS curriculum offer is designed to support adults develop their basic skills, mental health, vocational skills, and wellbeing. The service also delivers a range of apprenticeship programmes and leads the Work and Skills Leicestershire project, a careers service to help adults find employment. LALS is leading the Council's Multiply programme, a three-year national initiative to improve adult numeracy skills due to end in 2025.
- 4 The Committee last reviewed LALS' performance on 7 March 2022 and no significant concerns were raised. The value of LALS work in supporting English skills for speakers of other languages (ESOL) was acknowledged by the Committee.

Background

- 5 LALS receives external grant funding circa £5m from the Education and Skills Funding Agency (ESFA) for the delivery of adult education provision across the County.
- 6 The ESFA funding rules state the purpose of the Adult Education Budget is 'to engage adults and provide the skills and learning they need to progress into, or within, work; or equip them for an apprenticeship or other learning. It enables flexible tailored programmes of learning to be made available, which may or may not require a qualification, to help eligible learners engage in learning, build confidence, and/or enhance their wellbeing.'

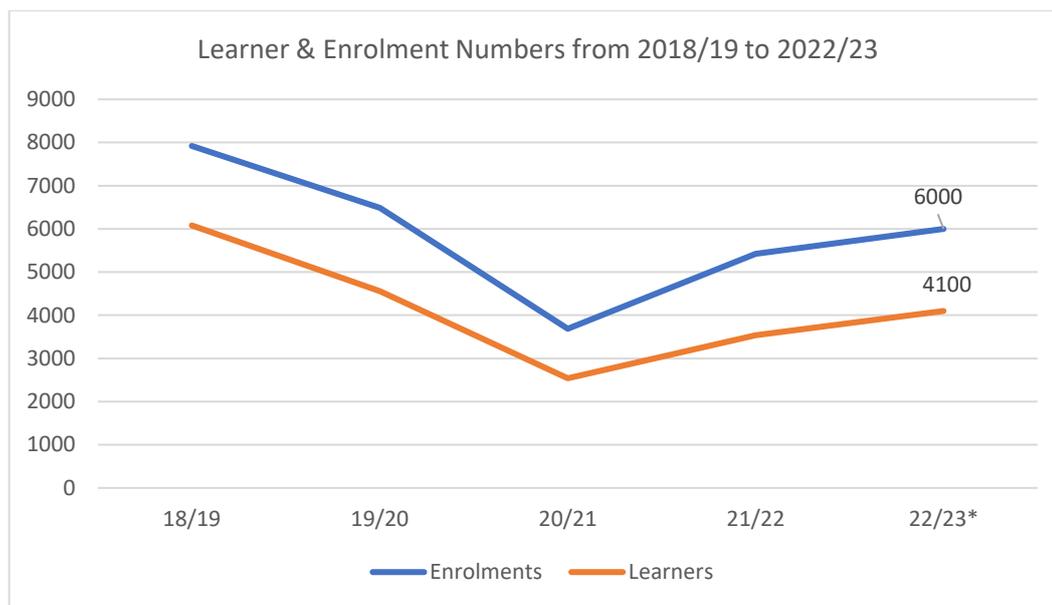
7 LALS is regulated by Ofsted and at the last inspection in 2018 the service was graded Good for Overall Effectiveness. LALS produces a self-assessment report which is sent to Ofsted annually as part of the quality assurance cycle. Areas identified for improvement in the last report included:

- English and Maths achievement rates at Level 1 and Level 2 need to improve;
- Essential Digital Skills Qualification (EDSQ) achievement rates need be higher;
- The achievement rate of Black African, Black Caribbean and Black Other remains low and needs to improve.

LALS Performance Update

8 The impact of the COVID-19 pandemic on the engagement of adults into learning has been significant with a 52% reduction in numbers at the peak of the pandemic. Participation has slowly recovered and in the academic year 2021/22 LALS enrolled 5,419 learners across 43 venues. The service forecast for this year ending July 2023 is circa 6,000 enrolments which is +18.4% compared with the previous year.

9 The increase in enrolment numbers compares favourably with a national increase of 10.7% across all Community Learning providers. Service performance does, however, remain approximately 2,000 enrolments below the pre-pandemic figure and increasing participation is a high priority for the service.



*Forecast for academic year ending July 2023

LALS Learner Achievement

10 Findings from the 2021/22 academic year self-assessment shows that high standards have been maintained and the quality of education is good for the majority of learners.

Learner Achievement Rate Trend

2018/19	2019/20	2020/21	2021/22
91.73%	85.67%	88.44%	90.66%

- 11 However, adults studying English and Maths have performed less well with an overall achievement rate of 65% down 2% from the previous year. Employability and Digital skills achievement at 61% is also down by 17% compared with the previous year. These subject areas are a focus for improvement in the current academic year.

Learner Satisfaction

- 12 Feedback from learners is extremely positive. 97% of respondents agreed or strongly agreed that the things they learnt on the course will help them at home, work and in the community. 97% reported that their course has helped improve their wellbeing.
- 13 Improvements over the last year to customer service and service support systems have translated to higher levels of learner satisfaction with the enrolment process and onboarding to courses.

End of Course Evaluation Questions	Agree or Strongly Agree (2,813 responses)	Percent change vs previous year
Enrolment on this course was well organised and helpful	97%	+ 4%
Aims and outcomes of the course were appropriate	99%	- 1%
The room, equipment and resources for this course were appropriate	97%	-3%
The course length and timings were appropriate	95%	-2%
Induction to the course was well managed and included ground rules	98%	-1%
I was able to complete the contents of the course	98%	-1%
The teaching and learning methods and activities were effective	99%	0%
Additional learning support was effective where provided	99%	0%
I feel more confident now than at the start of the course	97%	-1%
I feel participation in this course has improved my wellbeing	97%	-2%
The things I have learnt will help me at home, work and in the community	97%	+2%

Safeguarding

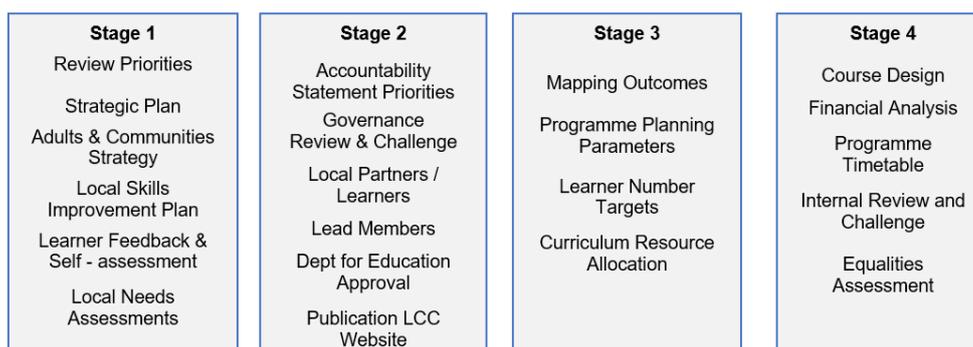
- 14 Adult learners report that they feel safe whilst studying with the service. Safeguarding policies and procedures are robust and well-established ensuring concerns are responded to appropriately to minimise risks.

Accountability Statements - Requirements

- 15 As of June 2022, governing bodies of institutions within the further education sector have a duty under a new section 52B of the Further and Higher Education Act 1992 to review provision in relation to local needs, in accordance with amendments made by the Skills and Post-16 Education Act 2022
- 16 From 2023 the above requirements have been extended to Community Learning providers including local authorities. There is now a requirement for the publication of an Accountability Statement which identifies the service priorities. Once approved by the DfE the document must be published on the education providers website and updated annually as a condition of the funding agreement.

LALS Accountability Statement

- 17 LALS Accountability Statement maps the learning offer to outcomes identified within the County Council's Strategic Plan - Clean and Green, Great Communities, Improved Opportunities, Strong Economy, Transport and Infrastructure, and Safe and Well. Learning activities will contribute to the regional skills strategy to support growth and economic output and the service will prioritise programmes that align to the Adults and Communities Strategy to prevent and reduce need.
- 18 A range of data will be used to shape curriculum design, inform the content of courses and plan the targeting of activities. Each course will have a clear intent to support learner progression towards positive destinations including employment, wellbeing, independence, progression to higher level learning and/or community engagement.
- 19 The Accountability Statement will provide extra rigor to the planning process and help ensure the curriculum offer meets the needs of local priorities. The proposal is to integrate the annual refresh of the statement into Stage 2 of the existing planning framework prior to the preparation of programme planning parameters. This will provide greater opportunity for partners to comment on priorities identified and help steer the curriculum offer. Feedback from district councils will be essential to develop an integrated offer particularly with local delivery of UK Prosperity Funding (UKSPF) skills programmes currently being planned.



Summary of Key Priorities for inclusion in the Accountability Statement 2023/24

- 20 Increasing learner numbers is a key priority for the service. The engagement of partners throughout the programme planning process will help shape the curriculum offer and help to ensure courses meet the needs and interests of groups. The target for the academic year 2023/24 is to engage and enrol 6,500 learners to skills and community learning programmes across Leicestershire.
- 21 Maths, English and Digital skills underpin many activities we face in day-to-day life. The aim is to help people build confidence and develop useable skills that will benefit them at home and in the workplace. Improving learner achievement rates of these programmes will be a priority. The target for the next academic year is to raise overall achievement for skills programmes to 84% (+5%).
- 22 Expansion of provision for ESOL will be prioritised. The programme will provide 560 places helping to meet demand for increasing numbers of residents settling in the county, including programmes for those from Afghanistan, Hong Kong, Syria and

Ukraine. The wider language programme will deliver Deaf Awareness and Sign Language.

- 23 The apprenticeship offer will focus on Payroll, Social Care, Teaching and Learning and Business Administration and Management. The target is to enrol 60 apprentices to these programmes during the next year. Following the launch of the Adult Care Worker apprenticeship in November 2022, a second larger cohort is expected to start in May 2023. This programme will support the Department's Workforce Strategy by improving skills required for career progression within Adult Social Care.
- 24 The Work and Skills Leicestershire offer supports people to become work ready. Work Coaches help individuals' development of support plans to help clients find work and progress in their careers. The service is delivered in County Council and community operated libraries which offer a neutral, safe and inclusive place for people to attend. This service is funded until September 2023 and discussions with District Council's will continue to explore the use of the UKSPF to extend the project.
- 25 The Learning for Independence programme will provide places for 350 individuals with learning difficulties and additional needs. This programme links closely with Adult Social Care and the curriculum focusses on helping learners gain the skills and knowledge they need to become more independent in everyday life.
- 26 Mental Health and Wellbeing programmes have been in demand and programme plans will prioritise courses that help support residents to improve or maintain their mental health, wellbeing, and resilience. The curriculum will provide a safe learning environment where learners with shared experiences can make supportive social links. This service will focus on further developing links with Public Health social prescriber services.
- 27 The Family Learning programme will provide 800 places for adults needing to develop their basic English and Maths. These programmes will also equip parents with the skills to support their children's education and development. Courses are targeted on the most deprived areas and relies on strong partnerships with schools, academies and the Council's Children and Families Service's welfare services.
- 28 LALS will also lead the second year of the national Multiply Project for the Council which will focus on supporting adults to gain confidence with numeracy skills and progress to higher level learning. The proposal is to deliver of a mix of in-house and externally commissioned provision. A range of partners will be involved including voluntary sector organisations and further education colleges.

Consultation

- 29 There is no requirement for public consultation. Feedback on the priorities identified within the draft Accountability Statement from partners, learners and elected Members will be a key part of the annual refresh.

Resource Implications

- 30 Areas for improvement identified within the self-assessment report will be funded through the service budget.

- 31 Preparation of the Accountability Statement will be integrated into the service planning process and there is no requirement for additional resources. Some senior officer time will be required to support oversight and governance.
- 32 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

- 33 The outcomes of the pending Ofsted Inspection will be presented to a future meeting of this Committee following the publication of the Ofsted report.
- 34 Learning Providers are required to submit Accountability Statements to the DfE by 31 May 2023. This provides sufficient time for the ESFA contracting service to prepare the contract of funding for the 2023/2024 academic year. The DfE require a final version of the Accountability Statement by 31 July 2023.

Conclusions

- 35 Adult Education is an essential component in the delivery of outcomes identified within the Council's Strategic Plan. The introduction of Accountability Statement will help ensure programmes are aligned to the needs of local residents and employers.
- 36 The range of programmes that LALS provide support a significant number of disadvantaged residents needing to improve their basic skills. Outcomes are good for the majority of learners and satisfaction rate is high. However, some improvement in English, Maths and Digital skills provision is required. Learner numbers have improved, however, there is further work to do to engage more people to ensure they benefit from developing their skills.

Recommendation

- 37 The Committee's views and comments on the draft Accountability Statement are sought.

Background papers

- [Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2020-24](#)
- [Leicestershire County Council Strategic Plan 2022-26](#)
- Report to Adults and Communities Overview and Scrutiny Committee: 7 March 2022 - Leicestershire Adult Learning Service Performance - <https://politics.leics.gov.uk/ieListDocuments.aspx?MId=6839>

Circulation under the Local Issues Alert Procedure

- 38 None.

Equality Implications

- 39 The purpose of this report is to provide the Committee with an overview of current performance and the opportunity to comment on the planned approach and priorities identified in the Accountability Statement. These plans do not propose any significant

change to the service offer that could impact on protected groups. The performance of different demographic groups will continue to be monitored through the service self-assessment process and quality improvement plan.

Human Rights Implications

- 40 There are no human rights implications arising from the recommendations in this report.

Health Impact Assessment

- 41 Adult education is an important element in supporting the delivery of health and wellbeing priorities. The LALS Accountability Statement prioritises the support of vulnerable groups and provides a range of health and wellbeing programmes. Programmes are designed not only to improve subject specific skills but also help learners develop positive behaviours that improve wellbeing and life chances.
- 42 The impact on health and wellbeing is captured within course evaluations completed by learners. This information is used to help inform programme planning and course design.

Appendix

Draft Accountability Statement

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LEICESTERSHIRE ADULT LEARNING SERVICE

ACCOUNTABILITY STATEMENT 2023-2024

1. Statement of Purpose

Leicestershire County Council's Adult Learning Service (LALS) aims to engage adults into learning and support them develop skills and behaviours they need to improve their lives.

Strategic Goals

LALS programmes support the objectives of a number of key strategies, in particular Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Strategy 2020–2024 and the County Council's Strategic Plan 2022-2026.

- Great Communities
- Safe and Well
- Improved Opportunities
- Clean and Green
- Strong Economy, Transport, and Infrastructure

LALS Mission Statement

LALS mission is to improve the lives of the people of Leicestershire using education as a vehicle for social mobility and increased life chances. We will support people, communities, and businesses to develop and engage in learning programmes to suit their needs with particular focus on the following themes:

- Building confidence
- Promoting independence
- Preparation for further learning
- Preparation for employment
- Improving essential skills (English, including English for Speakers of Other Languages, maths and digital provision)
- Equipping parents/carers to support children's learning
- Health and well-being
- Participation and widening engagement in learning
- Developing stronger communities

In each of these themes we will contribute to the delivery of priorities in positive partnership with other agencies, voluntary organisations, and providers, to develop learning activities that are driven by communities and businesses across the county. We will direct more resources towards the most vulnerable and disadvantaged and endeavour to actively engage those least likely to participate. In doing this, we aim to play a part in equalising access to learning, achievement, and progression, and provide best value for money for Leicestershire residents.

2. Context and place

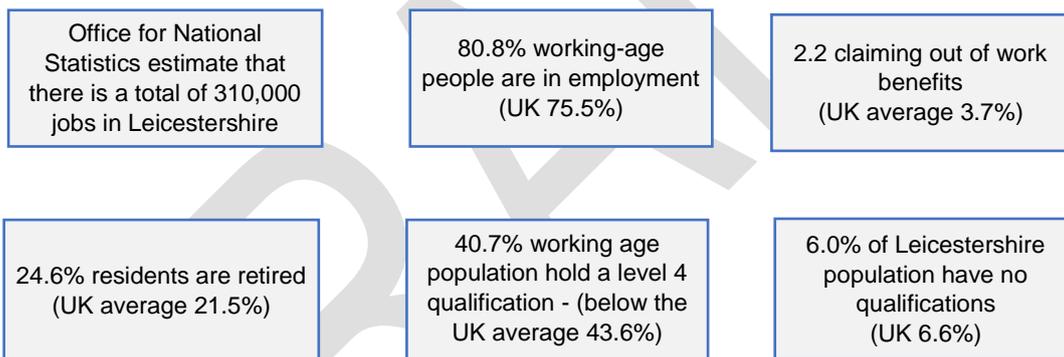
LALS serves a county that is predominantly rural by area, but urban by population. The total population of the county is 712,300 with 77.6% of the population aged 20 or over, compared to 76.9% for England. The county has experienced a 9.5% increase in population between 2011 – 2021.

Within the county, 69% of the population live in urban areas, 18% in rural town and fringe settlements and 12% in rural areas. The population is ageing and becoming more ethnically diverse, with a significant Asian/Asian British population (6.3%).



In August 2022, 2.2% of the working age population of the county were claiming universal credit compared to 3.3% in the East Midlands and 3.7% in Great Britain.

Charnwood experienced the highest overall number of Jobseeker's Allowance (JSA) and Universal Credit (UC) claimants in August 2022, with 2,530 claimants, followed by Hinckley and Bosworth with 1,705.



- Bosworth has seen higher rates of claimants with a higher proportion of working age population claiming JSA or UC.
- 28.5% of the working age population of Leicestershire are students (UK average 26.6%).
- There is a high percentage of employees in manufacturing jobs located in Melton, Hinckley and Bosworth and Charnwood, compared with other types of employment.
- North West Leicestershire has a high percentage of transport and storage related jobs.
- Charnwood has a high concentration of workers in the Education industry, followed by manufacturing.
- Blaby has a high percentage of employees in Professional, Scientific and Technical jobs.
- Leicestershire compares well against the East Midlands and Great Britain for the qualifications achieved and in 2021 - 81.6% of 16-64-year-olds had achieved a NVQ2 or higher, compared to 74.7% across the East Midlands. Leicestershire has 40.7% of people with an NVQ4 or above, just below the average for Great Britain of 43.6%

Leicestershire Local Skills Improvement Plan

The Leicestershire Local Skills Improvement Plan (LLSIP) produced by the East Midlands Chamber, is one of eight employer representative bodies testing an employer-led approach to skills planning. The LLSIP focuses on the knowledge, skills and behaviour (KSBs) that businesses identify as priorities to meet growth aspirations.

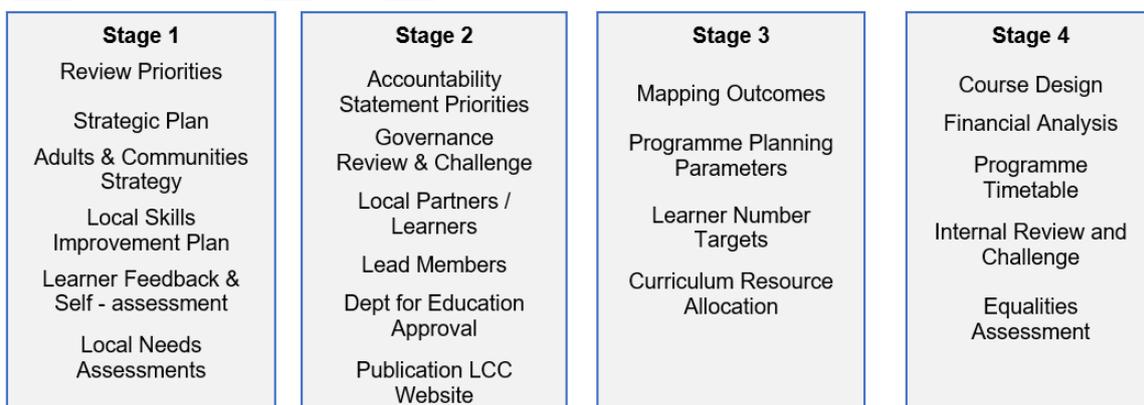
Key Findings

- Knowledge - across all sectors, technical and vocational knowledge areas are the most important to a business's success. The next top four identified knowledge requirements are: basic literacy, basic numeracy, health and safety, basic IT.
- Skills - team working is the most important skill across all sectors, followed by, verbal communication, specific occupational skills, written communication, and time management. In addition to technical and vocational knowledge and skills, employers highly value basic numeracy and literacy, along with other more transferable knowledge and skill areas.
- Behaviours – the LLSIP notes that employers value the right behaviours in their employees more than knowledge and skill areas. Being a team player is the most important behaviour, followed by, being hard working, reliable, resilient, and honest.

3. Approach to Developing the Accountability Statement

LALS Accountability Statement will help ensure the curriculum offer meets the needs of local priorities. The proposal is to integrate an annual refresh of the statement into stage 2 of the existing planning process prior to the preparation of programme planning parameters and timetabling of courses.

Our approach will provide an opportunity for partners to comment on programme and help steer planning proposals to ensure local needs are met and progression pathways are provided. Prior to the courses being scheduled the accountability statement will be reviewed and approved by elected members.



Planning the Curriculum Offer

The adult learning programme planning cycle draws on a range of evidence to inform the final curriculum offer. The timeline commences in November and finishes in April the previous academic year. The service develops curriculum planning parameters from an analysis of regional and local priorities. In-year performance data is used including, levels of achievement, learner destinations, end of course evaluations. Performance is also measured against regional and national benchmarks where these are available to establish if LALS or another local provider is best placed to deliver a specific programme.

Programme Planning Parameters

Once the local needs analysis has been completed and priorities are approved by Elected Members the programme planning parameters are prepared by senior managers. Targets are set for curriculum teams including learner numbers, target groups, courses, geographical locations.

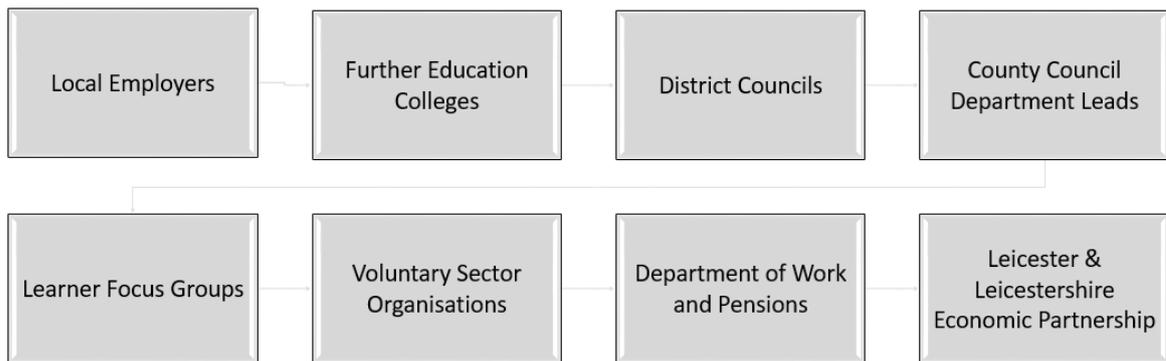
A service fees policy is agreed to ensure there is a consistent pricing of courses, fee remission and learner support funds are available to remove barriers to learning. To help generate additional income, full cost recovery programmes will be included to help cover service overheads.

The final stage of planning involves scrutiny from senior leaders and challenge to curriculum teams to test the strength of the rationale for including each course within the programme offer. Prior to final approval consideration is given to:

- Alignment to intent and strategic goals
- Outcomes including employment, progression, volunteering personal development and wellbeing.
- Progression pathways
- Effective use of resources
- Geographical cover
- Alignment to employer needs
- Careers Information Advice and Guidance
- Areas of possible duplication
- Alignment to regional skills improvement plans
- Inclusion of enrichment activities
- Is the LA the best placed provider to deliver the course? – expertise, resource, previous performance

Working together to meet local needs

The (LLSIP) identifies a need for further collaboration between learning providers to provide a comprehensive curriculum offer for the region. A number of key partners have been identified and the planning cycle is being tailored to include more opportunities for constructive dialogue to further improve the regional skills offer.



In 2023 District Councils will be allocated UK Shared Prosperity Funding (UKSPF) and it will and discussions are currently ongoing to help ensure there is an integrated skills offer that meets local needs and avoids duplication.

The service also intends to build on the recent partnership work developed through the national Multiply Project which has proved beneficial for engaging target groups and providing progression routes. In addition to in-house Multiply programmes the service is working with three Further Education Colleges and 10 organisations from the voluntary sector.

4. Contribution towards National, Regional and Local Priorities for Learning and Skills

LCC Strategic Plan	Contribution towards National, Regional and Local Priorities for Learning and Skills	Why are we doing it?
Great Communities	<ul style="list-style-type: none"> We will continue to support community integration through the delivery of a curriculum that appeals to people from different backgrounds. English for speakers of other languages (ESOL) programmes will support language progression from pre-entry to level 2. The programme will be expanded to 560 places helping to meet demand and for increasing number of residents settling in the county including programmes for those from Afghanistan, Hong Kong, Syria and Ukraine. To provide more opportunities for local voluntary groups to meet and engage, where there is a positive impact on outcomes, we will provide more access to our three major centres at Thurmaston, Enderby and Loughborough to community groups. We will link with these groups and deliver programmes that develop the skills and confidence of people wishing to volunteer for example, skills to run local services. We will encourage residents and local businesses to take more control of steering curriculum design by convening 4 engagement events across the county to help capture their views during the curriculum planning process. 	<ul style="list-style-type: none"> LCC Strategic Plan – Our goal is for Leicestershire to have active and inclusive communities in which people support each other and participate in service design and delivery. Our Community Learning programmes will empower learners to take greater control of their lives. Course content will help learners develop a greater appreciation how they can contribute and influence things that have an impact on their own quality of life and the communities in which they live. There has been a decrease in the percentage of residents who feel that their local area is a place where people from different backgrounds get on well together (from 96% in 2019/20 to 91% in 2021/22). The ability to speak English provides greater opportunities for individuals to integrate and contribute to the local community and enterprise for the benefit of all. Support the Voluntary, Community and Social Enterprise (VCSE) sector and town and parish councils in their roles as providers of community-managed services and as community leaders.
Safe and Well	<ul style="list-style-type: none"> The programme offer will bring together people from different backgrounds helping them learn from each other and further develop tolerance and understanding. We will deliver a Learning for Wellbeing and Mental Health programme providing 1,000 spaces on these programmes to support maintain their independence and recover from poor mental health. We will strengthen links with partners to improve referral from Social Prescribers and other agencies. We will create a safe learning environment and embed activities that develop confidence. Through these activities we will promote trust and respect for British Fundamental Values. We will empower individuals to speak up and take control of their own wellbeing. 	<ul style="list-style-type: none"> LCC Strategic Plan – our goal is to work with partners to increase community cohesion and tackle hate crime. Develop behaviours, attitudes, knowledge and skills which support learners to improve or maintain their wellbeing and resilience which may also contribute to preventing or reducing the need to access other services is a key priority of the A&C Strategy – <i>Delivering Wellbeing and Opportunity in Leicestershire</i>. Programmes will help address social isolation by connecting people and promoting social interaction in a safe learning environment where learners with shared experiences can make beneficial and supportive social links. Providing opportunities for learners to use their lived experience of mental illness to gain a qualification and improve employability prospects

<p>Improved Opportunities</p>	<ul style="list-style-type: none"> We will deliver a range of English and maths programmes including English and Maths functional skills and GCSE's enrolling 650 learners across these subject areas. These programmes will be offered on-site and online to provide greater flexibility for learners to attend. In partnership with LCC Children and Families Services we will support young adults with Additional Needs gain work experience piloting the delivery of a Supported Internships programme for 10 learners with educational health care plans (EHCPs). Our Learning for Independence programme will support 350 individuals with Additional Needs. The programme will focus on enabling learners to improve health and well-being, increase independence and self-advocacy, engage with and be active in the community, progress to identified positive destinations including transition from Children's and Social Care services. We will improve digital inclusion, increasing skills and confidence through the delivery of basic digital skills qualifications enrolling 500 learners to these programmes. In partnership with schools, academies and LCC Children and Family Welfare Services we will provide 800 places to our family learning. These programmes will be targeted at more deprived areas. In addition to providing adults with basic English and Math support these programmes will equip parents with the skills to support their children's education and development. 	<ul style="list-style-type: none"> The delivery of basic skills courses will help learners develop skills valued by employers including communication, team working these programmes will embed the development of positive behaviours such as timekeeping, reliability, respect, and values. The importance of these characteristics is highlighted in the Local Skills Improvement Plan (LSIP). Supporting young adults with additional needs to gain work experience whilst continuing their learning provides an important progression pathway. The programme will help these groups reach their potential, become independent and contribute to the local economy through long term employment. The learning for Independence programme is a discrete service for learners with additional needs. Courses develop learner independence in everyday life reducing demand on carers and support services. Courses also develop the behaviours and attitudes that enhance learners' abilities to positively represent themselves and contributed to the local community. According to recent surveys conducted with local employers, Digital skills were identified as a barrier to productivity. Poor skills also limit individuals' ability to access services and can limit opportunities for career progression. Improving digital skills can reduce social isolation and reduce the impact this has on wellbeing, particularly in the more rural parts of the county. LCC Children and Families Partnership Plan aims: to ensure children receive the best start in life, are safe and free from harm and support families to be resilient and self-sufficient. There are a range of benefits to parents from family learning including, the development of basic skills in English, maths, parenting skills, self-esteem, self-confidence.
<p>Clean and Green</p>	<ul style="list-style-type: none"> The curriculum will include activities to raise awareness of sustainable living and promote the protection of our natural environment. In collaboration with LCC Environment Services we will deliver a range of courses to help people minimise their impact on the environment. Community courses will include the popular Love Food Hate Waste, Reuse and Mend programmes previously delivered and we will pilot new programmes to help individuals reduce their carbon footprint and adopt behaviours to enhance the Leicestershire environment. We will increase opportunities for learning online to reduce the need for learners to travel to centres with 15% of learners participating remotely. 	<ul style="list-style-type: none"> To achieve net zero carbon emissions in Leicestershire we need communities to take action to reduce their environmental impacts, such as by being more resource-efficient and travelling by sustainable modes. A key action within the LCC Strategic Plan is to '<i>Raise environmental awareness amongst local communities, schools and businesses to promote positive action</i>' National government has identified the need to reduce food waste which is currently estimated to be 10million tonnes per year, as a national priority due to the impact on the environment. Delivering more programmes online will help limit LCC's impact on the environment by reducing CO2 emissions from staff and learner travel as infrastructure is developed to provide a more sustainable means of transport.
<p>Strong Economy, Transport and</p>	<ul style="list-style-type: none"> Work Based Learning programmes will contribute positively to local economic growth, and we will enrol a total of 60 Apprentices onto Payroll, Social Care, Teaching and Learning and Business Administration and 	<ul style="list-style-type: none"> In addition to the contribution to the LCC Strategic plan activities map to priorities identified within Local Skills Improvement Plan (LSIP) priorities and Leicester and Leicestershire Economic Growth Strategy LLEP. Adult

Infrastructure

Management programmes. We will attain an overall achievement rate of 68% for our Apprenticeship programme.

- We will grow our basic skills programmes focusing on Digital, English, Maths. The programme offer will include basic introductory courses such as the Essential Digital qualification, English and Maths functional skills and GCSE's to provide individuals the foundations they need to support them in their personal or professional life. We will attain an overall achievement rate of 84% for our adult skills programme.
- We will create stronger links between the service's Family Learning and ESOL provision to enable next steps for learners within these areas.
- Our Work and Skills Leicestershire programme is designed to support unemployed or those at risk of losing their job find sustainable employment. We will work with District Councils to explore how this important programme is maintained and extended to other areas.
- In addition to the support and guidance provided through enrolment and initial assessment activity when learners join courses, we will provide a discrete Information Advice and Guidance (IAG) service to 500 clients who will benefit from a personalised career development plan.

learning apprenticeships will support the delivery of a highly skilled workforce and these programmes will contribute to the wider workforce strategy to recruit to hard to fill posts e.g. within adult social care.

- LSIP report notes that across all sectors, technical and vocational knowledge areas are the most important to a business's success. The next top four identified knowledge requirements are: basic literacy, basic numeracy, health & safety, basic IT.
- These basic skills courses will be targeted towards disadvantaged groups which will help them progress to positive destinations whether this be entering employment, career progression or going into further or higher education.
- Adults with low levels of basic skills often require support with planning their career progression and effective IAG is therefore essential to support individuals find the right programmes to support their needs. Combining IAG with effective initial assessment ensures individuals find the right level course increasing their chances of achieving their goals. IAG also provides signposting to other services helping prevent higher level of support where there is timely intervention.
- To meet the skills needs of the region there is a requirement for adults already in the workplace to upskill and good IAG support is important to find the right training programme or apprenticeship.

DRAFT

Corporation Statement/Sign-off

On behalf of Leicestershire County Council, it is hereby confirmed that the plan as set out above reflects an agreed statement of purpose, aims and objectives as approved by:

.....

.....

The plan will be published on the Council’s website within three months of the start of the new academic year and can be accessed from the following link:

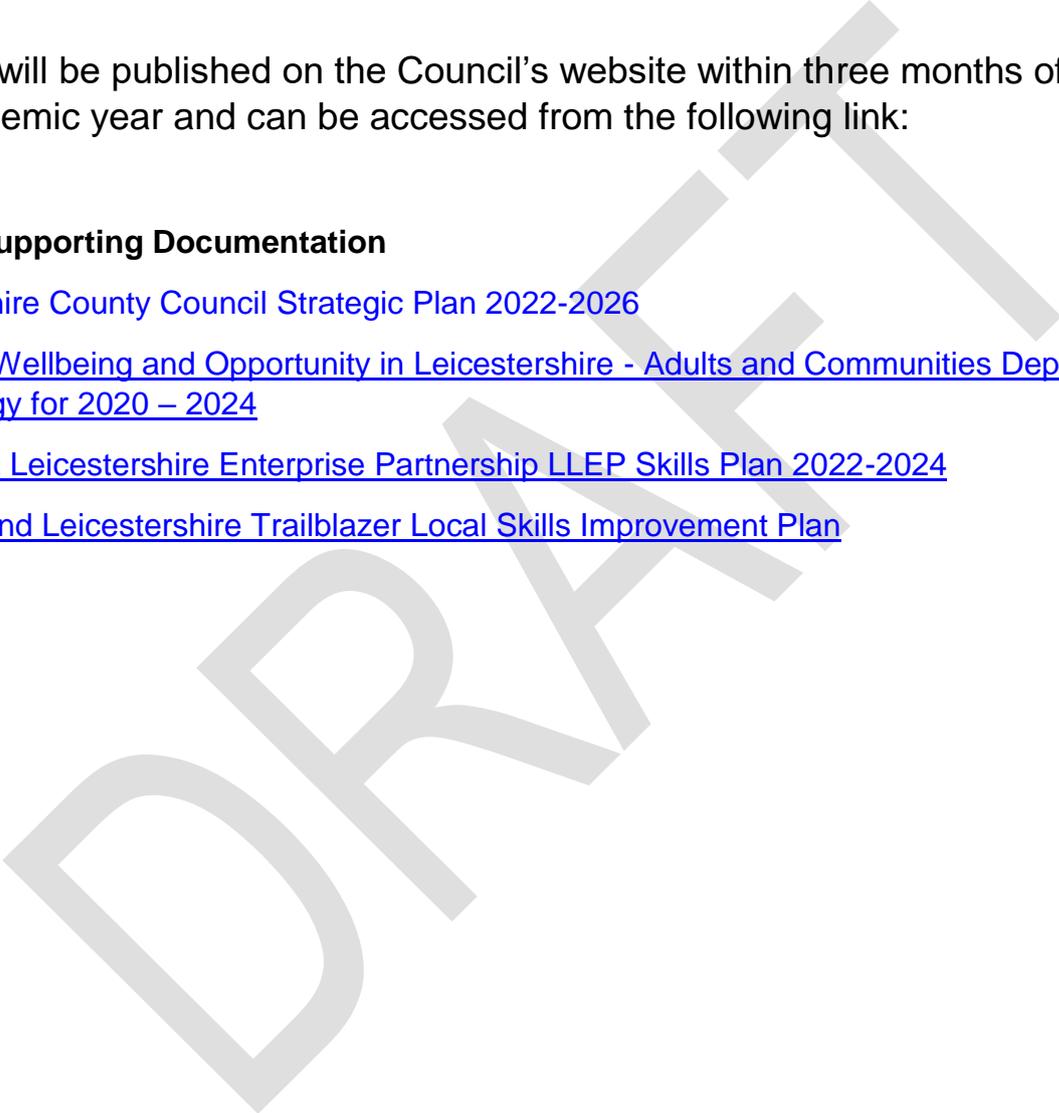
Links to Supporting Documentation

[Leicestershire County Council Strategic Plan 2022-2026](#)

[Delivering Wellbeing and Opportunity in Leicestershire - Adults and Communities Department Ambitions and Strategy for 2020 – 2024](#)

[Leicester & Leicestershire Enterprise Partnership LLEP Skills Plan 2022-2024](#)

[Leicester and Leicestershire Trailblazer Local Skills Improvement Plan](#)



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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
5 JUNE 2023

CARE DATA MATTERS

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

Purpose of the Report

1. The purpose of this report is to provide the Committee with information relating to the publication by the Department of Health and Social Care (DHSC) 'Care Data Matters: a roadmap for better data for adult social care' in February 2023.

Policy Framework and Previous Decisions

2. In December 2021 the DHSC published the White Paper, 'People at the Heart of Care' which outlined plans for data, digital, and technology within the 10-year vision for adult social care.
3. The White Paper was followed in June 2022 with the publication of the policy paper 'Data saves lives: reshaping health and social care with data'. This policy paper set out the vision for how data will be used to improve health and care of the population, focussing on an action plan to address barriers in the system and how best data can be utilised for the benefits of patients, and people who use the care system.
4. In addition, the Health and Care Act 2022 conferred a new duty on the Care Quality Commission (CQC) to assess the performance of local authorities' delivery of certain care functions as set out under the Care Act 2014, and this in turn forms part of the roadmap.
5. 'Care Data Matters' builds on the commitments set out in the above policy documents and Care Acts, setting out a roadmap for achieving transformation of adult social care data.

Background

6. The statutory requirement on local authorities to report adult social care data to national Government has been taking place on an annual basis for several decades. These data returns provide national activity and performance data, as well as an opportunity for local authorities to benchmark themselves with other similar councils. Furthermore, it is these data returns that provide the source data for the Adult Social Care Outcomes Framework (ASCOF).

7. To some extent, however, the datasets are limited in scope as they are aggregated and, due to the yearly timetable of provision, lack consistent and timely data on elements of care.
8. It was the Covid-19 pandemic starting in 2020 that highlighted to the DHSC the real potential of data to help make a difference. As such, the Government introduced emergency measures to collect new data from social care providers enabling a swift response to emerging issues.
9. Lessons were learned through the early months of the pandemic leading to the publication of 'Data Saves Lives'. Building on this progress the 'Care Data Matters' roadmap sets out the plan for the transformation of adult social care data over the next five years.
10. Local authorities, care providers, unpaid carers, people who use services and other stakeholders are encouraged to provide feedback on the roadmap by 31 July 2023. The Government aims to publish a final version by the end of the year. Feedback is currently being collated from across the Council and early comments are highlighted in this report.

Care Data Matters

11. The timetable for the roadmap including milestones along the way is set out in Appendix A, attached to this report. This covers four broad themes: streamlined and improved data collections, new data collections and bridged gaps, improved data access and finally, digitalising social care. Further details on each of these areas is set out from paragraph 14 below.
12. In understanding the 'as is' situation engagement between the DHSC and stakeholders (including the Local Government Association and Association of Directors of Social Services) identified several current features that limit the use of adult social care data:
 - Limited digitalisation that leads to a burden of data management;
 - Lack of data availability that leads to data being duplicated and care not necessarily being tailored to needs;
 - Duplication of data leading to additional burden in collecting and reporting;
 - Lack of standardisation leading to inconsistent decision-making and benchmarking;
 - Gaps in the data leading to organisations not having reliable information.
13. Picking up on these issues and how to resolve them, further work identified the following key overarching themes that social care data needs to be grouped into:
 - Population, characteristics, needs and outcomes of people who draw on care and support including self-funders;
 - Quality of care and support, including safeguarding, early intervention and integration of health and care services;
 - Supply of care services, local authority commissioning and accountability, and markets, including occupancy, capacity, discharge and strategic planning;
 - Social care workforce;
 - Population of unpaid carers;
 - Contingency planning and infectious disease control measures.

14. With these limitations and themes in mind the following paragraphs outline the key areas of development set out in the roadmap to transform the availability of adult social care data.
15. The Capacity Tracker¹ is currently the DHSC's main source of adult social care provider data, a subset of which was made mandatory from July 2022. Development is underway for a minimum dataset, which will improve and streamline how the Government and other organisations collect data from providers. Data collection will be increasingly streamlined through Digital Social Care Records (DSCRs) to reduce burdens on providers. The minimum dataset will fold existing provider data flows into a single collection designed to meet all user needs and to fill existing gaps, such as data on home care capacity.
16. The vision set out via the roadmap is supported by the widespread uptake of digital systems. Currently around 50% of CQC registered providers have a DSCR. The DHSC is providing funding direct to Integrated Care Systems via the Digital Transformation Fund to support providers procure the appropriate technology. In parallel, work is underway to develop a minimum dataset that will be held and reported by providers in digital format. The timeline in the roadmap is that by March 2024, 80% of providers will have a DSCR and by 2028 all providers will have a DSCR.
17. From April 2023 Client Level Data (CLD) became mandatory of local authorities and in the long-term is expected to replace existing data returns. CLD is a quarterly row level dataset, (not aggregated data), that covers contacts, assessments, services, reviews, and carer's activity and responds to the need for more timely and granular data. It will support in-depth analysis of the delivery, quality and integration of local health and care services whilst enabling local authorities and integrated care systems to track people's journeys (which will be non-identifiable) through health and care, and as such, will allow for much greater understanding of people's outcomes and how the system is working for individuals.
18. There are currently two mandatory surveys that local authorities need to complete: the annual Adult Social Care Survey (ASCS) and the biennial Survey of Adult Carers in England (SACE). Both, however, were established before the 2014 Care Act and therefore do not cover all groups of people within the scope of the Act, such as those who access services on a short-term basis. A revamp of the surveys is underway with the expectation that the revised versions will be in use from 2025. Furthermore, it is recognised that SACE only covers carers known by their local authority. As such, a feasibility study will explore how a broader survey could be representative of all unpaid carers.
19. The Adult Social Care Outcomes Framework (ASCOF) is a set of metrics that measure how well care and support services achieve the outcomes that matter most to people. Results are published annually by NHS England for use locally, regionally and nationally. Suggested development of the framework has been undertaken in recent years to better reflect local authorities' duties under the Care Act 2014 and the 'People at the Heart of Care' White Paper. Development of ASCOF is in two phases the first of which began in April 2023 and involves the move to grouping metrics across six objectives; this is set out in Appendix B, attached to this report. The

¹ The Capacity Tracker is a national data capture platform launched in 2019 to hold and provide insight on information relating to providers of adult social care.

framework includes two new metrics covering staff turnover and CQC provider ratings. Performance reporting to this Committee will be adjusted to take account of this new look ASCOF. Ongoing engagement will take place with stakeholders to develop phase two of the framework, to be launched in 2025, and will seek to utilise the new data streams highlighted in this report.

20. The CQC duties to assess local authorities commenced in April this year. They are currently exploring published datasets and performance metrics to identify which are suitable for use as part of the assessments. In addition, the CQC are working with DHSC and other stakeholders to ensure development of future collections limits duplication, promotes consistency, and provides relevant benchmarked data to support their assessments.

Feedback

21. The DHSC has invited feedback on the proposed roadmap with a deadline of 31 July 2023 for comments. Collating views and opinions is currently taking place and a summary to date is attached as Appendix C to this report. The feedback questionnaire is set out in a way that is somewhat repetitive but, in general, asks for thoughts from the point of view of different stakeholders against each of the key themes in the roadmap. Appendix C draws these together in a coherent manner.
22. Feedback includes a greater understanding of wider determinants affecting the need for support including housing, levels of deprivation and economic challenges. In addition, broader demographic trends, such as long-term health outcomes, will help provide context to the suggested data collections of the roadmap.
23. Quality of care intelligence will be enhanced via CQC provider ratings data, and this is already taking shape with the inclusion in the new ASCOF of a specifically related metric. Furthermore, improving the provision of support will be enhanced through greater understanding of market determinants, such as accessibility including those who self-fund their care, new provider entrants and closures, and the direct payments market.
24. There is also agreement on the need to strengthen data availability in relation to the social care workforce, such as trends in turnover and availability, unpaid carers (which is currently a notable gap in our intelligence), and the contingency measures in relation to infectious diseases such as the recent Covid-19 pandemic.

Conclusions and Next Steps

25. The roadmap for improved care data is welcomed, and if managed appropriately with input from stakeholders the benefits should outweigh any additional burden. Improvements in adult social care data will be helpful in meeting the Council's vision in its Business Intelligence Strategy of being an evidence-led and informed organisation and helping support transformation and operational delivery through enhanced intelligence.
26. Feedback will be provided by the deadline of 31 July 2023 and a final version of the roadmap, updated to reflect comments and suggestions from a range of stakeholders, will be published by the Government by the end of the year.

Recommendation

27. The Committee's views on the proposals are sought and will be taken into account in the response to the consultation.

Background papers

[Care data matters: a roadmap for better data for adult social care](#)

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

[Data saves lives: reshaping health and social care with data](#)

Circulation under the Local Issues Alert Procedure

28. None.

Resources Implications

29. The Council's Business Intelligence Service plays a key role in responding to the development and implementation of statutory returns and other intelligence requirements including the new CLD Data Set. Some additional grant funding has been provided to support the CLD implementation this year. Any further expansion of data collection or provision such as new surveys may have implications for the Business Intelligence Service resourcing (and possibly IT and HR colleagues) and will be highlighted in any future reports.
30. The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Equality Implications

31. The Care Data roadmap sets out a diverse set of themes that care data should reflect and invites comments from a range of stakeholders.

Human Rights Implications

32. The Care Data Matters roadmap seeks to ensure that data collected and analysed enables the assessment of human rights in relation to both local and national policy and practice.

Other Relevant Impact Assessments

33. There are no other items of data in this report relating to other relevant impact assessments.

Health Impact Assessment

34. Through the CLD return the Care Data Matters roadmap outlines the potential for joined up analysis of health and care data supporting the improvement of people's health and care service journeys and experience.

Appendices

- Appendix A – Care Data Matters roadmap

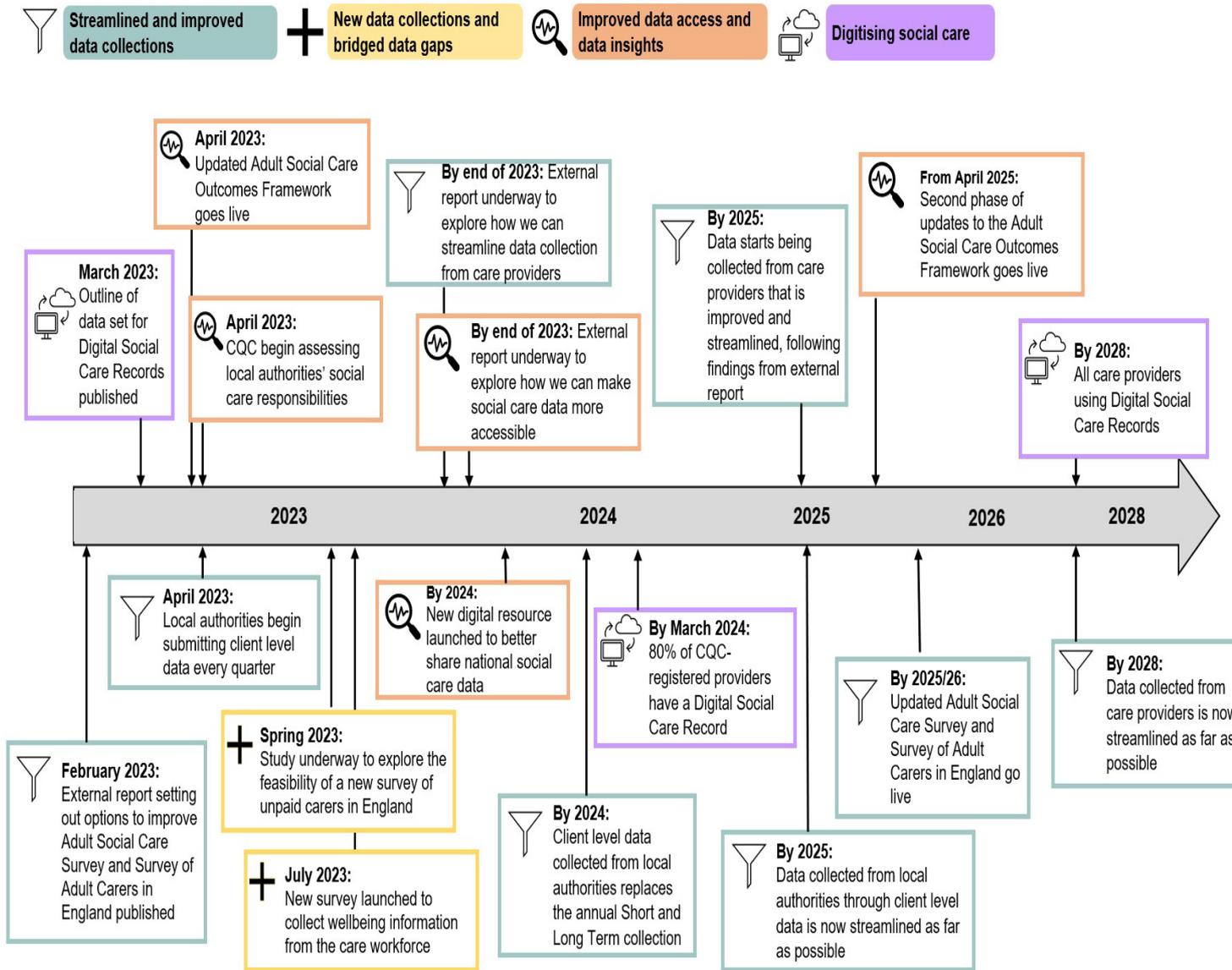
- Appendix B – Phase 1 ASCOF
- Appendix C – Summary of initial feedback

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Roadmap Timeline



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Adult Social Care Outcomes Framework (ASCOF)

Phase One from April 2023

Objective 1: Quality of Life	Objective 2: Independence
<i>People's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently</i>	<i>People are enabled by adult social care to maintain their independence and, where appropriate, regain it</i>
1A: Quality of life of people who use services 1B: Adjusted Quality of life ¹ 1C: Quality of life of carers 1D: Satisfaction of people who use services 1E: Satisfaction of carers with social services	2A: No ongoing support post reablement 2B: Permanent admissions to care (aged 18-64) 2C: Permanent admissions to care (aged 65+) 2D: People still living at home 91 days after discharge 2E: People living at home or with family
Objective 3: Empowerment	Objective 4: Safety
<i>Information and advice - individuals, their families and carers are empowered by access to good quality information and advice to have choice and control over the care they access</i>	<i>People have access to care and support that is safe, and which is appropriate to their needs</i>
3A: People who have control over their daily life 3B: Carers involved in discussions about the person they care for 3C: People and carers who found it easy to find information 3D: People who receive direct payments	4A: People who feel safe 4B: Safeguarding enquiries where the identified risk was reduced or removed
Objective 5: Social Connections	Objective 6: Continuity & Quality of Care
<i>People are enabled by adult social care to maintain and, where appropriate, regain their connections to their own home, family, and community</i>	<i>People receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff</i>
5A: People who had as much social contact as wished	6A: Staff in formal workforce leaving their role in the past 12 months 6B: Adult social care providers rated as good or outstanding by CQC

¹ Adjusted to account only for the additional impact of local authority-funded social care on quality of life, removing non-service-related factors (underlying health and care needs, gender etc).

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Feedback to the Care Data Matters Roadmap

The format of the feedback asks a similar question for each group of stakeholders against each of the themes outlined in the roadmap – “What information and data do the *stakeholders* need, in relation to the particular *theme*?”

Theme	People who use care and support services, and their carers	Care providers	Local government	National government
Population, characteristics, needs and outcomes of people who draw on care and support including self-funders	Broad information in relation to eligibility, access and outcomes may be of interest	Market Position Statements and Market sustainability plans on demographic trends, long term conditions, health outcomes, numbers of people accessing specified care services and trends, funding arrangements	Environment and wider determinants e.g., housing, deprivation, economic challenges. Possibly air quality Self-funding and state funded populations. Demographics inc. geographical and GP practice registrations.	
Quality of care and support (including early intervention, safeguarding and integration of health and care services)	Quality ratings, complaints upheld, safeguarding enquiries, leadership and management data, workforce data inc. capacity and turnover, services available, timeliness of interventions, accessibility, qualifications, and certification, Data which references quality and cost may be beneficial in choice determinations		CQC ratings in more detail e.g., by home size, location relating to levels of deprivation. Improved understanding of possible future demand.	
Supply of Care Services, local authority commissioning and accountability, and markets (including occupancy, capacity, and discharge)	Availability, accessibility, funding arrangements, sustainability, choice.	Trend analysis, market closures, market entrants, occupancy, lengths of stay.	Self-funder market – size, demand, type of care, fragility of market etc. Direct payments market.	

Theme	People who use care and support services, and their carers	Care providers	Local government	National government
Social care workforce	Availability, turnover, capacity, certification, qualification, skills, and knowledge Funding and payment models, pay and reward	Trend data and demographics	IMD ¹ categories that we draw care staff from.	
Population of unpaid carers			Size of population and demographics, local geographical picture, support needs, whether they are in paid work as well (ideally with some detail e.g. income, part time or full, sector etc). What services are being accessed	
Contingency and infectious disease control measures	How to access the most up to date Infection Prevention and Control guidance. Where to access specialist advice and support if needed For regulated services, the outcome of quality inspections such as CQC, NHS, Health Watch, LA contracts including IPC which will inform people when choosing particular service e.g., a care home for either themselves or others	Most up to date Infection Prevention and Control (IPC) guidance for the sector, where to access specialist IPC support locally. Locally, the results of their IPC audit undertaken by the service and any recommendations needed to improve their IPC systems and processes Information on resident's risk factors and whether classed as clinically vulnerable/extremely. Staff transferable skills and information on agency workforces if staff cover is required.	Number of outbreaks locally, infection type and trends in relation to infections at local and national level; admission data to secondary care including reason Surveillance data e.g., MRSA blood stream infections; respiratory & intestinal outbreaks etc – this is already provided via UKHSA Flu vaccine uptake data How many carers have the care certificate. Care home capacity, staff numbers. Resident make-up, whether a home is care or nursing.	Information/ surveillance data about infection outbreaks is collated and monitored by UKHSA nationally including trends. Flu/COVID Vaccine uptake; workforce data – such data is already supplied by providers to national government via the capacity tracker. Outbreak or cases in immediate area such as same district

¹ Indices of multiple deprivation (IMD). They provide a means of identifying the most and least deprived areas in England and to compare whether one area is more deprived than another.



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
5 JUNE 2023

MARKET SUSTAINABILITY AND IMPROVEMENT FUND

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of the report

- 1 The purpose of this report is to provide information to the Committee retrospectively on the proposed expenditure of the Market Sustainability and Improvement Fund (MSIF).
- 2 The MSIF grant determination letter was published on 4 April 2023 and required all authorities to submit a return to the Department of Health and Social Care (DHSC) by the 24 May 2023.

Policy Framework and Previous Decisions

- 3 The MSIF was announced in the Government's Autumn Statement in November 2022. The purpose of the fund is to support local authorities to make improvements to adult social care services, build capacity and improve market sustainability.
- 4 This funding follows on from the Fair Cost of Care (FCoC) work undertaken in 2022/23, which is documented in the cost of care reports and Market Sustainability Plan (MSP), previously presented to this Committee on 6 March 2023, 5 September 2022 and 6 June 2022.

Background

- 5 Local authorities have a duty to promote the efficient and effective operation of the provider market for adult care. The ambition of the Care Act 2014 is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who draw on care and support.
- 6 The Government has identified three target areas of improvement which underpin the overarching objective of building capacity and improving market sustainability:
 - Increasing fee rates paid to adult social care providers;
 - Increasing adult social care workforce capacity and retention;
 - Reducing adult social care waiting times.

- 7 The Council will receive £5.6m for the financial year 2023/24 to support this activity: £1.6m continuation funding from the previous year and £4.0m additional funding for 2023/24.
- 8 The continuation funding has been allocated to support increasing fee rates to providers, as it was in 2022/23. The additional £4.0m funding will also be used to support increasing fee rates to providers, to reducing waiting times, and to increase social care workforce capacity.
- 9 In part, the FCoC work, and the MSP, will guide the allocation of the MSIF.
- 10 Increasing nursing care fees was identified as the key priority against a background of reducing provision in recent years, and challenges in making placements in nursing homes at council band rates. The Council faces similar challenges with residential care placements so increasing those fees was also identified as a priority in the MSP and funds will be allocated from the MSIF accordingly.

Options

- 11 Early information provided about the MSIF indicated that the DHSC expected the whole allocation to be used to support provider fee rates. However, the published guidance also added the options to allocate funding to support workforce and to reduce waiting times.
- 12 The MSP identified workforce pressures as a high risk with a specific priority relating to increasing the Direct Payment and Personal Assistant (PA) workforce. £0.6m has been allocated to support the PA rates in Leicestershire.
- 13 The Committee received a report on 7 November 2022 highlighting the numbers of people in Leicestershire awaiting assessment and/or review of their care needs. As of 1 January 2023, there were 1,575 people awaiting allocation for a Care Act assessment and as of 1 May 2023, 1,164 who have an outstanding review. £0.8m has been allocated to invest in reducing wait times but also to increase review activity which has the potential to mitigate ongoing care costs.
- 14 However, the majority of the £4.0m new money will be used to increase nursing care fees (£0.7m), and residential care fees (£1.9m) within Older People services. This will move the Council's fee rates closer to the levels outlined in the FCoC report.
- 15 The Council is working closely with the Integrated Care Board (ICB) and Leicester City Council to develop a joint approach to commissioning nursing care places at rates which will enable each organisation to commission the placements needed and mitigate the decline in provision to ensure a sustainable market.
- 16 Allied to that, benchmarking data relating to the ICB's expenditure on Funded Nursing Care (FNC) and Continuing Health Care (CHC) indicates it is low across Leicestershire, Leicester and Rutland (LLR). A full review has been scoped and is due to start shortly to examine the use of those funds, whether lower spend is undermining sustainability and if so, what action should be taken.

Provider Engagement

- 17 Decisions in relation to the use of the MSIF do not require a formal consultation process and none has been undertaken specifically on the use of the fund.
- 18 However, provider engagement is important and has been undertaken, mainly via monthly online meetings and forums, and fortnightly publications of provider newsletters. This engagement commenced during the pandemic and continued into the FCoC work during 2022/23 and is ongoing this year in relation to the deployment of the MSIF.
- 19 This ongoing communication is an opportunity to engage not only on the MSIF and other funding related subjects, but in a wide range of areas including recruitment and retention, training and best practice, and public health issues such as vaccination.

Resource Implications

- 20 Allocation and use of the fund will be limited to the fund parameters and falls within the agreed budget for 2023/24 and the MTFS. There are no additional resources required from the Council in that respect.
- 21 However, implementation of the agreed fee increases will require Finance and Systems support, adding workload to those areas. A sum of £12k from the fund total (0.3%) can be allocated to support this implementation.
- 22 This funding allocated to the County Council will form part of the Adults and Community Services directorate budget overseen by the Director of Adults and Communities. Decisions in relation to the allocation of this fund will therefore be made by the Director in line with the Council's general scheme of delegation, following consultation with the Director of Corporate Resources.
- 23 The Director of Corporate Resources and Director of Law and Governance have been consulted on the content of this report.

Timetable for Decisions

- 24 The Council has to demonstrate that the conditions and expectations have been met. The initial report was submitted to the DHSC on 24 May 2023 and a final report is required by 22 May 2024.
- 25 A Capacity Plan as part of the MSP is also required to be submitted to the DHSC by 30 June 2023. This will be circulated to Committee Members for information upon completion.
- 26 The Committee will receive further progress reports on the expenditure of the MSIF prior to the final report being submitted on 22 May 2024.

Conclusions

- 27 This report is provided to the Committee for information as it relates to the allocation of funding which follows on from the FCoC work, a key element of the social care reforms.

Recommendation

28 The Committee is asked to comment on the approach to the MSIF.

Background papers

Market Sustainability and improvement Fund -

<https://www.gov.uk/government/publications/market-sustainability-and-improvement-fund-2023-to-2024/market-sustainability-and-improvement-fund-2023-to-2024#reporting>

Market Sustainability and Fair Cost of Care Fund 2022 to 2023: guidance -

<https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance>

Leicestershire Cost of Care Reports and Market Sustainability Plan -

<https://resources.leicestershire.gov.uk/adult-social-care-and-health/communication-and-engagement/fair-cost-of-care-and-market-sustainability-plan>

People at the Heart of Care: adult social care reform white paper -

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

Report to Adults and Communities Overview and Scrutiny Committee: 7 November 2022

<https://politics.leics.gov.uk/ieListDocuments.aspx?MIId=6842>

Report to Adults and Communities Overview and Scrutiny Committee: 6 March 2023 –
Market Sustainability Plan

<https://politics.leics.gov.uk/ieListDocuments.aspx?MIId=7107>

Circulation under the Local Issues Alert Procedure

29 None.

Equality Implications

30 An Equality Impact Assessment was undertaken in relation to the FCoC work and MSP in February this year and subsequently reviewed by the Departmental Equalities Group. It found there were no significant risks or concerns. As additional funding is being deployed to support market sustainability and improve wait times, there are no new significant risks or concerns.

Human Rights Implications

31 There are no Human Rights implications arising from this report as it relates to the allocation of funding in the context of agreed policy, not a change in policy.

Other Relevant Impact Assessments

32 None.

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