



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

Date/Time: **Monday, 19 January 2026 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

Mrs. K. Knight CC (Chairman)

Mrs. L. Broadley CC	Mr. B. Lovegrove CC
Mr. N. Chapman CC	Mr. P. Morris CC
Mr. G. Cooke CC	Mrs. R. Page CC
Mr. N. Holt CC	Mr. P. Rudkin CC
Mr. A. Innes CC	Mr. A. Thorp CC
Mr. P. King CC	Mr. M. Durrani CC

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

AGENDA

<u>Item</u>	<u>Report by</u>
1. Minutes of the meeting held on 3 November 2025.	(Pages 5 - 12)
2. Question Time.	
3. Questions asked by members under Standing Order 7(3) and 7(5).	
4. To advise of any other items which the Chairman has decided to take as urgent elsewhere on the agenda.	
5. Declarations of interest in respect of items on	



the agenda.

6. Declarations of the Party Whip in accordance with Overview and Scrutiny Procedure Rule 16.
7. Presentation of Petitions under Standing Order 36.
8. Medium Term Financial Strategy 2026/27 - 2029/30. Director of Adults and Communities and Director of Corporate Resources (Pages 13 - 40)
9. Recommissioning of Dementia Support Service. Director of Adults and Communities (Pages 41 - 48)
10. Care Quality Commission Assessment 2025 - Improvement Plan Delivery Update. Director of Adults and Communities (Pages 49 - 58)
11. Date of next meeting.

The next meeting of the Adults and Communities OSC is scheduled to take place on 2 March 2026, at 2.00pm.

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

QUESTIONING BY MEMBERS OF OVERVIEW AND SCRUTINY

The ability to ask good, pertinent questions lies at the heart of successful and effective scrutiny. To support members with this, a range of resources, including guides to questioning, are available via the Centre for Governance and Scrutiny website www.cfgs.org.uk. The following questions have been agreed by Scrutiny members as a good starting point for developing questions:

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

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

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



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

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
19 JANUARY 2026

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

MEDIUM TERM FINANCIAL STRATEGY 2026/27–2029/30

Purpose of the Report

- 1 The purpose of this report is to:
 - a) Provide information on the proposed 2026/27-2029/30 Medium Term Financial Strategy (MTFS) as it relates to the Adults and Communities Department.
 - b) Ask members of the Committee to consider any issues as part of the consultation process and make any recommendations to the Scrutiny Commission and the Cabinet accordingly.

Policy Framework and Previous Decisions

- 2 The County Council agreed the current MTFS in February 2025. This was the subject of a comprehensive review and revision in light of the current economic circumstances.

Background

- 3 The draft MTFS for 2026/27–2029/30 was set out in the report considered by the Cabinet on 16 December 2025, a copy of which has been circulated to all Members of the County Council. This report highlights the implications for the Adults and Communities Department.
- 4 The revised MTFS for 2026-30 projects a gap of £23m in the first year that (subject to changes from later information such as the final Local Government Finance Settlement) will need to be balanced by the use of earmarked reserves. There is then a gap of £49m in year two rising to £106m in year four, based on a 2.99% Council Tax increase, although no decision has yet been made on the level of increase to be approved.
- 5 Reports such as this one are being presented to the relevant Overview and Scrutiny Committees. The views of this Committee will be reported to the Scrutiny Commission on 26 January 2026. The Cabinet will consider the results of the scrutiny process on 6 February 2026 before recommending a MTFS, including a

budget and capital programme for 2026/27 to the County Council on 18 February 2026.

Service Transformation

- 6 The Council's Adults and Communities Department has a '*Delivering Wellbeing and Opportunity in Leicestershire: Adults and Communities Department Ambitions and Strategy for 2025–2029*', which demonstrates how the Department will contribute to the authority's Strategic Plan outcomes.
- 7 The Strategy builds upon the previous Adult and Communities Strategy covering Adult Social Care, Adult Learning and Culture Leicestershire. The ambition at the heart of the Strategy is to deliver wellbeing and opportunity for the people and communities of Leicestershire. This includes improving outcomes for people experiencing inequalities, co-producing and responding to feedback from the people accessing our services and focusing on the following:
 - Promote wellbeing and independence for all adults.
 - Prevent need for future health and social care needs through early intervention and universal services.
 - Reduce and delay need with targeted support and technology.
 - Meet eligible needs efficiently and with personal choice.
 - Strengthen partnerships and co-produce services with communities.
 - Develop a skilled, motivated, and diverse workforce.
 - Ensure inclusion, equality, and accessibility for everyone.
 - Enhance customer experience and satisfaction continuously.
 - Deliver sustainable, value-for-money services and outcomes.
- 8 The design and delivery of services will continue to be based on the 'right' model; that is the right people (those who are at risk or need support to maximise their independence) are receiving the right services, at the right time, in the right place and the Council is working with the right partners.
- 9 The Care Act 2014 places a duty on local authorities to integrate services with Health and other partners, both at an operational level and in respect to strategy and commissioning, in order to deliver joined up high quality services.
- 10 The draft Growth and Savings for the 2026 MTFS (2026/27-2029/30) reflect the changes in demand for services, improvements required by regulators, and the transformation in delivery of services to achieve the vision set out in the Department's Strategy and the national Government's reform of social care agenda.

Use of Resources

- 11 The Local Government Association has recently released its annual 'Adult Social Care Use of Resources 2024/25' report for Leicestershire. It highlights that Leicestershire delivers adult social care at a lower cost per head than most councils, while supporting a similar proportion of people.

- 12 In Leicestershire, the total spend on Adult Social Care in 2024/25 expressed as the spend per adult in the local population was £500.31 per adult. This was less than the overall spend per adult for England of £632.97; a difference of -21.0% from the national level.
- 13 The county has a higher proportion of older adults (26% are aged 65+, higher than the national average) but manages to keep care home admissions and package costs below national averages.
- 14 Investment in non-age-specific services (e.g. commissioning, prevention) is above average, which may help manage demand and support efficiency.
- 15 The table below details Leicestershire's position relative to the England average:

Metric	Leicestershire	England Average	Relative Position
Spend per adult	£500.31	£632.97	21% below average
Spend per older adult (65+)	£767.17	£1,167.50	152/153 – Second lowest spend amongst councils
Spend per younger adult (18–64)	£247.06	£332.50	141/153 - Among lowest (bottom ~8% of councils)
% adults supported (long-term)	1.84%	~1.9%	Slightly below average
% 65+ supported (long-term)	5.0%	5.25%	97 / 153 Slightly below average
% 18–64 supported (long-term)	0.71%	0.88%	137/153 Among lowest support rates in England
NHS income as % of gross expenditure	16%	13%	36/153 - Higher reliance on NHS/BCF funding than most councils (top quartile)
Service user contributions as % of spend	15.3%	13.6%	Above the average for councils

Proposed Revenue Budget

- 16 The table overleaf summarises the proposed 2026/27 revenue budget and provisional budgets for the next three years. The proposed 2026/27 revenue budget in detail is shown at Appendix A, attached to this report.

	2026/27 £'000	2027/28 £'000	2028/29 £'000	2029/30 £'000
Original prior year budget	237,010	255,513	257,563	261,613
Budget transfers and adjustments	13,323			
Sub total	250,333	255,513	257,563	261,613
Add proposed growth (Appendix B)	12,170	6,060	5,190	6,290
Less proposed savings (Appendix C)	(6,990)	(4,010)	(1,140)	(1,100)
Proposed/provisional net budget	255,513	257,563	261,613	266,803

- 17 Detailed service budgets have been compiled on the basis of no pay or price inflation, a central contingency will be held which will be allocated to services as necessary.
- 18 The total gross proposed budget for 2026/27 is £412.1m with contributions from grants, Health transfers and service user contributions projected of £156.6m. The proposed net budget for 2026/27 totals £255.5m and is distributed as follows:

Net Budget 2026/27		
Demand Led Commissioned Services	£222.8m	87.2%
Direct Services	£6.2m	2.4%
Care Pathway – Operational Commissioning	£24.6m	9.6%
Care Pathway – Integration, Access and Prevention	£15.3m	6.0%
Strategic Services	£5.5m	2.2%
Early Intervention and Prevention	£2.2m	0.9%
Department Senior Management	£1.2m	0.5%
Better Care Fund/NHS Contribution	(£29.0m)	(11.4%)
Communities and Wellbeing	£6.7m	2.6%
Department Total	£255.5m	

Other Changes and Transfers

- 19 A number of budget transfers (totalling a net increase of £13.3m) were made through the 2025/26 financial year and are now adjusted for in the updated original budget. These transfers are:
- (-£0.6m) for pay and pension inflation transferred from the central inflation contingency;
 - £13.9m for price inflation (including residential fee review);
- 20 Growth and savings have been categorised in the appendices under the following classification:
- * item unchanged from previous MTFS;
- ** item included in the previous MTFS, but amendments have been made;
- No stars new item.

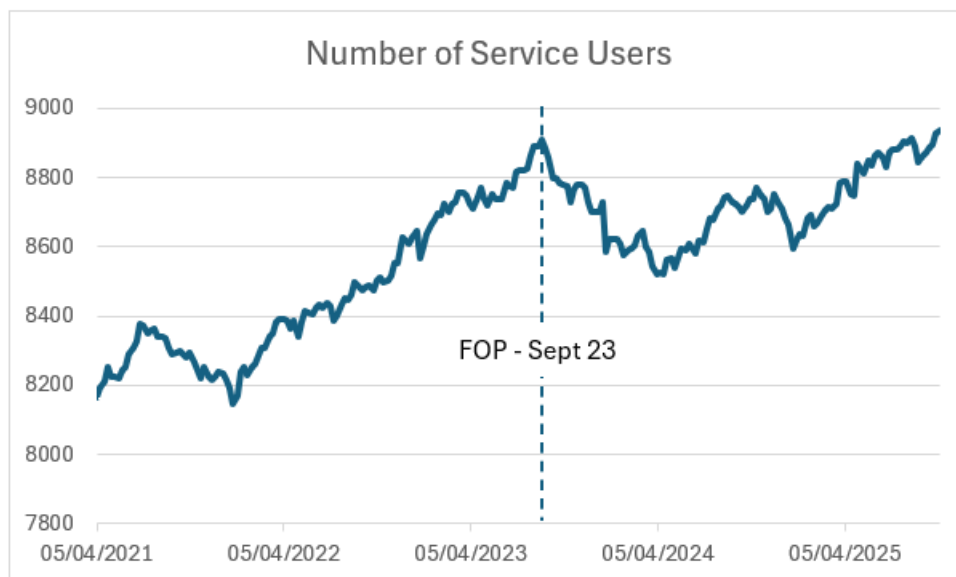
- 21 This star rating is included in the descriptions set out for growth and savings below.
- 22 Savings are highlighted as “Eff” or “SR” dependent on whether the saving is seen as an efficiency or a service reduction or a mixture of both. “Inc” denotes those savings that are funding related or to generate more income.

Growth

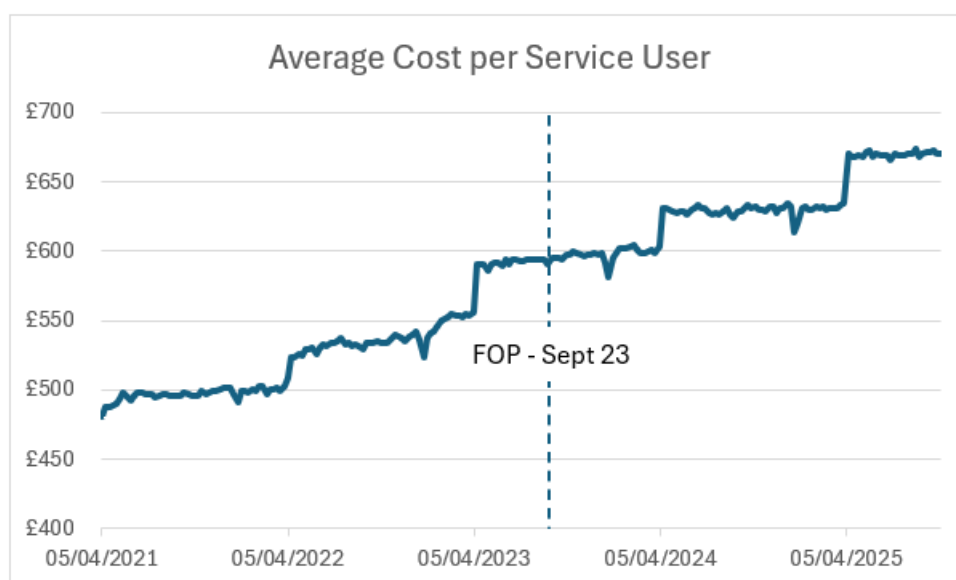
- 23 The proposed growth reflects changes in demand for services such as increased numbers of service users and number of high-cost care packages, in particular those related to older adults and learning disabilities and changes in types of service. As in previous years, the profile of service users and their care needs are constantly changing which may impact on the services commissioned. Overall demand led expenditure totals circa £314m.
- 24 There is a number of demand management activities which include regular oversight of cost of care packages, a scheme of delegation which manages level of spend and accountability at all levels across the service, benchmarking against national population statistics and regular budget monitoring. The Adults and Communities Departmental Management Team also maintains oversight of the quality and sustainability of the care provider market including impact of changes in demand for care homes and home care. All these actions aim to validate and mitigate future growth requirements.
- 25 The growth required is £12.2m for 2026/27 and rising to £29.7m by 2029/30. Demand for commissioned services continues to increase as well as the cost of care making it particularly challenging to accurately forecast growth requirements. Growth forecasts will be regularly reviewed and updated based on the latest information. The budget increases are outlined below and summarised in Appendix B to the report.

Overall Growth Trends

- 26 The overall number of service users being supported across Residential Care, Home Care, Supported Living, Cash Payments, and Community Life Choices from April 2021 through to October 2025 are shown in the graph below. Typical growth would be approximately 1% to 1.5% per annum, however, prior to the introduction of the Fair Outcomes Panel (FOP) in September 2023, annualised growth was 3.6%. Since the introduction of the FOP, the annualised growth over the entire period is 2.1%.



- 27 The average cost per service user rose over the same time period. This is shown in the graph below. The steep rise from April relates to the annual fee review uplift.



- 28 The average cost per service user rose over the course of 2022/23 and 2023/24 mainly driven by higher cost packages within residential care from market pressures to secure placements and increasing home care hours being commissioned due to a higher number of service users being discharged from hospital. Over the course of 2024/25 and 2025/26 the average cost per service user started to stabilise.

**G7 Older People demand – £5.1m in 2026/27 rising to £16.8m by 2029/30

- 29 People aged over 65 account for most of the Department's gross care expenditure. This financial growth is required to meet the increasing numbers of older people with eligible needs as well as the increasing fragility of existing service users. The additional costs of packages of care are estimated to be £4.0m for residential care.

- 30 The introduction of the FOP during 2023/24 initially reduced the number of placements with alternative forms of support being explored. Over the course of the last two years overall placement numbers have slowly risen to levels observed in 2023/24.
- 31 Another key driver is the cost of providing services which has significantly increased as capacity in the market is limited and the impact of increasing inflation. Despite the increase in placement numbers over 2025/26 the cost of commissioned packages remains relatively stable compared with previous financial years.
- 32 Future changes in demand are estimated using observed County Council trends together with national demographic statistics to produce a baseline forecast of the likely number and average cost of service users. The current projection is based on service needs as of November 2025 which are assumed to continue into 2026. This growth is primarily to meet the expected increase in service users from the projected demographic growth in future years.

**G8 Learning Disability demand – £3.8m in 2026/27 rising to £12m by 2029/30

- 33 There is a requirement for the Council to provide for increased care costs and growth relating to the number of service users accessing services that provide support to people with learning disabilities.
- 34 The current projection is based on service needs as of November 2025 which are assumed to continue into 2026. Future changes in demand are estimated using observed County Council trends together with national demographic statistics to produce a baseline forecast of the likely number and average cost of service users.
- 35 There is currently an increase in the numbers of social care placements in Children and Family Services which may impact on the Department in the long term but cannot yet be quantified. Due to increased birth rates, the number of young people with long term disabilities moving into adult services is expected to continue to grow until at least 2030.

**G9 Mental Health demand – £1.4m in 2026/27 rising to £4.3m by 2029/30

- 36 This financial growth is required to meet the increasing numbers of people with eligible mental health needs. Future changes in demand are initially estimated using observed trends to produce a baseline forecast of the likely number and average cost of service users. The current projection is based on service needs as of November 2025 which are assumed to continue into 2026. Other changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users.

**G10 Physical Disabilities demand – £0.3m in 2026/27 rising to £1.3m by 2029/30

- 37 This financial growth is required to meet the increasing numbers of people with eligible physical disabilities. Future changes in demand are initially estimated using

observed trends to produce a baseline forecast of the likely number and average cost of service users. The current projection is based on service needs as of November 2025 which are assumed to continue into 2026. Other changes in demand are estimated using national demographic statistics to produce a baseline forecast of the likely number and average cost of service users.

**G11 Additional Service Income from Growth in numbers – (-£0.5m) in 2026/27 rising to (-£3.4m) in 2029/30

- 38 As the growth in the number of people drawing in support increases it is anticipated that a proportion these will be able to contribute towards the costs of their care which will offset the amount of growth required.

**G12 Additional Health Income from Growth in numbers – (-£1.4m) in 2026/27 rising to (-£4.4m) in 2029/30

- 39 As the growth in the number of people drawing in support increases it is anticipated that a proportion these will attract health income to support their needs which will offset the amount of growth required.

G13 Increased Service Income realigning to 2025/26 levels – (-£0.7m) in 2026/27 ongoing

- 40 As the growth in the number of people drawing in support has increased during 2025/26 income has increased from those able to contribute towards the costs of their care which will offset the amount of growth required.

G14 Archives digital preservation and offsite storage - £0.2m in 2026/27 decreasing to £0.1m in 2029/30

- 41 The Record Office for Leicestershire, Leicester and Rutland (ROLLR) were assessed by the National Archives (TNA) against its Accreditation Standards in 2023/24. The outcome of the review required improvement in the digital preservation of records and archival storage.

G15 Care Quality Commission (CQC) Improvement Plan - £4m in 2026/27 decreasing to £3.7m in 2029/30

- 42 The Department was assessed by the CQC during 2025. The outcome of the review required improvement in several areas. The Department has developed a plan targeting improvements in several areas requiring additional staffing resource to deliver.

Savings

- 43 Details of proposed savings are set out in Appendix C and total £7.0m in 2026/27 and £13.2m over the next four years.

Adult Social Care

**AC1 (Inc) - Increased Income - £0.1m saving in 2026/27 rising to £0.4m from 2029/30

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

*AC2 (Eff) – Implementation of Digital Assistive Technology to Service Users (Technology Enabled Care -TEC) – £0.1m saving in 2026/27 ongoing

- 45 Savings by developing a range of IT and digital solutions that can be used to support service user outcomes across the Care Pathway. It includes assistive technology, aids and adaptations, telecare, and telehealth. Implementation commenced at the end of April 2022 and includes a partnership arrangement with Hampshire County Council and their commercial partner PA Argenti. Hampshire acts as a strategic partner to assist the Department in transformation and deliver a new approach to care technology.
- 46 One of the key strategic aims of the service is to deliver a significant financial contribution to the Council – both in terms of avoided future demand and in terms of actual in-year cost reductions. Savings are a mixture of avoided cost and cashable savings as well as non-financial benefits of care technology providing better outcomes for people.
- 47 The transformed Council Care Technology (CT) service has been running since April 2022. Since launch, demand for the service has been strong and is growing. Evidence that the technology is having a positive outcome for people and care technology is being utilised to reduce the risk to the person or to support the carer.

**AC3 (Inc) - Increased Better Care Fund Income - £2m saving in 2026/27 rising to £5m in 2029/30

- 48 Additional income from the annual uplift on the protected social care element of the Better Care Fund (BCF).

*AC4 (Eff) – Transforming Commissioning – Extra Care - £0.1m saving in 2026/27 ongoing

- 49 The County Council considers its Extra Care stock to be low for the size of the county, in particular for those people with higher social care needs. The Council will seek to increase development of Extra Care within the county to support people with a higher level of care and support needs akin to standard residential care with a particular focus on dementia. This should reduce the overall costs of residential and care costs through reducing support costs.
- 50 This project will look to address the current position where the current client mix in Extra Care does not support sustainability of the provision. Leicestershire's

provision is underused and there is less available than in other local authority areas. The aims are to:

- Increase Council commissioned care;
- Increase the high needs cohort;
- Increasing the average level of need within the high care needs cohort.

**AC5 (Eff) – Transforming Commissioning – Continuing review of contracts across all areas - £0.1m saving 2026/27 ongoing

- 51 A review of existing social care contracts across all areas will be conducted to find further cashable savings. Both existing contracts and contracts that are due for renewal will be reviewed by the Department's Commissioning Team to find additional cost savings.

**AC6 (Eff) – Review of underspends in staffing and general expenditure (turnover) – £0.1m saving 2026/27 ongoing

- 52 Over the course of 2025/26 additional savings of £0.1m were identified through a review of staffing and non-essential budgets that have consistently underspent over the last few years. The budget has been removed for 2026/27 and is not expected to have an operational impact on the Department.

*AC7 (Eff) – Review in-house supported living and short breaks provision - £0.1m saving in 2026/27 rising to £0.4m in 2027/28

- 53 A review of the Department's short breaks sites has highlighted an opportunity to better utilise unused occupancy. Options are being explored to see if placements could be offered to various partner organisations which would potentially generate additional income to the Department.
- 54 A review of in-house supported living will also take place to determine whether alternative delivery methods could be pursued.

*AC8 (Eff) – Review of 1:1 support in residential care - £0.2m saving in 2026/27 ongoing

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

*AC9 (Inc) – Increasing Health Income - £0.2m saving in 2026/27 ongoing

- 57 The Department has identified the need to address the current imbalance linked to Continuing Health Care (CHC) and Funded Nursing Care (FNC) determinations.

- 58 FNC is being discussed at the Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) with a clear acknowledgement that LLR is an outlier in FNC.
- 59 The Department is also reviewing existing and new Health funded packages to ensure that Health income is maximised. Specialist enhanced training will be made available for managers to support them in focused dispute conversations when appealing CHC decisions.

*AC10 (Inc) – Review of Fees and Charges - £0.1m saving in 2026/27 ongoing

- 60 The opportunity for additional income was identified through an external review of fees and charges which highlighted the opportunity to revise charges for discretionary services. The introduction of a Corporate Charging Policy will ensure that fees and charges are regularly monitored and updated to ensure maximisation of income.

AC11 (Eff) – Review of Lightbulb Service contribution and business case with partners to improve efficiency - £0.2m saving in 2026/27 ongoing

- 61 Discussions with Lightbulb partners has led to departmental expenditure relating to ceiling track hoists to be transferred into the Disabled Facilities Grant that is held by the District and Borough Councils generating a saving to the Department.

AC12 (Eff) - Review of Direct Payments processes to improve efficiency across teams and robustness of assessments/reviews - £0.1m saving in 2026/27 ongoing

- 62 A Direct Payments Support Team has been established to help individuals manage personal budgets efficiently, reducing costs for the department. The team oversee account set-up, monitor spending, and ensure compliance, which includes tracking service user contributions and identifying clawbacks where funds have been unused or misapplied. The team also reviews existing processes to improve the robustness of assessments and reviews within the Care Pathway.

AC13 (Inc) – Social Care Data Quality - £0.2m saving in 2026/27 ongoing

- 63 A review of care packages held on the Liquidlogic Adults System (LAS) to ensure all care is being commissioned effectively and all income is being claimed in a timely manner.

AC14 (Eff) – Strategic Commissioning Efficiencies - £0.1m saving in 2026/27 ongoing

- 64 The former Social Care Investment Team has been restructured and moved into Strategic Commissioning service area yielding an ongoing staffing saving.

AC15 (Eff) – Transforming Commissioning (Home Care Reprocurement) - £0.1m saving in 2026/27 rising to £0.2m in 2027/28

- 65 The current Home Care for Leicestershire framework is due to be replaced in 2026. The new framework is expected to generate savings primarily through changes to the boundaries of some price zones across Leicestershire.

AC16 (Eff) – Transforming Commissioning (Community Life Choices Reprocurement) - £0.1m saving in 2026/27 ongoing

- 66 The current Community Life Choices framework is due to be replaced in 2026. The new framework is expected to generate savings through a competitive tender process which will yield a variety of hourly rates between a ceiling and floor pricing range and the introduction of new service levels.

AC17 (Eff) – Prevention Review – Review of Cases - £0.3m saving in 2026/27 rising to £0.7m in 2027/28

- 67 An early review of all new Home Care packages commissioned by locality teams within the Care Pathway will take place. Early reviews of care packages (within two weeks of domiciliary care commencement) significantly improve outcomes and reduces ongoing costs to the Department.

AC18 (Eff) – Prevention Review – Supported Living - £0.8m saving in 2026/27 rising to £1.7m in 2027/28

- 68 A combination of measures ranging from individual targeted reviews to a review of the enablement pathway into Supported Living will ensure individuals are as independent as they could be and in receipt of the appropriate level of commissioned services.

AC19 (Eff) – Prevention Review – Hospital Discharge and Reablement - £1.0m saving in 2026/27 rising to £1.9m in 2027/28

- 69 The Department is aiming to improve the current hospital discharge pathway to ensure that more service users upon discharge are receiving home-based care and to lessen discharges to short term residential care where outcomes are less effective.

AC20 (Eff) – Prevention Review – Improved Pathway to Adulthood - £0.2m saving in 2027/28 ongoing

- 70 The journey from children's to adult social care is commonly described as 'transitions'. A cross departmental project with the Children's and Family Services Department aims to improve the transition pathway for younger people to adulthood to ensure better outcomes are achieved resulting in lower longer-term costs. The project will look at ways of maximising people's independence and considering strengths-based approaches to meet outcomes.

AC21 (Eff) – Increase in Reablement Capacity - £1m saving in 2026/27 ongoing

- 71 Increased reablement volumes will be delivered through additional recruitment into the Home First service which will enable the service to accept all referrals into it. Additional reablement volumes will result in improved longer-term outcomes for service users and cost avoidance being incurred by the Department through lower independent sector home care hours being commissioned.

Communities and Wellbeing

**AC22 (Eff/SR) - Implementation of revised service for Communities and Wellbeing - £0.1m saving from 2028/29 onwards

- 72 Further work has been undertaken to review options for the relocation of the ROLLR, and the creation of a Collections Hub. Implementation of a revised service is dependent on decisions taken with partners with regards to the allocation of future capital for the scheme. A new hub would realise the final part of the previous restructuring and enable the release of the current collection stores to consolidate assets into one location.

Savings under development

- 73 The following areas are being developed to meet future savings targets. This work was already underway as part of the Council's strategy to address the MTFS gap and does not include any of the findings from the Efficiency Review. Once business cases have been completed and appropriate consultation and assessment processes undertaken, savings will be confirmed and included in a future MTFS. This is not a definitive list of all potential savings over the next four years, just the current ideas and is expected to be shaped significantly as the Efficiency Review progresses.

Improve efficiency of financial assessments process across teams which should lead to more timely invoicing and reduce debt

- 74 The Department aims to streamline and improve the financial assessment, billing, and collection processes across teams to ensure timely and accurate invoicing for service user contributions; increase income collection by reducing delays and inefficiencies and lower the bad debt provision by preventing uncollectable debt and reducing write-offs.

Extra Care - New Build Opportunities

- 75 This aims to develop additional Extra Care housing schemes to provide affordable, flexible, and enabling care environments for older adults and some working-age adults. This will reduce pressure on residential care budgets by shifting demand to a more cost-effective model and deliver financial savings and improved outcomes through independence, community engagement, and tailored support.

Older People's Accommodation

- 76 This aims to reshape the accommodation offer for older adults achieving a better balance between Extra Care, residential care, and home care, ensuring that people with high community support needs (but not requiring full residential care) have suitable options. This will reduce financial pressures by managing demand and supporting independence.

Artificial Intelligence (AI) pilot

- 77 The AI pilot in the Adults and Communities Department aims to streamline assessments and reviews within the Care Pathway using artificial intelligence. It seeks to reduce back-office workload through automated transcription and form completion. This will improve the practitioner and service-user experience by enabling more focused conversations and ensure records within LAS are accurate, user-friendly, and compliant. The pilot will gather evidence on efficiency, data quality, and user satisfaction to inform wider adoption and demonstrate how AI can enhance workflows and outcomes.

Prevention Review – Carers

- 78 This initiative focuses on enhancing the carers offer in Leicestershire to better support those providing unpaid care. By strengthening preventative services and resources, the Department aims to reduce carer strain and improve wellbeing, enabling carers to feel supported and maintain their own health and quality of life. In turn, this could deliver financial benefits by lowering the risk of carer breakdown, which often leads to costly interventions and increased demand for formal care services.

Future Financial Sustainability – Efficiency Review

- 79 Despite delivery of extensive savings already, a significant financial gap remains in the Council's overall MTFS as mentioned earlier in the report, emphasising the need to accelerate and expand the Council's ambitions and explore new, innovative options. A step-change in approach is required.
- 80 The Efficiency Review was initiated by the new Administration in response to a then-projected £90m budget gap by 2028/29, alongside mounting pressures on capital funding and special educational needs budgets. To address these financial challenges, the Council commissioned a comprehensive, evidence-led review of all services and spending, aiming to identify ways to accelerate existing initiatives and identify new opportunities. The review will identify opportunities to redesign services, optimise resources, and embed a performance-driven culture across the organisation.
- 81 Key elements of the review include:
- Reviewing all Council activities for cost reduction, service redesign, and income generation (excluding commercial ventures).

- Assessing existing MTFS projects and savings ideas to prioritise or redesign them, identify where savings targets could be stretched or accelerated.
 - Strengthening governance, data management and resource mobilisation within the current Transformation Strategy.
 - Reviewing the County Council's approach to delivering change to ensure well placed to support implementation and future Council change initiatives.
- 82 The review is being undertaken by Newton and commenced in early November, with detailed recommendations due early 2026 to inform future financial planning and Cabinet decisions.
- 83 The first stage of work was focused on any immediate opportunity to accelerate existing MTFS savings. The first of these, included in the draft MTFS position, is reablement in Adult Social Care (AC21). The initial saving included in the MTFS is £1m, building on an existing saving in this area of £1.9m (AC19).
- 84 The further initiatives that will be developed over the next few months are expected to be a combination of i) ideas that had not progressed due to resource availability, ii) existing initiatives that can be expanded due to greater insight, iii) new initiatives to the Council. There are a number of priority opportunities being developed in early January which may be included in the MTFS in February if there is sufficient confidence over delivery timescales.
- 85 In the Department further opportunities under discussion include:
- a) Prevention: Proactively identifying residents who are at risk of a crisis and delivering targeted and effective interventions that prevent the crisis or escalation event and enable the identified residents to live independently for longer without formal commissioned support.
 - b) Alternatives to residential care: Supporting more older adults outside of residential care in more independent settings including the development of new Extra Care Housing capacity across the County and through improved processes and decision-making during care planning.
 - c) Reviews of people with long term disabilities: Undertaking progressive reviews of people to ensure people have the right support at the right time in the right place.
 - d) Commissioning: Manage and mitigate external provider cost pressures and reduce unit costs through negotiation and market strategies and contract management.
 - e) Further reablement opportunities: Include expanding capacity within the service, improving productivity across the existing workforce, and exploring the role of technology to enhance efficiency.
- 86 The review is still in its early stages and is progressing as expected. If further initiatives can be developed to a satisfactory level of confidence they will be included in the MTFS report to the Cabinet in February.
- 87 The County Council is taking decisive action to close the budget gap and build a financially resilient organisation. The Efficiency Review will result in a revised Transformation Programme underpinned by strong governance and innovation to

accelerate delivery and embed new ways of working. With significant uncertainty and change linked to Local Government Reorganisation, the coming year will be critical in driving high-impact change, engaging stakeholders, and preparing the organisation for future challenges.

- 88 There will need to be a renewed focus on these programmes during the next few months to ensure that savings are identified and delivered to support the 2026/27 budget gap. Given the scale of the financial challenge, focus will be needed to prioritise resources on the change initiatives that will have the greatest impact, and work is already underway to do this.

Health and Social Care Integration

Better Care Fund (BCF)

- 89 Health and Social Care Integration continues to be a national government priority. Developing effective ways to co-ordinate care and integrate services around the person and provide more of this care in community settings are seen nationally and locally as key to improving outcomes and ensuring high quality and sustainable services for the future.
- 90 The Council has received funding from the NHS through the BCF since 2015/16 in line with levels determined by Government. The BCF's purpose is to help the Council finance the delivery and transformation of integrated health and care services to the residents of Leicestershire, in conjunction with NHS partners.
- 91 The BCF policy framework and planning requirements are refreshed regularly and may cover one year or a number of years. The Department of Health and Social Care (DHSC) and the Ministry of Housing, Communities and Local Government (MHCLG) published a one-year framework for the implementation of the BCF in 2025/26 on 31 January 2025. The framework for 2026/27 has not yet been published.
- 92 The four national conditions set by the Government in the BCF policy framework for 2025/26 are:
- Plans to be jointly agreed;
 - Implementing the objectives of the BCF;
 - Complying with grant and funding conditions, including maintaining the NHS minimum contribution to adult social care (ASC);
 - Complying with oversight and support processes.
- 93 The Better Care Grant (BCG) was introduced in 2025/26 as a combined grant replacing both the Improved BCG and the ASC Discharge Fund Grant. The grant conditions require that the funding be used for:
- meeting adult social care needs;
 - supporting people to be discharged from hospital when they are ready (including supporting the principles of 'Discharge to Assess');

- ensuring that the social care provider market is supported.

94 The value of BCF funding expected for Leicestershire in 2026/27 is shown in the table below. The NHS minimum contributions for 2026/27 and an indicator position for 2027/28 were published on 17 November 2025. The BCG has been included in the table at 2026/27 values as the funding has been announced:

	2026/27 £m	
NHS Minimum Allocation	59.0	Level mandated by NHS England
Better Care Grant	21.8	Allocated to local authorities, specifically to meet social care need and assist with alleviating pressures on the NHS, with emphasis on improving hospital discharge, and stabilising the social care provider market.
Disabled Facilities Grant	5.5	Passed to district councils
Total BCF Plan	86.3	

- 95 In 2026/27, £24m of the NHS minimum allocation into the BCF will be used to sustain adult social care services. The national conditions of the BCF require a certain level of expenditure to be allocated for this purpose. This funding has been crucial in ensuring the Council can maintain a balanced budget, while ensuring that some of its most vulnerable users are protected; unnecessary hospital admissions are avoided; and the good performance on delayed transfers of care from hospital is maintained.
- 96 In addition to the required level of funding for sustaining social care service provision, in 2026/27 a further £9m of Leicestershire's BCF funding has been allocated for social care commissioned services. These services are aimed at improving carers' health and wellbeing, safeguarding, mental health discharge, dementia support and crisis response.
- 97 The balance of the NHS Minimum Allocation £26m is allocated for NHS commissioned out-of-hospital services. The County Council commissions community care services on behalf of the NHS through shared care and joint funding arrangements. The Council is reviewing these arrangements alongside the provision of CHC and FNC to ensure residents are receiving optimal care and it is funded appropriately.
- 98 Any reduction in the funding for social care from the BCF would place additional pressure on the Council's MTFS, and without this funding there is a real risk that the Council would not be able to manage demand or take forward the wider integration agenda.

Other External Influences

- 99 There is a number of areas of funding that influence the achievability of the MTFS for the Department. For example, hospital discharge arrangements and increasing costs of care mainly due to in the National Living Wage and shortages of workforce in the care sector in certain rural areas.

Other Funding Sources

- 100 For 2026/27, the following other funding is expected to be received:

- Service users eligible for CHC - £9.8m through the Learning Disabilities Pooled Budget and for non-Learning Disability service users £24.4m;
- Social Care in Prisons Grant - £264,000 which is anticipated to be ongoing;
- Local Reform and Community Voices Grant - £52,000 for Deprivation of Liberty Services in Hospitals;
- War Pension Scheme Disregard Grant - £98,000;
- Funding to support Adult Learning from Department of Education estimated to be £3.9m.
- Local Authority Better Care Grant - £7.6m

Capital Programme

- 101 The proposed Adults and Communities capital programme totals £25.8m, detailed at Appendix D. The main area is the Disabled Facilities Grant (DFG) which is funded from the BCF grant (£22.1m) and is passported to District Councils to fund major housing adaptations in the County. The balance of the programme (£3.7m) is discretionary Council funding for the invest to save Social Care Investment Programme.
- 102 The capital programme for the Department is traditionally relatively small. The only allocations are for future projects being developed with a focus on delivering long term revenue savings/operational improvements as part of the Social Care Investment Programme (SCIP) £3.7m, which involves the purchase and development of properties to meet the needs identified within the Social Care Accommodation Development Plan, which was approved by the Cabinet on 25 June 2019 and which are subject to business cases. Potential options include supporting new Extra Care provision and Supported Living for adults with disabilities.

Future Developments

- 103 Below is a summary of a provisional capital bid expected to be made by the Department. This has yet to be formally approved and is subject to a business case:

Archives, Collections and Learning Hub – To co-locate the Council's archives, museums and learning collections into a single facility at the Eastern Annexe, including a publicly accessible search room. This project addresses the need for

archival and museum storage that meets required standards, forms part of the service strategy to reduce the number of collection locations and helps ensure the County Council continues to meet its statutory duty in this area. Discussions are being held with Leicester City and Rutland Councils, who are partners in the current Record Office, regarding their capital and revenue investment towards the shared element of the scheme. Should agreement not be made, the future of the partnership arrangement would have to be reconsidered, as would the scale of the investment required.

Background Papers

Report to the Cabinet: 16 December 2025 – Medium Term Financial Strategy 2026/27 to 2029/30 Proposals for Consultation

Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Department Ambitions and Strategy for 2025-29

Better Care Fund

Circulation under local issues alert procedure

104 None.

Equality and Human Rights Implications

105 Under the Equality Act 2010 local authorities are required to have due regard to the need to:

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

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

107 There are several areas of the budget where there are opportunities for positive benefits for people with protected characteristics both from the additional investment the Council is making into specialist services and to changes to existing services which offer improved outcomes for users whilst also delivering financial savings.

108 If, as a result of undertaking an assessment, potential negative impacts are identified, these will be subject to further assessment.

109 Any savings arising out of a reduction in posts will be subject to the County Council's Organisational Change Policy which requires an Equality Impact Assessment to be undertaken as part of the Action Plan.

Human Rights Implications

110 Where there are potential Human Rights implications arising from the changes proposed, these will be subject to further assessment including consultation with the Council's Legal Services

Appendices

Appendix A – Revenue Budget 2026/27

Appendix B – Growth

Appendix C – Savings

Appendix D – Capital Programme 2026/27 to 2029/30

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ADULTS AND COMMUNITIES**REVENUE BUDGET 2026/27**

Net Budget 2025/26 £		* Employees £	Running Expenses £	Internal Income £	Gross Budget £	External Income £	Net Budget 2026/27 £	
<u>Care Pathway - Operational Commissioning</u>								
1,092,519	Heads of Service (OC) & Lead Practitioners	S	1,153,775	50,266	0	1,204,041	-104,390	1,099,651
8,504,140	Cognitive & Physical Disability (C&PD)	S	7,763,883	1,958,616	0	9,722,499	-705,449	9,017,050
4,850,604	Learning Disability & Autism (LD&A)	S	5,581,112	46,591	-39,520	5,588,183	-599,821	4,988,362
8,503,613	Mental Health & Safeguarding (MH&S)	S	9,345,965	2,279,563	0	11,625,528	-2,160,463	9,465,065
22,950,876	TOTAL		23,844,734	4,335,036	-39,520	28,140,250	-3,570,123	24,570,127
<u>Care Pathway - Integration, Access & Prevention</u>								
24,912	Heads of Service (IAP) & Strategic Service Managers	S	739,725	269,773	-74,013	935,485	-945,240	-9,755
-25,288	Integration Team	D	386,820	179,000	0	565,820	-596,038	-30,218
3,485,272	Access & Digital Services	S	4,629,682	1,264,119	-51,343	5,842,458	-2,277,184	3,565,274
10,855,685	Home First	S	15,959,296	856,992	0	16,816,288	-5,042,391	11,773,897
14,340,580	TOTAL		21,715,523	2,569,884	-125,356	24,160,051	-8,860,853	15,299,198
<u>Direct Services</u>								
599,988	Direct Services Managers	S	547,618	3,636	0	551,254	0	551,254
5,565,789	Supported Living, Residential and Short Breaks	S	5,222,219	161,032	0	5,383,251	0	5,383,251
0	CLC / Day Services	S	0	0	0	0	0	0
361,266	Shared Lives Team	D	320,587	26,802	0	347,389	0	347,389
25,618	Direct Services Review	S	2,000	-138,126	0	-136,126	0	-136,126
6,552,662	TOTAL		6,092,424	53,344	0	6,145,768	0	6,145,768
<u>Early Intervention & Prevention</u>								
629,372	Extra Care	S	0	629,371	0	629,371	0	629,371
0	Eligible Services	B	0	481,426	0	481,426	-281,426	200,000
990,292	Secondary (e.g. Carers & Community Assessments)	B	0	971,787	0	971,787	0	971,787
325,313	Tertiary (e.g. Advocacy)	B	0	663,807	-54,000	609,807	-257,971	351,836
1,944,977	TOTAL		0	2,746,391	-54,000	2,692,391	-539,397	2,152,994
<u>Strategic Services</u>								
295,025	Heads of Strategic Services	S	308,486	1,400	0	309,886	0	309,886
2,296,356	Business Support & Strategy and Planning	S	2,056,546	284,078	-22,576	2,318,048	0	2,318,048
2,861,441	Commissioning & Quality	S	4,093,180	278,328	0	4,371,508	-1,456,825	2,914,683
5,452,822	TOTAL		6,458,212	563,806	-22,576	6,999,442	-1,456,825	5,542,617
<u>Demand Led Commissioned Services</u>								
99,662,796	Residential & Nursing Care	S	0	153,836,545	0	153,836,545	-50,741,784	103,094,761
1,576,675	Shared Lives Residential	S	0	1,576,675	0	1,576,675	0	1,576,675
48,863,818	Supported Living	S	0	51,526,853	0	51,526,853	0	51,526,853
51,678,790	Home Care	S	0	50,238,790	0	50,238,790	0	50,238,790
46,057,030	Direct Cash Payments	S	0	46,007,030	0	46,007,030	0	46,007,030
9,907,689	Community Life Choices (CLC)	S	0	10,252,689	0	10,252,689	0	10,252,689
590,750	Shared Lives - CLC	S	0	590,750	0	590,750	0	590,750
75,000	Other Support	S	0	75,000	0	75,000	0	75,000
-39,300,035	Non-Residential Income	S	0	0	0	0	-40,540,035	-40,540,035
219,112,513	TOTAL		0	314,104,332	0	314,104,332	-91,281,819	222,822,513
-25,792,000	Better Care Fund (Balance)	S	0	14,189,870	0	14,189,870	-43,154,215	-28,964,345
1,246,746	Department Senior Management	S	978,638	434,571	30,246	1,443,455	-232,420	1,211,035
245,809,176	TOTAL ASC		59,089,531	338,997,234	-211,206	397,875,559	-149,095,652	248,779,907
<u>Communities and Wellbeing</u>								
375,523	C&W Senior Management	B	369,314	5,500	-35,092	339,722	0	339,722
2,477,087	Libraries Operational	S	2,433,690	336,997	-8,240	2,762,447	-397,626	2,364,821
1,254,671	Libraries Resources	S	314,069	959,788	0	1,273,857	-30,000	1,243,857
1,060,973	Museums & Heritage	D	1,097,263	369,600	0	1,466,863	-480,550	986,313
506,309	Participation	D	463,541	24,850	0	488,391	0	488,391
1,137,990	Collections & Learning	B	1,650,740	506,839	-155,000	2,002,579	-692,987	1,309,592
-0	Externally Funded Projects	D	314,168	154,191	0	468,359	-468,359	0
1	Adult Learning	D	4,691,373	1,023,898	-330,306	5,384,965	-5,384,965	0
16,043	C&W Efficiencies		0	0	0	0	0	0
6,828,598	TOTAL C&W		11,334,160	3,381,663	-528,638	14,187,184	-7,454,487	6,732,697
252,637,774	TOTAL ADULTS & COMMUNITIES		70,423,691	342,378,897	-739,844	412,062,743	-156,550,139	255,512,604

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

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APPENDIX B

References	<u>GROWTH</u>	2026/27	2027/28	2028/29	2029/30
		£000	£000	£000	£000
	<u>ADULTS & COMMUNITIES</u>				
** G7	Older people - new entrants and increasing needs in community based services and residential admissions	5,130	8,980	12,580	16,770
** G8	Learning Disabilities - new entrants including children transitions and people with complex needs	3,780	6,530	9,150	12,000
** G9	Mental Health - new entrants in community based services and residential admissions	1,420	2,400	3,290	4,340
** G10	Physical Disabilities - new entrants in community based services	340	670	1,040	1,370
** G11	Additional Service User Income from new growth to offset costs	-530	-1,380	-2,350	-3,420
** G12	Additional Health Income from new growth to offset costs	-1,380	-2,380	-3,330	-4,390
G13	Increased Service User Income realigning to 2025/26 levels	-750	-750	-750	-750
G14	Archives digital preservation and offsite storage	170	120	100	100
G15	CQC Improvement Plan	3,990	4,040	3,690	3,690
	TOTAL	12,170	18,230	23,420	29,710

* items unchanged from previous Medium Term Financial Strategy

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

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APPENDIX C**SAVINGS****References used in the following tables**

* items unchanged from previous Medium Term Financial Strategy

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

Eff - Efficiency saving

SR - Service reduction

Inc - Income

2026/27	2027/28	2028/29	2029/30
£000	£000	£000	£000

ADULTS & COMMUNITIES**Adult Social Care**

**	AC1	Inc	Increased income from fairer charging and removal of subsidy / aligning increases	-100	-200	-300	-400
*	AC2	Eff	Implementation of digital assistive technology to service users	-150	-150	-150	-150
**	AC3	Inc	Increased Better Care Fund income from annual uplift	-2,000	-3,000	-4,000	-5,000
*	AC4	Eff	Transforming Commissioning (Extra Care)	-80	-155	-155	-155
**	AC5	Eff	Transforming Commissioning continuing review of contracts across all areas	-25	-25	-25	-25
**	AC6	Eff	Review of underspends in staffing and general expenditure(turnover)	-100	-100	-100	-100
*	AC7	Eff	Review in-house supported living and short breaks provision	-150	-400	-400	-400
*	AC8	Eff	Review of 1:1 support in residential care	-250	-250	-250	-250
*	AC9	Inc	Increasing Health Income	-200	-200	-200	-200
*	AC10	Inc	Review of Fees & Charges	-50	-50	-50	-50
	AC11	Eff	Review of Lightbulb Service contribution and business case with partners to improve efficiency.	-160	-160	-160	-160
	AC12	Eff	Review of Direct Payments processes to improve efficiency across teams and robustness of assessments/reviews.	-50	-50	-50	-50
	AC13	Eff	Social Care Data Quality	-250	-250	-250	-250
	AC14	Eff	Strategic Commissioning Efficiencies	-50	-50	-50	-50
	AC15	Eff	Transforming Commissioning (Homecare Reprourement)	-150	-260	-260	-260
	AC16	Eff	Transforming Commissioning (Community Life Choices Reprourement)	-75	-150	-150	-150
	AC17	Eff	Prevention Review - Reviews of cases	-350	-700	-700	-700
	AC18	Eff	Prevention Review - Supported Living	-850	-1,700	-1,700	-1,700
	AC19	Eff	Prevention Review - Hospital Discharge and Reablement	-950	-1,900	-1,900	-1,900
	AC20	Eff	Prevention Review - Improved Pathway to Adulthood	0	-250	-250	-250
	AC21	Eff	Increased Reablement Capacity	-1,000	-1,000	-1,000	-1,000
			Total ASC	-6,990	-11,000	-12,100	-13,200

Communities and Wellbeing

**	AC22	Eff	Implementation of revised service for communities and wellbeing	0	0	-40	-40
			Total C&W	0	0	-40	-40

TOTAL A&C

-6,990	-11,000	-12,140	-13,240
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ADULTS & COMMUNITIES - CAPITAL PROGRAMME 2026-30

Estimated Completion Date	Gross Cost of Project £000		2026/27 £000	2027/28 £000	2028/29 £000	2029/30 £000	Total £000
Mar-30	22,072	Disabled Facilities Grant (DFG)	5,518	5,518	5,518	5,518	22,072
			5,518	5,518	5,518	5,518	22,072
Mar-28	3,758	Social Care Investment Plan (SCIP):					
		SCIP - Extra care schemes	2,920	419	419	0	3,758
		Sub-Total SCIP	2,920	419	419	0	3,758
		Total A&C	8,438	5,937	5,937	5,518	25,830

		Future Developments - subject to further detail and approved business cases					
		Archives, Collections and Learning Hub					

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ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
19 JANUARY 2026

RECOMMISSIONING OF DEMENTIA SUPPORT SERVICE
REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of Report

- 1 The purpose of this report is to seek the Committee's views on the proposed procurement of the Dementia Support Service (DSS) and associated key performance indicators for the service.

Policy Framework and Previous Decisions

- 2 The DSS supports delivery of the Leicester, Leicestershire and Rutland (LLR) Joint Living Well with Dementia Strategy 2024–2028, focusing on prevention, early diagnosis, and supporting people to live well at home.
- 3 The current DSS contract, delivered by Age UK, ends 30 September 2026. The City Council is the lead commissioner on behalf of County, and a Section 75 agreement is in place for the NHS contribution to the service allocated by the Integrated Care Board (ICB).
- 4 The LLR Joint Living Well Dementia Strategy 2024–2028 reflects a system-wide commitment to improving outcomes for people affected by dementia. Developed collaboratively across health, social care and the voluntary sector, it aligns with national priorities and focuses on:
 - Prevention and early intervention;
 - Timely diagnosis;
 - Person-centred support throughout the dementia journey.
- 5 Delivery is co-ordinated through local plans for LLR, overseen by the LLR Dementia Programme Board.

Background

- 6 There are estimated to be over 10,000 people living with dementia in Leicestershire, including around 300 people aged under 65 years. There is a need to increase pre-diagnosis support as there are an estimated 4,000 people who may have dementia without a formal diagnosis, which can delay their access to care and support (as recorded by the ICB).

- 7 In Leicestershire the diagnosis rate is just over 61%, which is below the national target of 66.7%. This gap matters because without a diagnosis people and their families miss out on vital help.
- 8 The DSS has been jointly commissioned by Leicester City Council, the County Council and the ICB for over a decade. Historically, the service was delivered by The Alzheimer's Society until 2017, after which Age UK were awarded the current contract, which began in April 2017 and is due to end on 30 September 2026. This was covered by one joint model across City and County.
- 9 The LLR ICB provide a contribution to the service of c£83k per annum. The service provides support at the following stages:
 - pre-diagnosis;
 - peri-diagnosis, i.e. at the point of diagnosis when an assessment confirms the condition;
 - post-diagnosis.
- 10 The DSS provides the following support and the Pathway Map is attached as an Appendix to the report:
 - *Information, Advice and Guidance* - Clear, accessible advice on dementia care, rights, and available services.
 - *Single Point of Access* - A central referral hub for professionals and families to access support quickly.
 - *Personalised Support Plans* - Goal-based plans tailored to individual needs, helping people live well with dementia.
 - *Post-Diagnosis Support* - Emotional support, practical advice, and signposting immediately after diagnosis.
 - *Carer Learning and Resilience Workshops* - Training and resources for informal carers to build confidence and coping strategies.
 - *Social Groups and Peer Support* - Activities to reduce isolation and promote community engagement.
 - *Co-ordination with Health and Social Care* - Works alongside GPs, Memory Clinics, and Adult Social Care to ensure integrated care.
 - *Culturally Appropriate Support* - Outreach to diverse communities and seldom-heard groups.
- 11 The current DSS supports approximately 2,500 individuals annually across Leicester and Leicestershire, contributing to improved wellbeing, reduced isolation, and enhanced carer resilience. Despite being a non-statutory service, it plays a critical role in delivering the ambitions of the LLR Joint Living Well with Dementia Strategy 2024–2028.
- 12 The service delivers a key offer in Leicestershire through support for people with dementia and their carers. However, recent highlighted challenges for people with dementia include:
 - Barriers to access, cultural appropriateness of the service and wider dementia support;
 - Wider reach of the service across Leicester and Leicestershire across some more rural and isolated communities;
 - Increased demand and under-represented groups across the County including seldom heard communities.

- 13 A formal review has been undertaken across partners (the County Council, Leicester City Council and the ICB) with key data gathered on the service to determine the gaps, areas to improve and high impact provision in the current arrangement.

Engagement

- 14 Extensive engagement via the current DSS has been undertaken with service users, carers, and practitioners through focus groups, surveys, and community events.
- 15 The key findings are summarised below:
- a) Joint work across the wider health and social care is essential to support people with dementia.
 - b) Culturally appropriate support must be embedded in service design and part of the delivery model.
 - c) The service should include and have a focus on the inclusion of seldom heard and rural communities to reduce inequalities.
 - d) Recognition of carer loneliness and need for emotional and practical support should be reflected in the service model and provider approach to delivery.
 - e) Clearer post-diagnosis pathways and timely access to services is essential in supporting people with dementia and carers.
- 16 Commissioners have begun an ongoing dialogue with the Department's Engagement Panel, comprising representatives who use the Council's adult social care services, with a view to holding a further focus group with members who have a lived experience of dementia and their carers.
- 17 Commissioners are also carrying out a communications and marketing strategy to profile the current service offer both internally and externally, in addition to engaging the wider community.
- 18 A market engagement event was held on 9 December 2025 with 28 attendees from 20 provider organisations attending from dementia specialist and Voluntary and Community Sector organisations. The outcome from Providers feedback is detailed below which suggests the service would benefit from:
- a model that allows for wider work with smaller community-based organisations to support a range of communities;
 - strong governance and support from the Council/ICB to allow for joint working across Leicester and Leicestershire where feasible;
 - a focus on clear key performance indicators that are meaningful and show impact at a person level, as well as wider support deliverables (including qualitative and quantitative data);
 - the offer for carers of people with dementia to be clearly defined and linked with the Council's current Carers Support Service to allow for joint working and reduced duplication.

Proposed Service Model

- 19 Ongoing discussions are being held with LLR ICB to establish recurrent funding for the DSS for the new contracts; however, this has yet to be confirmed.

- 20 The existing arrangement is with Leicester City as a combined service model across both the City and the County. However, more recent discussions with Leicester City have concluded that a separate service for each area would be more beneficial to both areas.
- 21 Regardless of the approach to commissioning or geographical spread of the service, a specific service for Leicestershire would deliver those outcomes and provision highlighted from the formal review and stakeholder feedback. Key features of the proposed service intend to include:
- Pre, peri and post-diagnosis support for people with dementia and carers, including personalised interventions.
 - Information, Advice and Guidance and signposting to statutory, voluntary, community and social enterprise and community resources.
 - Personalised targeted support (support plans, coaching, navigation).
 - Support groups and social activity (for example, memory cafés, peer support, physical and cognitive activities).
 - Carer learning and education (including maintaining caring role, legal readiness for example, Lasting Power of Attorney).
 - Culturally appropriate offer throughout (accessible, inclusive materials and delivery).

Core Outcomes (County-wide)

- 22 The Core Outcomes include:
- Improved wellbeing, self-help and independence, avoidance of crisis.
 - Increased access and uptake by under-represented groups.
 - Contribution to the Department's aims aligning with the Adult and Communities Strategy 2025-2029, 'Delivering Wellbeing and Opportunity in Leicestershire'.
 - Consistent, person-centred support across stages of dementia; carer confidence and satisfaction.
- 23 Providers will be required to formally tender for the service and outline their approach to ensuring service requirements are delivered and a robust service delivery model is in place.

Core Key Performance Indicators (County-wide)

- 24 As part of the service specification, the successful provider will be asked to deliver against a set of key performance indicators. These include, but are not limited to:
- a) Access and Reach - numbers of people including where support is offered to people at different stages of dementia with a tailored support offer (for example, those with advanced dementia living at home with a family carer would receive a different offer to those at early diagnosis).
 - b) Quality and Experience - qualitative analysis on people's views of the support and how it has supported them (impact) and their family situation together with wellbeing measurements of satisfaction (for example, Zarit Burden Interview measurements of carer strain).

- c) Inclusion - the ability of the service to reach out across a wide range of communities and geographical spread including how the service works with small community-based organisations to deliver support and the impact of this.
- d) Impact and Prevention - measurement on service impact (collectively and individually) and how the service prevents, reduces or delays the need for formal social care provision or NHS services.

Resource implications

- 25 The County Council's annual contribution towards the proposed service will be £265,352 which is funded via the Better Care Fund.
- 26 The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

Timetable for Decisions

- 27 The current service contract expires on 30 September 2026 and it is intended a new arrangement will be in place for 1 October 2026 ensuring a seamless transition.
- 28 Key dates for the procurement of the service are detailed below:
 - Advert Published: April 2026;
 - Advert closed: June 2026;
 - Contract award letters issued: July 2026;
 - Provider Mobilisation: July to September 2026;
 - Contract Commencement Date: October 2026.

Conclusions

- 29 The recommissioning of the DSS is essential to meet growing demand, address inequalities, and align with strategic priorities.
- 30 The Committee is invited to comment on the core elements of the service model and associated key performance indicators.

Background papers

LLR Living Well with Dementia Strategy 2024–2028 –
<https://resources.leicestershire.gov.uk/adult-social-care-and-health/market-position-statement/dementia>

Delivering Wellbeing and opportunity in Leicestershire – Adults and Communities Strategy 2025-29 – <https://resources.leicestershire.gov.uk/adult-social-care-and-health/our-approach/policies-and-strategies>

Equality Implications

- 31 An Equality Impact Assessment (EIA) has been drafted and will inform key decisions as part of the service specification and will be further developed as the project evolves with a completed EIA available for Cabinet in March 2026.

Human Rights Implications

- 32 There are no direct human rights implications arising from the recommendations in this report at this stage.
- 33 Human rights considerations will be fully addressed during the recommissioning stage, when the detailed service specification is finalised and procurement begins.

Legal

- 34 Advice will be sought from the County Council's Legal Services Team in relation to the contractual and procurement aspects, to ensure compliance with relevant legislation and to safeguard the rights of people who use services and their carers.

Appendix

DSS Pathway Support Service Map

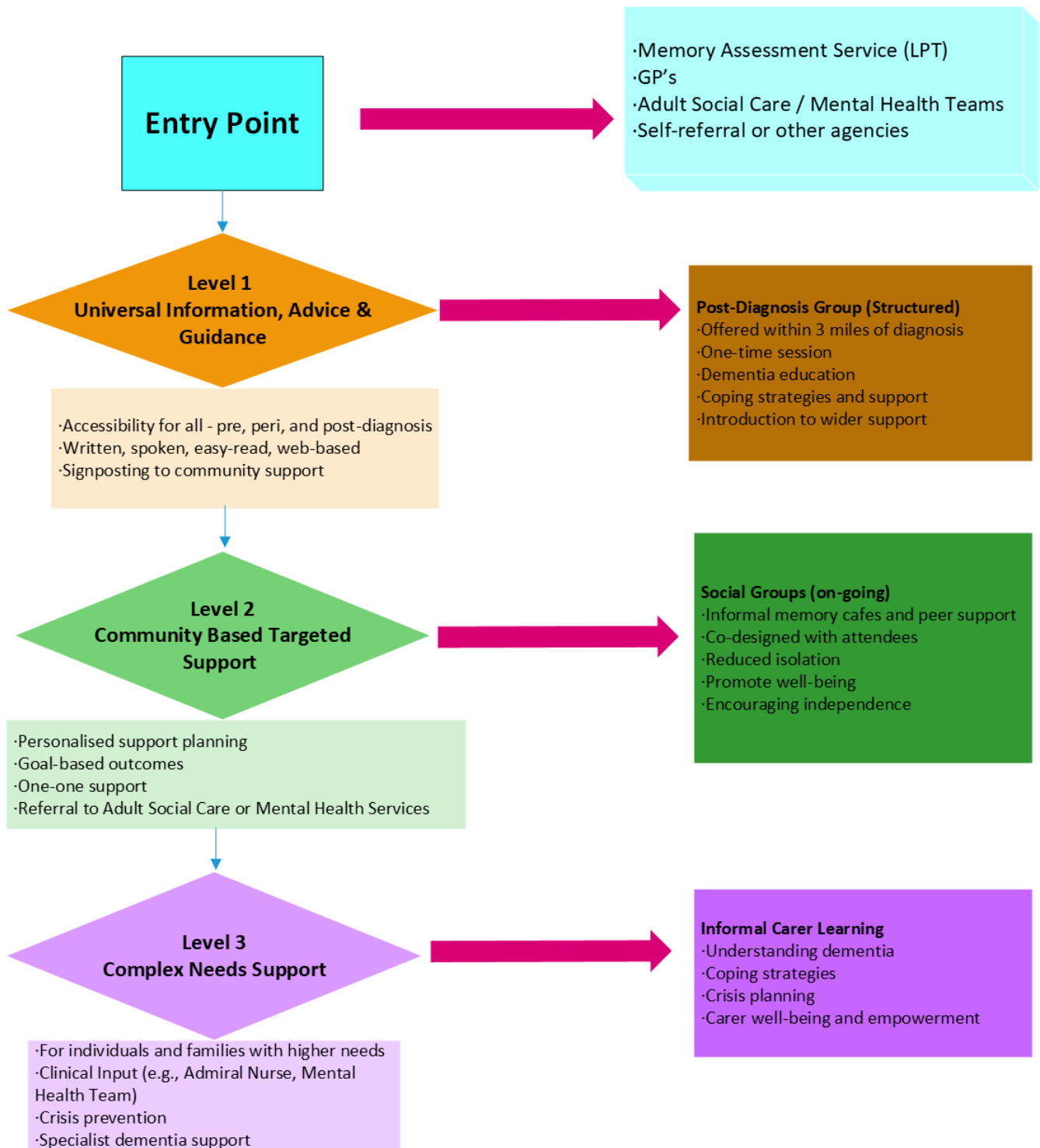
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Dementia Support Service Pathway





ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
19 JANUARY 2026

FOR INFORMATION

CARE QUALITY COMMISSION ASSESSMENT 2025
IMPROVEMENT PLAN DELIVERY UPDATE

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide the Committee with an update of the progress made to deliver the Care Quality Commission (CQC) Improvement Plan, attached as an Appendix to this report.

Policy Framework and Previous Decisions

2. On 3 November 2025, the Committee received a report summarising the CQC Assessment findings, highlighting key strengths and areas for development. A summary Improvement Plan was presented which outlined the actions that will deliver improvements identified in the CQC Assessment report. The Committee requested quarterly progress updates to align with the Department for Health and Social Care (DHSC) reporting cycle.

Background

3. The CQC published its assessment report of Leicestershire in September 2025, giving an overall rating of Requires Improvement.
4. Authorities achieving a Requires Improvement rating are required to develop an Improvement Plan and provide quarterly reporting to the DHSC demonstrating progress with improvement actions.
5. DHSC contract with Partners in Care and Health (PICH) to work with councils assessed as Requires Improvement. The PICH Improvement Advisor is working with Leicestershire to co-ordinate the response, ongoing review and support activities, outlined below:
 - a) Stage 1 - response to the CQC Assessment report, submitted 27 September 2025 included: response to the CQC findings, emerging improvement priorities and action planning.

- b) Stage 2 – reporting includes the Improvement Plan and oversight arrangements and the support required to deliver the Improvement plan, submitted 17 December 2025.
 - c) Stage 3 – quarterly updates to DHSC and ongoing support arrangements will commence March 2026.
6. Programme management and governance in place to deliver the CQC Improvement Plan; internal oversight of progress is through the monthly Departmental Transformation Delivery Board.
 7. Scoping and detailed workstream planning is complete, with short-term resource in place, the long-term resource needed to achieve and sustain delivery of the Improvement Plan actions will be determined through scoping and business case development.
 8. Communication and engagement with staff and people who draw on services has begun and will be key to delivering many of the improvement priorities.

Improvement Plan Delivery Update

Timeliness of Assessments and Reviews

9. Temporary resource is in place to address the current waiting lists for Care Act assessment; process reviews have commenced with opportunities to rationalise processes identified. Tableau reporting changes are in development, with revised dashboards undergoing testing for accuracy.

Access, Information, Advice and Guidance

10. An Information Maturity Self-Assessment has been completed, with a follow up workshop, facilitated by PICH, taking place early February 2026. Opportunities identified to use artificial intelligence to enhance availability of information about local support options and to make better use of community venues to disseminate information about adult social care services.

Reablement and Hospital Discharge

11. An analysis of reablement has been completed which is informing development of the Reablement Team. Work is underway to revise Home Care Assessment and Reablement Team roles.
12. Hospital discharge improvement activity is in the early stages, initially the focus is to review cases to determine any inconsistencies in discharge pathways between different hospitals in Leicestershire and out of county, variation in timeliness of commissioning at weekends and understanding variations in the timeliness of discharge.

Carers Strategy and Support Service

13. Engagement with carers is underway and expected to conclude in January 2026. Several engagement events have been held to inform the draft Carers Strategy, with

formal consultation expected to take place, pending approval of cabinet in March 2026. Engagement feedback will also inform the development of a revised specification for the Carers Support Service in Leicestershire.

Sufficiency of provider services

14. Market stimulation for supported living is planned for early 2026 and new extra care developments are being discussed with developers. Re-commissioning of Community Life Choices day services is due to commence early 2026. Scoping of a commissioning dashboard is underway which will support identification of any gaps in commissioned services.

Equity of access and experience

15. Activity is in the early stages, initially the focus is to work with partners and communities to understand the barriers people in rural communities and the homeless face when accessing adult social care services.

Safeguarding

16. A review of the current safeguarding pathway and governance is underway, options are in development to make changes that address the issues identified, including timeliness of assessment, provider portal information and data recording.

Pathway for Adulthood

17. This area of work is being delivered as part of the Corporate Preparation for Adulthood Review. This Committee received a progress report on this review on 1 September 2025.
18. A comprehensive review of data, processes and commissioning practice is complete. Findings and recommendations will be considered by the project board January 2026, followed by implementation of the agreed changes.

Workforce

19. The Adult Social Care Workforce Plan is being drafted in preparation for consultation with key staff. Initial analysis of demand and caseloads is complete, and recommendations will be implemented once agreed. A new audit assurance group is being established to provide assurance that current practice audits are effective and driving improvements in practice.

Partnerships in joint funding

20. This area of work is being delivered in collaboration with the ICB. Initiatives completed by the ICB and Accommodation Review Team to review potential funded nursing placement have achieved a small increase in determinations. A revised policy and action plan is being developed with partners.

Performance and Oversight

21. Providing over-arching assurance to all improvement workstreams, that reporting developments meet the needs of the department and the CQC Assessment ask.

Key risks

22. Failure to make adequate progress with the improvement actions identified will result in further intervention from DHSC.
23. A second consecutive Requires Improvement rating will lead to enhanced support and monitoring including direct engagement by DHSC.

Resource Implications

24. Significant resource is required to deliver the improvement actions identified in the CQC Assessment report. Approximately £4m of Growth has been allocated in the Adults and Communities MTFS to meet this resource requirement.
25. Additional staff resource is required to ensure sufficient capacity to reduce the waiting time for assessments. Longer-term reviews of demand and capacity undertaken as part of the Improvement Plan will inform any staffing establishment change required in key teams such as Occupational Therapy to ensure sustained performance.
26. Technology will be used wherever possible to improve access to information and streamline processes to which will support improvement activities. Business Intelligence Service resource will be required to deliver enhancements to performance reporting and oversight.

Timetable for Decisions

27. Progress with delivering the CQC Improvement Plan will be presented to this Committee on a quarterly basis to align with the DHSC reporting cycle.

Circulation under the Local Issues Alert Procedure

28. None.

Equality Implications

29. There are no equality implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and services which may arise from delivery of its Improvement Plan will be subject to an Equality Impact Assessments.

Human Rights Implications

30. There are no human rights implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and/or services which may arise from delivery of its Assurance Improvement Plan will be referred immediately to the Council's Legal Services for advice and support regarding human rights implications.

Appendix

CQC Improvement Plan

Background papers

- Report to the Adults and Communities Overview and Scrutiny Committee:3 November 2025 Care Quality Commission Assessment of Leicestershire County Council's Delivery of Care Act 2014 Duties
<https://democracy.leics.gov.uk/documents/s192588/CQC%20ASSESSMENT%20OF%20LOCAL%20AUTHORITIES.pdf> - item 36
- CQC Leicestershire County Council local authority assessment published 17 September 2025
<https://www.cqc.org.uk/care-services/local-authority-assessment-reports/leicestershire-0925>
- Report to the Adults and Communities Overview and Scrutiny Committee:1 September 2025 – Preparation for Adulthood Review
<https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=7854&Ver=4> – item 22

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Care Quality Commission Improvement Plan
Updated: 29 December 2025

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Timeliness of Assessments and Reviews	Care and Support Assessment 1. Short-term increase in team capacity to reduce waits for assessment 2. Review process and capacity required to maintain assessment wait targets 3. Implement as required recommendations of the review.	1. Care Act Assessments to be allocated within 28 days 2. Median wait times to not exceed 14 days 3. Maximum wait times to not exceed 56 days	May-26	Waiting lists have reduced since the CQC Assessment visit, temporary resource is in place to continue addressing waiting times. As of 28/12/25: Count of individuals awaiting allocation: 416 (down from peak of 716 on 29/12/24) the number waiting has plateaued in recent weeks due to an increase in new requests for assessment. Median and maximum waiting times continue to improve. Median wait duration: 18 days (down from 45 days on 29/12/24) Duration over 28 days: 33% (down from 62% on 29/12/24) Work is underway to review process and reporting which will build on the initial improvement in waiting times for the long term and enhance the oversight of assessment referrals.
	Carer Assessment 1. Short-term increase in team capacity to reduce waits for assessment 2. Review process and capacity required to maintain assessment wait targets 3. Implement as required recommendations of the review.	1. Carers assessments to be allocated within 28 days 2. Median wait time to not exceed 14 days 3. Maximum wait time to not exceed 56 days	May-26	A Care Pathway Team dedicated to Care assessments and reviews is proposed, details of the remit of the new team are being finalised for approval. Count of carer assessments awaiting allocation: 150 Median wait duration: 15 days Maximum wait duration: 140 days
	Financial Assessment 1. Short-term increase in capacity to reduce waits for assessment 2. Review process and capacity required to maintain assessment wait targets 3. Implement as required recommendations of the review.	1. Median wait times to not exceed 28 working days 2. Maximum wait times to not exceed 56 working days 3. Number of people awaiting financial assessment to not exceed 220	May-26	Progress continues to reduce the number of people waiting for financial assessments. Recruitment of additional resource will commence in 2026 when budgets are confirmed. Median wait time for both Residential and Non-Residential assessment is 14 days (down from 75 days and 19 days in June 2025 respectively). Maximum wait time for Non-Residential assessment is 42 days and for Residential assessment 29 days (down from 203 days and 175 days in June 2025 respectively). Total number of people awaiting assessment is 102 reduced from 353 in April 25.
	Occupational Therapy (OT): 1. Review OT teams functions and capacity to meet demand for OT assessments 2. Review OT assessment process 3. Implement recommendations from the reviews to reduce waiting times 4. Work with partners to reduce the timeframe for installation of major adaptations	1. Median wait times for allocation to not exceed 28 days 2. Maximum wait times for allocation to not exceed 56 days 3. Delivery of equipment to be within 5 working days 4. Installation of minor adaptations to be within 60 days 5. Installation of major adaptations to be completed within 120 days	Nov-26	Benchmarking OT services with authorities of similar size is underway, to ensure key performance indicators are realistic and comparable with others. Procurement steps initiated to procure a company to provide OT assessments, which will assist reduction of the current waiting list. The current waiting list has been reviewed to confirm that individuals are waiting for new assessments and not reviews.

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
	Annual Review: 1. Review and address current overdue annual reviews 2. Review process and capacity required to meet targets 3. Implement as required recommendations of the review.	1. Increase reviews completed within 12 months to 85% 2. Reduce Median overdue waiting time to 30 days of due date 3. Reduce Maximum overdue duration to 90 days of due date	Jun-26	Dedicated Review team resource are prioritising completion of the longest overdue reviews. Progress is evident in a reduction in the numbers awaiting their review and the length of time they wait for a review. Current performance indicates 78% of people have a review completed within 12 months (latest national average 59%). Currently 1,203 people are awaiting their annual review Median Waiting Time 32 days, a significant improvement since July 2025 Max Waiting Time 1,204 days, a reduction from 2,729 July 2025
	Waiting Well: 1. Complete the Waiting Well Audit, and recommend actions to ensure the policy is followed consistently across all teams 2. Implement ongoing monitoring of the Waiting Well policy	1. Waiting Well policy performance monitoring in place	Mar-26	The initial Waiting Well Audit is complete, the findings are being used to inform waiting list improvement activity and allocation of resources.
Access, Information Advice and Guidance (IAG)	Provision of Information, Advice and Guidance: 1. Review online information and referral forms/self-assessments, ensure they are easy to understand and accessible (including Carers Information) 2. Review access to information for people with no or limited access to digital formats, develop and implement solutions to improve/support accessibility 3. Review people's experience when contacting the Council, develop and implement solutions to improve experiences 4. Consider how the effectiveness of the signposting and IAG offer can be measured and reported	1. Improve call handling times 2. Improved customer satisfaction 3. More people state they can access the information and advice they need 4. Mechanism to be developed to seek feedback about provision of information and signposting	Oct-26	Local Government Association Information Maturity Assessment completed with a follow up workshop being held January 2026. Hard copy Information packs rolled out across all areas following successful pilot. Improvement to website search tool is being piloted by IT Service and Children's, if successful this will be rolled out across the LCC Website. Options that support people to access information on-line are under consideration, including options to work with Public health teams, Libraries and Adult Learning services. Paper-based information is being drafted, for use in community and primary care settings. Workshops are scheduled to explore potential improvements to handling telephone contacts. In December 81% of calls were accepted, compared to 70% monthly average over past 12 months. Average queue time is 10 minutes
Reablement and Hospital Discharge	Hospital Discharge: 1. Define 7-day working and practices that facilitate safe and timely hospital discharges 2. Review and update the information provided about support when discharged from hospital	1. People are discharged on the most appropriate pathway 2. Information provided to people during discharge is clear 3. Brokerage/commissioning of support does not delay discharge, increase number of discharges at weekends.	Mar-26	A new Hospital discharge information leaflet is being drafted with input from the Engagement Panel. An random selection of cases are being reviewed to identify any inconsistencies in the discharge pathway and process and inform opportunities for improvement.
	Reablement Service: 1. Expand reablement capacity to provide more people with opportunity to maximise independence	1. Access to reablement is available for everyone who would benefit on discharge from hospital or first presentation to Adult Social Care services	Aug-26	Recruitment and retention opportunities are being developed to increase reablement capacity.
Carer Support	Carers Service 1. Develop new Carer Strategy 2. Design and develop new Carers Support Service offer 3. Review information to ensure it is clear and accessible 4. Ensure carers are engaged in co-production of service development and strategy	1. Information is clear and accessible in a range of formats and places 2. Carers reported satisfaction with services and access to information is improved. 3. Revised Carers Strategy 2026-2030 and delivery plan in place	Nov-26	Themes from engagement with carers has identified the key priorities of the draft Carers Strategy 2026-2030. Further engagement scheduled in January 2026, followed by public consultation in April/may 2026 will further shape the strategy & service design. Plans in place to increase access to information in Libraries and primary care settings. The revised strategy and service commissioning are expected to be completed in 2026.

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Sufficiency and quality of provider services	Commissioning Services: 1. Continue to develop support options as set out in the market position statement (Extra Care and Supported Living) 2. Re-procurement of Community Life choices (CLC) 2026-2030 to ensure sufficient capacity in day services to meet identified needs 3. Develop Commissioning dashboard to show demand and capacity across all support types 4. Ensure commissioned services are available to communities particularly rural areas	1. Recommissioned Day services (CLC) 2. Increase in Extra Care and Supported Living places 3. Commissioning dashboard in place to show any gaps in services	Aug-26	CLC Day services invitation to tender to launch January 2026. New provision for Young Adults with Disabilities in place November 2026 . Market stimulation for supported living planned for early 2026. New Extra Care developments being discussed with developers. Work on Commissioning dashboard being scoped.
Equalities, Diversity and Inclusion	Equity of access and experience: 1. Review access to social care support for people experiencing homelessness, develop options to address any barriers and work with partners to implement solutions as required 2. Work with community organisations to enhance engagement with and support to rural communities 3. Address digital exclusion (included in IAG Actions)	1. Homeless people with eligible social care needs are able to access social care support 2. Access to social care is equitable across the County	Aug-26	Escalation and access process established between Adult Social Care and District Council Homeless services. Service model for zonal home care promotes rural and isolated provision. New CLC model will promote development of additional capacity across the County for Mental Health and Older People's provision. Initial consideration of opportunities to work with Public Health teams to understand barriers to communities started.
Safeguarding	Application of Safeguarding Pathway and Process: 1. Enhance the functionality and accessibility of the Safeguarding Referral Portal 2. Establish a standard operating procedure to inform referrers and key partners of the outcomes of Section 42 enquiries	1. Providers and referring agencies can easily refer safeguarding concerns and concerns for welfare appropriately. 2. Referring agencies receive feedback on safeguarding concerns raised.	Mar-26	Meeting with providers to begin improvements to the Portal took place Dec 2025.
	Safeguarding data and oversight: 1. Strengthen data collection and performance monitoring of the effectiveness and timeliness of safeguarding processes. 2. Establish regular audit cycles to evaluate the application of safeguarding processes, and quality of practice.	1. Management information informs operational and strategic decision making in line with safeguarding policy and procedures. Regular audits in place to evidence outcomes	Mar-26	Safeguarding Review group working with Business Intelligence services to refine current dashboards to reflect the stages of the safeguarding process and target timescales.
Pathway for Adulthood	Preparing for Adulthood: 1. Enhance partnership with Children's services (Specialist Educational Needs and Disabilities [SEND]) to support early engagement of young people requiring adult social care 2. Improve information provided to young people and families 3. Review staffing establishment to ensure capacity to deliver improved outcomes for young people	1. Young people likely to be eligible for adult social care identified for assessment appropriately 2. Commence assessment of all young people transitioning from children's services to adult services on or before their 17th Birthday. 3. Young Adult Disability Team has the required capacity and skills	Mar-26	Corporate Pathway for Adulthood Project Board driving change to the pathway. Discovery Phase complete, Project Board sign-off of design stage recommendations and plan expected January 2026. Revised identification tool and process recommended, including enhanced cohort identification meetings with Children's services.
Workforce	Caseload Review: Review case loads and allocations across Operational Commissioning	1. Case loads across locality teams are manageable and in line with the operating model	Jan-26	Demand and capacity audit report completed. Recommendations to be discussed with managers and staff in January.
	Practice Assurance: Develop mechanisms to demonstrate the impact of practice assurance action plans on teams and practice	1. Evidence of the impact of PDC audit is available through staff feedback	Mar-26	A new Audit Assurance Group has oversight of all practice audits, progress implementing practice improvements Impact of practice audits will be shared with staff at Continuous Professional Development events across all teams in Feb 26.
	Workforce Plan: 1. Complete updated Workforce Plan 2025-2026 2. Monitor delivery of the plan to address recruitment and retention challenges	1. Improvement in recruitment and retention in key roles 2. Increase uptake of professional training opportunities	Jan-26	Workforce plan is in development in conjunction with People Services Business Partner.
	Adult Mental Health Professional (AMHP) Establishment: 1. Review AMHP establishment and operating model	1. Revised operating model in place 2. AMHP Team capacity sufficient to meet demand	Jun-26	AMHP demand and capacity review undertaken. Agreement to increase staffing and management in Core AMHP service.

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Performance and oversight	Data and insights: 1. Review current performance reporting to ensure it is relevant, accurate and informs operational and strategic commissioning 2. Ensure robust performance monitoring and oversight 3. Ensure robustness of quality assurance/audit process, reporting and feedback 4. Communicate how data is used in frontline teams to improve outcomes	1. Revised Performance reporting dashboards developed to support management oversight and inform decision making	Oct-26	Initial work to update Waiting list tableau dashboards underway, focus is on the CQC data requirements with operational assessment flow also a priority.
Partnerships	Communication with partners: 1. Improve understanding of joint funding processes 2. Increase number of people determined as eligible for Funded Nursing Care (FNC)	1. Undertake staff training in joint funding process and practice 2. Increase in FNC determinations to 45 people per 50k population	Jun-26	Work continues with Integrated Care Board partners to increase the number of people with FNC determinations. Policy to be finalised and sign-off of the revised of joint funding process expected early 2026. 2025 Quarter 2 snapshot shows 32.6 people per 50K population.