

Minutes of a meeting of the Adults and Communities Overview and Scrutiny Committee held at County Hall, Glenfield on Monday, 3 November 2025.

PRESENT

Mrs. K. Knight (in the Chair)

Mrs. L. Broadley CC
Mr. N. Chapman CC
Mr. G. Cooke CC
Mr. N. Holt CC
Mr. A. Innes CC

Mr. P. King CC
Mr. B. Lovegrove CC
Mr. P. Morris CC
Mrs. R. Page CC

In attendance

Mr. C. Abbott CC – Cabinet Lead Member, Adults and Communities
Mrs. Fiona Barber – Healthwatch Leicester and Healthwatch Leicestershire

29. Minutes.

The minutes of the meeting held on 1 September 2025 were taken as read, confirmed and signed.

30. Question Time.

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

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

The Chief Executive reported that one question had been received under Standing Order 7(3) and 7(5).

Question asked by Mr Charlesworth CC

“Now that planning permission has been refused for 4 Linford Close, Wigston, what will Leicestershire County Council do with its placement there?”

Response by the Chairman

The Council will continue to support the residents of 4 Linford Close and work with both the provider and the regulator, CQC, to ensure the needs of residents are being met. We are aware that the owner of the property is currently considering their position and both the Council and the CQC will await the outcome of any further decision before determining what further steps if any are required

32. Urgent Items.

There were no urgent items for consideration.

33. Declarations of Interest.

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

Mr. Innes declared an Other Registrable Interest in Agenda Item 10, Procurement of Community Life Choices (Day Services and Personal Assistants) report, as he was a trustee of Melton MENCAP. He agreed to withdraw from the meeting when the agenda item was discussed.

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

There were no declarations of the party whip.

35. Presentation of Petitions under Standing Order 36.

The Chief Executive reported that no petitions had been received under Standing Order 36.

36. Care Quality Commission Assessment of Leicestershire County Council's Delivery of Care Act 2014 Duties.

The Committee considered a report of the Director of Adults and Communities which provided an overview of the Care Quality Commission (CQC) assessment of Leicestershire County Council, and an overview of the Department's draft improvement plan to deliver improvements identified in the CQC assessment report.

The report further provided background information in relation to the responsibility of the CQC to review the performance of local authorities in their delivery of adult social care duties under part one of the Care Act 2014. The report further outlined the CQC assessment framework and process, and the timelines of the CQC's assessment of Leicestershire from initial notification to report publication. A copy of the report marked 'Agenda Item 8' is filed with these minutes.

The Chairman welcomed Fiona Barber, Healthwatch Leicester and Healthwatch Leicestershire, to the meeting.

The Chairman further welcomed Mr. C. Abbott, Cabinet Lead Member for Adult Social Care to the meeting.

Arising from discussion the following points were made:

- i. A Member questioned that, with a CQC score of 53, under which quartile would Leicestershire County Council fall when compared to other councils. The Director of Adults and Communities responded that the CQC did not publish a league table, but had baselined all 153 authorities since 2024, but Leicestershire was likely to be in the third quartile 'Requires Improvement'.

- ii. It was questioned as to why external improvement support was being sought and if the Council already had the resources to deal with the issues identified. It was reported that in terms of improvement, the external support was provided by Partners in Care and Health, which was funded by the Department of Health and Social Care (DHSC), a combination of the Local Government Association and Association of Directors of Adult Social Services. Improvement support that could be drawn upon covered areas such as workforce and safeguarding.
- iii. With resource requirements for improvements estimated to be £3.5 million, again it was asked if identified issues were to do with process, which could be managed by the Council rather than using external support. It was explained that some, but not all, issues were not about process, but capacity related where increased spending was required, for example, occupational therapy required additional staffing to meet demand and reduce waiting lists.
- iv. Members were disappointed that the authority had a rating of 'Requires Improvement'. Members sought assurance that, with a £90million efficiency target and a global consultancy engaged, improvements would be funded to achieve a 'Good' or 'Outstanding' rating, and there would be sufficient resources to avoid remaining in 'Requires Improvement' and prevent DHSC intervention. Members were informed that some improvement resources would be one-off, with others ongoing, but amounts could not yet be confirmed. Early work had shown Care Act assessment waits had halved with short-term funding, while occupational therapy still required permanent staff. Each year, the Medium-Term Financial Strategy (MTFS) set growth and efficiency plans which the improvement partner would review and suggest further actions, including demand management, as ultimately a balanced budget must be delivered.
- v. A Member questioned how much of the waiting list of people waiting for assessments was due to increased demand versus the NHS discharging patients too quickly, causing cost-shunting to social care. Members were assured that the Council worked with the NHS to manage care end-to-end. Around 30% of social care cases came from hospital discharges. The authority was expanding intermediate care for short-term rehabilitation to reduce admissions. Leicestershire was also piloting the national neighbourhood health programme to shift care from hospital to home.
- vi. A Member noted that demand for adult services had risen while funding and staffing had fallen, making Leicestershire one of the worst-funded councils, and it was questioned how services could be improved if costs were cut, and had the closing of council elderly care homes that provided reablement been a mistake. The Director reported that staff reductions had occurred, saving around £4million since 2017/18, but it was hard to say if that had affected the outcome of the report given there had been unforeseen and unprecedented demand, which had doubled post-pandemic.
- vii. With regards to care homes, the Director stated the decision had been right at the time as they had been more expensive to run than private sector homes, with care now purchased from 180 homes. He added that to reopen homes would come at a premium. Investment in intermediate care with NHS partners had been made, with University Hospitals Leicester opening new intermediate care beds, with more planned. On carer support, a new service offer was being commissioned, and a new strategy was being developed which was informed by engagement with carers.

- viii. A Member reported that communication with Adult Social Care was difficult, for example, long telephone wait times, and if carer support was a priority, then communication needed to be fixed. Officers reported that communication was a known concern that that telephone access and user experience would be reviewed to improve contact.
- ix. Members were disappointed that the CQC report had not included reference to underfunding and rural deprivation. The report had also warned that the ageing population would rise by 28% by 2035, which Members found alarming. Members requested that the improvement plan include improved GP collaboration, improved rural communication, and address hidden deprivation. The Director reported that GP collaboration was key, and that Leicestershire was piloting the Neighbourhood Health Program with care coordinators in surgeries. Rural engagement would involve local area coordinators and voluntary partners. Alongside the improvement plan would be a risk register. Demographic growth would be built into MTFS projections over four years.
- x. A representative from Healthwatch reported that, of the 10,000 enquiries made over 2024, most were health-related, with social care concerns centred on carers, communication, and waiting times, and noted the CQC report had reflected this which in turn had enabled improvement discussions. It was noted that people mainly wanted advice in order for them to remain independent, information on respite care, and that having someone to talk to on the end of the phone was essential. It was reported that the Health and Wellbeing Board was updating its strategy to build community resilience, aligning with social care delivery, to which the neighbourhood care model would help long-term. Healthwatch welcomed the report and urged engagement with service users to refine the Improvement Plan.

The Cabinet Lead Member for Adults and Communities supported any improvements that could be made to communication methods when contacting adult social care services.

RESOLVED:

- a) That the report on the Care Quality Commission Assessment of Leicestershire County Council's delivery of Care Act 2014 duties be noted.
- b) That the overview of the Department's draft improvement plan to deliver improvements identified in the CQC assessment report be noted.

37. Update on Adult Social Care Customer Service Centre.

The Committee considered a report of the Director of Adults and Communities which provided an update on activity and developments within the Adult Social Care (ASC) Customer Service Centre, following concern raised by Members at its meeting on 1 September 2025. A copy of the report marked 'Agenda Item 9' is filed with these minutes.

Arising from discussion, the following points were made:

- i. A Member expressed frustration with long wait times on the telephone, difficulty obtaining contact details of officers, and challenges using online forms. She highlighted that older people often struggled with digital systems and requested clearer communication and simpler access to phone numbers. Officers were in agreement that communication was key and acknowledged frustrations. Efforts had

been made to encourage online contact to reduce phone wait times, while keeping lines available for those who could not use online channels. Furthermore, reported incorrect phone numbers on the website would be amended.

- ii. In response to a question, officers reported that portal forms had a 10-working day response protocol, but were usually responded to within three days, with urgent cases receiving a same-day response. A text service was offered during calls, and details were on the Department's web page. The Director reported that the adult social care pack was reintroduced in 2024 and was being rolled out countywide. The pack contained contact details and selected pages tailored to the individual.
- iii. A Member welcomed the report but noted persistent confusion and complexity in contact pathways, and suggested improvements beyond a callback system, including better identification of allocated workers and fixing issues with phone numbers that could not be used for callbacks.
- iv. In response to a question, it was confirmed that 30% of calls made to Adult Social Care were attempts to reach allocated workers. Other calls included safeguarding concerns, incident reports, and requests for support. The Director was requested to bring a report to a future meeting to provide detail on call categories.
- v. Members were informed that the CSC operating hours were standard hours from 8:30am to 5:00pm weekdays (4:30pm Fridays), with emergency workers covering evenings, nights, and weekends.
- vi. Members supported introducing a callback option and suggested involving parish councils, GPs, and communities in communication improvements.
- vii. A Member asked about performance targets and suggested enforcing portal use for external services. It was further highlighted that there was a psychological preference for phone calls due to the immediate response that could be given to callers. It was further recommended that portal response time information should be available to build confidence in using the portal service by service users.
- viii. The Cabinet Lead Member for Adult Social Care emphasised the need for simplification of the telephone system and website improvements. It was further suggested that an "ABC card" with key contact numbers for easy reference, could be developed, alongside existing packs.

RESOLVED:

- a) That the update report on the Adult Social Care CSC be noted.
- b) That the Director of Adults and Communities be requested to bring a report to a future meeting of Committee to provide detail on call categories into the CSC.

38. Procurement of Community Life Choices (Day Services and Personal Assistants).

The Committee considered a report of the Director of Adults and Communities, which provided the Committee with proposals for the recommissioning of the Community Life Choices (CLC) Contract, which included both day centres and services, and individual personal assistants (PAs) provided by organisations. A copy of the report marked 'Agenda Item 10' is filed with these minutes.

Arising from discussion, the following points were made:

- i. Members asked for clarification on the new support bandings, in relation to the numbers of people who required one-to-one support. It was explained that some people received a service from more than one banding. Members were further informed that PAs were employed by the organisations that delivered one-to-one care and were not self-employed.
- ii. Members raised concern over the recognised shortage of PAs, particularly in rural areas such as Melton Mowbray and Market Harborough, and the commissioning of non-framework PA packages which could be in excess of £25 per hour. It was further questioned if engagement with the market had resulted in attracting providers, as there was currently inequitable service provision for rural areas. Officers accepted that rural provision could be challenging and had engaged with PA providers across the county to find out what was needed to mobilise local provision for hard-to-reach areas. Whilst home care contracts provided higher fees due to travel costs, it did not apply to the CLC framework, and there would be consistent rates between council and direct payment clients. In addition, if bids did not meet needs, the Council remained obligated to source care as it did with other services, payments for which could be above current rates.
- iii. In response to a question, the Director reported that uplifts to providers rates had never been guaranteed. Each year fees were reviewed based on economic conditions, including inflation and wage changes, the process for which commenced in November and concluded in February for April implementation. The change to the new contract was to align rates with the National Living Wage rather than average weekly earnings.
- iv. Regarding savings there was an estimated midpoint of £150,000 based on the floor-and-ceiling model. Actual savings would be dependent on bids received and potential efficiencies, such as improved staff ratios, which would become clearer once the contract was operational.
- v. Reflecting on the “Help to Live at Home” tender, the Healthwatch representative queried what lessons had informed the process and also asked where the geographic needs base fitted in. It was noted that engagement feedback on issues faced would be useful for Healthwatch, and a request was made for the information to be included as an appendix alongside satisfaction monitoring for context. Officers undertook to include engagement outcomes with the Cabinet report for December 2025. It was noted that the previous home care for Leicestershire tender had focused on fewer providers under a prime provider model, whereas the new framework adopted an open approach to maximise choice.
- vi. A Member noted that the authority had previously provided in-house day services, but Market Harborough’s had recently closed. In response to a question as to whether there were any day services in-house, officers informed Members that all CLC services, including day provision for older people and those with learning disabilities, were now outsourced, which was consistent with most councils. Quality assurance on services provided included initial tender checks on safeguarding, CQC status, and training, which was supplemented by face-to-face meetings. The Department’s Quality Team conducted site visits, reviewed care plans, medication, and progression, and engaged with service users and families. Providers submitted regular returns, and

compliance was enforced through contract breaches or termination when necessary, whilst also supporting improvement.

RESOLVED:

That the report on the proposals for the recommissioning of Community Life Choices (CLC) Contract be noted.

39. Dates of Future Meetings.

RESOLVED:

That it be noted that the meetings of Adults and Communities Overview and Scrutiny Committee would be held on the following dates:

19 January 2026

2 March 2026

1 June 2026

7 September 2026

2 November 2026

2.00pm to 4.06pm
03 November 2025

CHAIRMAN