

# Leicestershire County Council

## **Domiciliary Care Services**

August 2001

Best Value Inspection

Version:

**Final**



## Best Value

The Government has placed a duty of best value on local authorities to deliver services to clear standards – of cost and quality – by the most economic, efficient and effective means available. Best value is a challenging new performance framework that requires authorities to publish annual best value performance plans and review all their services every five years.

From 1st April 2000, best value authorities are conducting best value reviews for all their functions over a five-year cycle. The Audit Commission has the responsibility for inspecting these reviews to determine whether authorities have complied with the requirements of the best value legislation and associated guidance

Authorities must show that they have applied the 4Cs of best value to every review:

- ♦ challenging why and how a service is being provided;
- ♦ comparing their performance with others' (including organisations in the private and voluntary sectors);
- ♦ embracing fair competition as a means of securing efficient and effective services; and
- ♦ consulting with local taxpayers, customers and the wider business community.

Authorities must demonstrate to local people that they are achieving continuous improvement in all of their services. The Government has decided that each authority should be scrutinised by an independent inspectorate, so that the public will know whether best value is being achieved. The purpose of the inspection and of this report is to:

- ♦ enable the public to see whether best value is being delivered;
- ♦ enable the inspected body to see how well it is doing;
- ♦ enable the Government to see how well its policies are working on the ground;
- ♦ identify failing services where remedial action may be necessary; and
- ♦ identify and disseminate best practice.

# Contents

Best Value	2
Contents	3
Summary and Recommendations	4
Summary	4
Scoring	5
Recommendations	7
1 Profiling Leicestershire County Council	10
Domiciliary Care Services in Leicestershire County Council	12
2 Findings: How good are the services?	14
Supporting vulnerable people to live at home	16
User views	22
Efficiency	23
Performance Monitoring	24
How do the services compare?	26
Conclusions	28
3 Findings: Will the services improve?	29
Is the Best Value Review driving improvement?	29
How good is the improvement plan?	31
Will the Council deliver the improvements?	33
Conclusion	34
4 Appendix: What did the inspectors do?	35

## Summary and Recommendations

### Summary

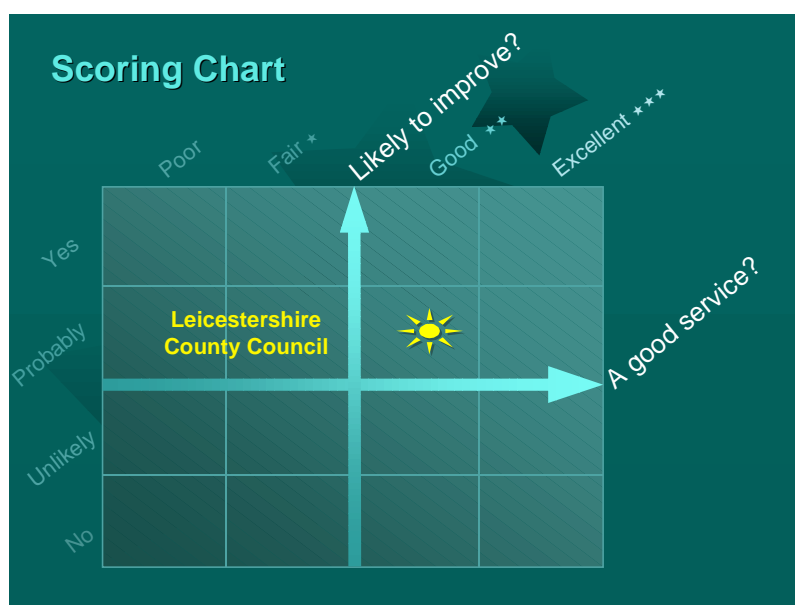
- 1 Leicestershire County Council in the East Midlands covers seven district council areas. The County Council serves a population of 606,800 (1999 estimate). The 1991 census estimated that the black and minority ethnic population was 3.4%, and was mainly people of Asian origin.
- 2 The County is a relatively affluent area overall. It has a mix of sparsely populated rural areas, with some market towns and also some ex-mining areas in the North West. The university town of Loughborough is the largest town. There is full employment in some areas.
- 3 The County Council is made up of 54 councillors. No political party has had an overall majority during the last twenty years. In 1999 the Liberal Democrats and Conservatives formed a joint administration. The Council adopted a Leader and Cabinet structure in 1999.
- 4 All Council seats were up for re-election in June 2001. The results of the election are that the Conservative party now has a majority of seats (29) compared with Labour (15) and the Liberal Democrats (10).
- 5 The Social Services Department [SSD] budget for 2000/01 was £96.3 million (gross). In 2001/02 it is estimated at £100.6 million (gross). Leicestershire County Council, as a Social Services Authority, underwent a Joint Review by the Audit Commission and Department of Health Social Services Inspectorate in the summer of 2000. The Joint Review made specific recommendations asking the Council to review the supply of home care and progress national policy on allowing disabled service users to use direct payments to purchase home care. The Council has recently developed an action plan to implement the recommendations of the review, which impacts on some aspects of domiciliary services.
- 6 Leicestershire Social Services domiciliary care services are:
  - ♦ Home care services, comprising practical and personal care tasks for vulnerable adults and children in their own homes. 1.42 million home care hours per year are provided to 4000 households at a gross cost of £12.89million (2000/01). This cost represents 13.4% of the total SSD budget of £96.3million.

- ♦ Mobile meals - a hot lunchtime meal delivered to people's homes. 280,000 meals are provided per year at a cost of £570,000.
- ♦ Lunch clubs - the Council spends £45,000 per year to support people attending lunch clubs (meals and transport).
- ♦ A household and incontinence laundry service. In 1999/2000 there were 1134 users, of whom 183 used the incontinence service. The service costs £418,000 per year.

- 7 Social workers assess the eligibility of elderly people or vulnerable adults or families for these services and arrange for them to be provided according to need.

## Scoring

- 8 We assessed Leicestershire's domiciliary care services and the likelihood of improvement. The scoring chart displays performance in two dimensions. The horizontal axis shows how good the service or function is now, on a scale ranging from no stars for a service that is poor (at the left-hand end) to three stars for an excellent service (right-hand end). The vertical axis shows the improvement prospects of the service, also on a four-point scale.



- 9 We judged Leicestershire's domiciliary services as good and that they would probably improve. The reasons are set out below.

## A good service?

- 10 We concluded that the service is good because:
- ♦ The council's aims for the services are clear and challenging. They match the national priority of seeking to support elderly and vulnerable people to live as independently as possible in their own homes.
  - ♦ Users report high levels of satisfaction with all three services overall.
  - ♦ The Council has developed a mixed economy of home care and meals suppliers. Its in-house home care service provides only 25% of hours. This development of the market has enabled the Council to increase the supply of home care, whilst controlling costs. It is increasing the number of users who receive more than 10 hours of home care a week and so it is supporting more, very vulnerable people at home. It is piloting new ways of working to promote independence and increase the choice in services.
  - ♦ It has put in place measures to manage the performance of its suppliers and assure the quality of its services to vulnerable users, although there is room for improvement.
- 11 However, the review and inspection identified some areas of weakness:
- ♦ The current pattern of providing home care has arisen in an unplanned way and there is scope for a more efficient use of resources in some aspects of the service.
  - ♦ High employment and the rural nature of some parts of the County are leading to a lack of capacity to meet demand.
  - ♦ The quality of meals varies and there is a lack of choice and flexibility in both the meals and laundry services.
  - ♦ Users identified areas for improvement, which included the number of home care workers visiting a user and the quality of some mobile meals.
- 12 Generally Leicestershire's home care costs compare well with near neighbours and, Leicestershire performs well against some key national performance indicators related to the use of home care. It has room for improvement against others. There is scope to reduce costs in its in-house home care service, Mobile Meals and laundry service.

- 13 We judged that the meals and laundry services were only adequate. However, Leicestershire home care services have many strengths and are the key services in maintaining elderly, frail and vulnerable people at home. This service accounts for 91% of the service being reviewed. Taking this into account, we judged Leicestershire's domiciliary services as "good" overall.

#### Likely to improve?

- 14 In judging whether Leicestershire would improve its domiciliary care services, we concluded that:
- ♦ It had undertaken a thorough review, which addressed the 4 Cs and had identified weaknesses in the current services and evaluated options for change.
  - ♦ It has made decisions at Cabinet level about the options that it intends to pursue. The improvements include;
    - retaining the in-house home care service to work with health agencies on rehabilitation activities and rapid response to emergencies and hospital discharges;
    - the introduction of the frozen meals service to increase choice and flexibility; and
    - testing the market for the laundry service.
  - ♦ Performance indicators have been developed and detailed planning for implementation has begun in some areas. Social Services have staff with the relevant skills and experience to deliver the improvements.
- 15 However, completion of the review has been delayed, and the plans will not get full Council agreement until September 2001. At the time of our last inspection visit there was no single published improvement plan which detailed all the improvement, targets and responsibilities for delivery, by which the public can monitor the Council's delivery of the best value improvements. We concluded therefore that the Council will probably make the improvements, but to be assured of this our recommendations are set out below.

#### Recommendations

- 16 The Council should:
- ♦ Produce and implement one clear best value improvement plan, which sets out the Council's plans for the new strategic

framework for domiciliary care services and relevant operational developments. This should include;

- actions relevant to domiciliary care from the Joint Review recommendations;
  - actions emerging from the lessons of its pilot schemes; and
  - actions to improve the efficiency of arranging services for new users.
- ♦ Identify quantifiable top quartile targets in the plan, where these are not already being achieved, and work to achieve them within 5 years.
- ♦ Develop its commissioning structures, arrangements and strategy to take account of;
  - both in-house and external provision;
  - provision of services in rural areas;
  - possible out-sourcing of meals and laundry to achieve more flexible, efficient and better quality services; and
  - the need to improve systems for monitoring the quality of all three services.
- ♦ Re-establish the criteria for meals and laundry services so that service users and their carers are clear about who is eligible to receive these services and in what circumstances they will stop receiving them.
- ♦ Ensure the ways in which the services to individual users are reviewed are more consistent and integrated, and that reviews consider whether users are still eligible for the services.
- ♦ Ensure the Council has a clear strategy of how far it wants to go in developing the private sector share of the total provision for home care.
- ♦ Ensure the role of in-house home care provision justifies its higher costs to service users, carers and the public.
- ♦ Ensure that the time-scales for future best value reviews are met.



We would like to thank the staff of Leicestershire County Council and particularly the staff of Social Services who organised the inspection very well, made us feel welcome and who met all our requests efficiently and willingly.

This report has been prepared by the Audit Commission ("the Commission") following an inspection by the Commission under Section 10 of the Local Government Act 1999 ("the 1999 Act"). This report is issued by the Commission in accordance with its duty under Section 13 of the 1999 Act.

**Gary Stevens**  
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**Inspectors**

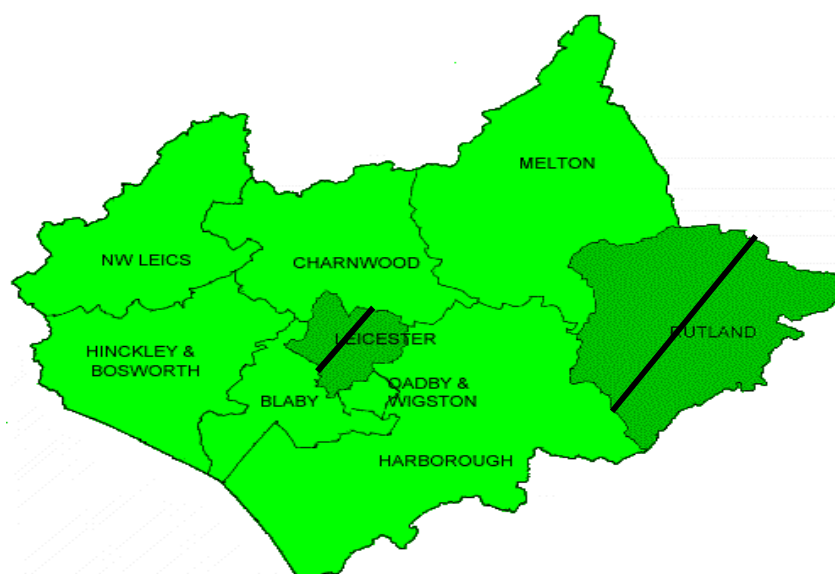
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## 1 Profiling Leicestershire County Council

- 17 Leicestershire County Council in the East Midlands, was formed in 1974 and originally covered nine district council areas. In 1997, the government's review of local Council boundaries led to Rutland and Leicester City receiving unitary authority status. Leicestershire County Council now serves a population of 606,800 (1999 mid-year estimate) who live within seven different district council areas. The 1991 census estimated the black and minority ethnic population of the County was 3.4%. Since then, there has been some growth in the population, and the 1999 estimate is that the proportion of the population from Black and Ethnic minority backgrounds in the County adjacent to the City and in the town of Loughborough is higher (between 6 and 8%). The largest black and ethnic minority group is of Asian origin.



- 18 Overall, Leicestershire is a relatively affluent area, but contains some former mining areas undergoing regeneration activity (NW Leicestershire) and some rural development areas (Hinckley and Bosworth). Loughborough is the largest town and has its own university. Leicestershire has some areas of full employment (e.g. Harborough). High levels of employment and the rural nature of the District have an impact on the services being reviewed.
- 19 From 1981, no political party had an overall majority in Leicestershire County Council. In 1999, the Liberal Democrats and Conservative councillors formed a joint administration for the first time. County

Council elections took place in June 2001, with all council seats up for re-election. The result was a Conservative majority with 29 seats to Labour's 15 and the Liberal Democrat's 10. The Conservative group has now formed a new administration.

- 20 In September 1999, the Council adopted a Leader and Cabinet style of government. At the time of the inspection, the Cabinet was made up of five Conservatives and three Liberal Democrats. Since the election, a Conservative administration has been formed.
- 21 The joint administration set six overarching corporate objectives to clarify the Council's goals and to achieve more co-ordinated working across the Council. These are:
  - ♦ Advancing Lifelong Learning.
  - ♦ Building a Healthier Community.
  - ♦ Protecting and Enhancing the Environment.
  - ♦ Improving Economic Well-being.
  - ♦ Promoting Better Government in Leicestershire.
  - ♦ Reducing Crime and Anti-social Behaviour.
- 22 Cabinet members' portfolios relate to the corporate objectives, with two councillors holding each portfolio. Social Services provision mainly falls within the "Building a Healthier Community" portfolio.
- 23 The Council's net revenue budget in 2000/01 was £416.1m and in 2001/02 is estimated at £439.6m.
- 24 The Council's gross budget for Social Services was £96.3m (gross) in 2000/01. This level of expenditure is below the Standard Spending Assessment (SSA) figure allowed by the government for Personal Social Services. Historically, Leicestershire County Council has funded its Social Services below SSA level and its Education service above SSA level. The joint administration prior to June 2001 made a commitment to increase the funding allocated to social services to SSA level.
- 25 Leicestershire County Council as a Social Services Authority has recently undergone its Joint Review by the Audit Commission and Social Services Inspectorate. It was judged as serving most of the people of Leicestershire well, and with promising prospects for improvement. In March 2001, Social Services produced an action plan to take forward the Review's recommendations. Amongst the Joint Review's recommendations are two specifically relevant to

providing domiciliary care services and supporting vulnerable adults at home:

- ♦ Reviewing the supply of home care (The Domiciliary Care Services best value review is being seen as addressing this).
- ♦ Developing Direct Payments to disabled people for them to arrange and purchase their own care services.

## Domiciliary Care Services in Leicestershire County Council

- 26 The Best Value review examined Social Services' main services for supporting elderly and vulnerable adults living a home. The services are:
- ♦ Home care services - Home Care workers undertake a range of practical and personal care tasks (e.g. shopping, preparing snacks, bathing, toileting, dressing) for individuals in their own homes.
  - ♦ Mobile meals (a hot, lunchtime, meal delivery service).
  - ♦ Luncheon clubs for the disabled and elderly.
  - ♦ Laundry service.
- 27 Domiciliary Care services are arranged and provided within the Adult Care division of Leicestershire County Council Social Services Department (LCC SSD). The Adult Care budget was £50m (net) in 1999/2000. In addition, in 1999/2000 the SSD received £2.7m in special grants from the government to develop services for vulnerable adults and carers.
- 28 People who use the domiciliary care services are frail older people, older people with dementia, adults with a learning or physical disability, and adults who are mentally ill. Home Care services may also be provided to families caring for children, who are "in need" as defined by the Children Act 1989. The largest group of users is older people, particularly those over 75 years of age who cannot manage at home without help. Carers of the vulnerable people in receipt of the services (family members, relatives or friends) are also "users" of the services.

## Home Care

- 29 LCC Social Services purchases or provides over 1.42m hours (00/01 est.) of Home Care Services to approximately 4,000 households per year at a cost of £12.89m (gross) in 2000/01. This represents 13.4% of the total SSD gross budget of £96.3m.
- 30 Social Services' in-house Home Care service is managed by a dedicated Service Manager and organised on an area basis, to deliver 25% of provision a countywide, Contracts Team procures and negotiates the contracts with the 33 independent providers of Home Care, who deliver 75% of total provision.

## Mobile Meals

- 31 The Mobile Meals service is organised and managed on a countywide basis and provides 280,000 meals per year at a cost of £570,000 (2000/01). There are a number of internal and external suppliers for meals with 85% being provided by the County Council's welfare catering contract with an independent supplier. 15% are supplied in-house through the Department's own kitchens.

## Luncheon Clubs

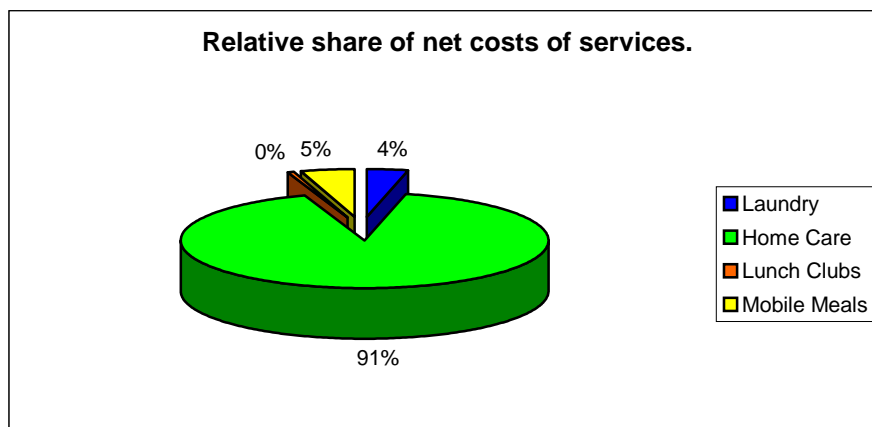
- 32 Many luncheon clubs are run by voluntary organisations and some are supported by a financial contribution from Social Services. Social Services may provide transport for service users to a luncheon club. The total SSD budget for luncheon clubs is £45,000 per year.

## Laundry

- 33 The Social Services' in-house Home Care Managers also manage the laundry service, which is provided by seven small neighbourhood laundries owned and staffed by Social Services. Historically, a limit of 8 items of household laundry (sheets, towels) per user is set, apart from incontinence laundry. There are 1134 users per year, of which 183 use the incontinence service, and the cost of the service is £418,000.
- 34 Users may receive one or more services according to their individual needs and circumstances.

## The Best Value Review

- 35 The Best Value Review considered the three types of provision - Home Care, “community meals” (mobile meals and luncheon clubs), and laundry - although the share of the total net cost of the services is very different. (See pie chart below.)



- 36 We took the scale of the services, and their importance in helping people to live at home, into account when making our judgements about how good the services are.

## 2 Findings: How good are the services?

### Are the service aims clear and challenging?

- 37 Inspectors look to see how a council has agreed the key aims for the services being inspected, how clear these aims are to the people that receive the services and whether these reflect the corporate aims of the organisation as a whole. In addition, we would expect to see the aims for the service reflecting any national priorities and published guidance.
- 38 The government has set out its priorities for health and social care in the NHS Plan and National Priorities Guidance<sup>[1]</sup>. The priorities are:

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<sup>1</sup> NHS Plan and National Priorities Guidance 1999/00 and 2001/02  
National Service Framework for Older People. Dept. of Health. 2001

- ♦ To support vulnerable adults (people with physical or learning disabilities or mental ill-health) and elderly people living as independently as possible at home, by providing them with services.
  - ♦ To support the carers (family, relatives and friends) of adults and elderly people in the community.
  - ♦ To prevent vulnerable adults and elderly people reaching a crisis point that may result in an avoidable admission to hospital, to residential or nursing home care.
- 39 Social Service Departments are expected to work closely with community health staff (e.g. district nurses, GPs, occupational therapists) and housing authorities to ensure that there are services available in the community to give elderly and vulnerable adults the choice of living at home.
- 40 Leicestershire County Council has six corporate objectives. It regards its social care services, including its domiciliary care services, as contributing to one of these aims – Building a Healthier Community. The Council publishes its corporate objectives in its Best Value Performance Plan<sup>[2]</sup>, and says that in improving the health of the community it will work in partnership with other organisations to promote the physical, mental and social well-being of the residents of Leicestershire.
- 41 The Council has overarching aims for its Social Services adult care services, including domiciliary care. These include:
- ♦ Promoting the independence of adults assessed as needing social care.
  - ♦ Enabling adults, assessed as needing care, to live as full and safe a life as possible in their own homes wherever feasible.
  - ♦ Working with health, other agencies, users and carers to avoid unnecessary admission to hospital and reducing delays in hospital discharges.
  - ♦ Enabling informal carers to care or continue to care for as long as they and the service user wish.

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<sup>2</sup> Best Value Performance Plan 2001/02 Leicestershire County Council

- 42 Some or all of the aims for domiciliary services are publicised in a range of documents produced by Leicestershire County Council in partnership with the NHS, or jointly with Housing Departments and the NHS<sup>[3]</sup>.
- 43 We concluded that the Council has clear aims for its domiciliary care services. We found that these reflected both the Council's objective of building a healthier community, the national priorities for health and social care and the government's aim of giving people the choice of living at home. Against the background of pressures on the NHS, the government's aim of raising standards in the quality of services for the elderly<sup>[4]</sup>, and a projected increase in the number of elderly people requiring support (see paragraph 46 below), we considered Leicestershire's aims to be both clear and challenging.

#### Does the service meet these aims?

- 44 Having considered the aims the Council has set for the services, Inspectors make an assessment of how well the Council is performing in meeting these aims. This includes an assessment of performance against specific standards and targets and the council's approach to measuring whether it is actually delivering what it sets out to do.
- 45 In assessing how good Social Services' domiciliary care services are in Leicestershire, we considered whether the way the services Leicestershire is providing is meeting the overall policy aim of enabling vulnerable people to live at home. We also considered how services are being provided and whether this is promoting independence and giving fair access. We considered how good the services are in terms of efficiency. Finally, we looked at how Leicestershire SSD monitors the performance of its domiciliary care services.

### Supporting vulnerable people to live at home

#### Strengths

- 46 On a local level, Leicestershire, like many Councils, is facing an predicted growth of 15% in its older population over the next 3 years.

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<sup>3</sup> The aims are set out in three documents:

- Better Care Higher Standards. A Local Charter for Leicestershire 2000-2002
- Promoting Independence – Grant Plans. Leicestershire CC and Leicestershire Health Authority
- Leicestershire County Council/ Leicestershire Health Community Care Plan 1999-2000

<sup>4</sup> National Service Framework for Older People. Dept. of Health. 2001



This is due to the increase in the numbers of people living over 75 years. The national agenda, together with this anticipated growth, will mean an increase in demand for domiciliary care services.

- 47 Against this background, Leicestershire is providing an increasing amount of home care hours to the most vulnerable adults and elderly, and it is developing the range of services that it provides for this purpose. The proportion of people receiving home care who have high levels of need for practical help and personal care is increasing. This is evident because the number of households in receipt of Home Care is remaining relatively stable at around 4000 households, but the number of packages of Home Care of more than ten hours per week has increased<sup>[5]</sup>. In 1999/2000 there was an 8.6% increase in the number of households receiving more than 10 hours per week. During 2000/01, the average number of Home Care contact hours provided per household increased by nearly 13% to 5.6 hours.
- 48 The Council has increased the amount of Home Care that is available by expanding its use of independent sector suppliers and developing the Home Care market in the area. The proportion of Home Care services provided by private and voluntary organisations has grown rapidly from approximately 25% in 1997 to 75% at the time of our visit to the Council in 2001.
- 49 The Council has extended the criteria for its Home Care services to ensure that a wider group of people is eligible for its services. We learnt that this was in response to:
- ♦ The government's aim of preventing vulnerable adults or their carers reaching crisis point before becoming eligible for help.
  - ♦ The fact that LCC SSD does not currently perform well in the national performance indicator of the number of people (per thousand) over 65 helped to live at home<sup>[6]</sup>.
- 50 The Council has reduced its top rate of charges for Home Care from £40 per week to £35. The charge for home care ranges from £0- £35 per week and is assessed according a user's income, capital assets and the number of hours of home care. In doing this, the council recognised that the level of charges could act as a deterrent to people making use of the services.

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<sup>5</sup> "Intensive home care" is defined nationally as more than 10-hrs home care per week per user

<sup>6</sup> LCC Best Value Performance Plan 2001/02

- 51 We learnt that the Council is developing new forms of service delivery to ensure that the way services are provided supports older people in maintaining their independence. Elderly, frail and disabled people may become used to people doing things for them that they can do themselves, unless the way carers work encourages their independence. One development is a pilot “Re-ablement” Home Care Scheme funded from the government’s specific Prevention Grant to Social Services authorities. Under the Re-ablement scheme, a team of Home Care staff works with an elderly person, after a crisis or hospital stay, for up to six weeks, to ensure they regain the greatest possible level of confidence, self-care and practical skills.
- 52 A local university has evaluated the Re-ablement scheme. The evidence is that this method of working is leading to many users needing a lower level of support after six weeks than had originally been planned. In addition, we learnt that Home Care staff working on the pilot scheme have lower levels of sickness than their colleagues in the mainstream home care service, and demonstrate a high level of motivation for the work. LCC SSD has recently made a decision to extend the scheme across the County.
- 53 The Council is also experimenting with new forms of service delivery aimed at meeting people’s needs in different ways to offer more flexibility and choice. One such proposal is community shopping – organising shopping for people who find it difficult to get out. There is a further joint initiative with health and housing agencies, using IT and funded by “Invest to Save” money from the government.
- 54 One way of guarding against a loss of independence is to ensure that eligibility and the level and effectiveness of services to individual users are reviewed regularly. This also ensures that Social Services’ resources are being used effectively and efficiently. Social Services Departments often have difficulty in ensuring all packages of care for elderly users are reviewed due to the high numbers of existing users and the pressure from new assessments of the needs of potential users. We looked at Leicestershire’s arrangements for reviews.
- 55 We found that the council is developing a small team to ensure that all cases no longer allocated to a social worker are reviewed after 4 weeks and twelve months. This frequency meets the national guidelines. Changes in circumstances that occur outside these times may trigger a review, or, if necessary, a re-assessment of needs.
- 56 We talked to a range of health, housing and voluntary sector staff who work with LCC SSD in arranging and providing social care services to the elderly population of Leicestershire. We heard accounts of some good working relationships and co-operation

between health and social services. This included the provision of community nursing services for people in residential care (thereby reducing the need for people to move to nursing home care), and a Health agency providing some funding for extra home care hours.

- 57 There are no delays reported by the health services in discharging patients from hospital. This was qualified somewhat by the accounts of Housing officers and carers responding to the consultation survey and in talking to us. They gave examples of elderly and vulnerable people being discharged, particularly to sheltered housing, without proper notice or arrangements having been made<sup>[7]</sup>.

## Weaknesses

- 58 Social Services is having particular difficulty in arranging domiciliary care services in rural parts of the county and those areas with high levels of employment. All Home Care providers are having difficulty in recruiting and retaining staff in some areas.
- 59 Independent sector providers told us that:
- ♦ The time and cost of travel in rural areas meant providing a service was often uneconomic at the standard contracted rate.
  - ♦ They are currently unable to develop services due to the rates currently paid and, recruitment and retention difficulties.
- 60 We found evidence that there is some lack of capacity to meet peoples needs for Home Care promptly. Difficulty in commissioning new packages for people needing Home Care recently led to a new “invitation to tender” to the independent sector. This produced two new suppliers. However, the evidence that all suppliers are facing recruitment difficulties and that recruitment sometimes leads to staff moving between Home Care agencies rather than new staff coming into the service, suggests that recruiting more providers may not be a solution to shortages in the supply of suitable staff.
- 61 In paragraph 51 above, we said that the way services are provided needs to support people regaining their confidence and independence. One way of helping people to do this is to give them control over what help they need at any particular time. What help someone needs may vary over time. However, social workers specify the times Home Care should visit and the tasks to be undertaken.

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<sup>7</sup> Discharge arrangements involve several agencies and responsibility for difficulties may not lie with social services

Users and carers have little scope to negotiate directly with Home Care staff about what will be done. One aim of the “Re-ablement” pilot scheme is to overcome this inflexibility. Another way of supporting independence is the government’s scheme whereby disabled people receive direct payments rather than services and arrange their own care. This has now been extended nationally to include people over 65 years of age. We noted that the Joint Review recommended that LCC SSD needed to develop its Direct Payments Scheme.

- 62 A common description of the Mobile Meals service was “patchy and fragmented”. Different suppliers are used in different areas. We learnt that the quality of meals varies depending on the supplier. The WRVS or the council may provide the transport. However, the WRVS is having difficulties with recruiting volunteers and some volunteers are older than the elderly service users receiving meals. This means that the long-term prospects of continuing to provide the service reliably in this way are poor.
- 63 Social Services has difficulty supplying meals at weekends and laundry services in some areas, although no-one who needs a meal goes without one. If no other provision is possible, Home Care staff will cook a meal or do laundry, but this is seen as an inefficient use of scarce Home Care resources.
- 64 The Mobile Meals service is inflexible, with delivery times being determined by the nature of the “round”. This means some hot lunches are delivered early in the morning. This presents a health risk, if food cools and is then re-heated.
- 65 There is little room for choice in either the Mobile Meals or Laundry services because only one meal option is available, unless a user has special needs and laundry is limited to eight items.
- 66 We concluded that the current arrangements for Mobile Meals do not amount to a comprehensive, seven day a week service providing good quality meals. The laundry service is inflexible and the restrictions on the volume are not related to needs.

#### Fair access

#### Strengths

- 67 All the services, with the exception of some luncheon clubs, are provided only after an “assessment of need” by a social or care worker, under the NHS Community Care Act 1990 or Children Act 1989. There are published eligibility criteria for each of the three main types of service.

- 68 The provision of “Packages of care”, that is the number of Home Care hours, timing of visits, frequency and the type of practical and personal care tasks to be undertaken, meals and laundry - are arranged by social workers, on the basis of their assessments of the individual needs of service users. With the exceptions of laundry and luncheon clubs, all services can be provided on a seven-day a week basis, if this is needed.
- 69 Social Services has some specialist provision to ensure the services it provides are appropriate for minority groups. At present 3.6% of home care services are provided to Asian and black people. This is thought to be approximately in proportion to the number of black and minority ethnic people aged over 65 years in the County. The in-house Home Care service has a number of Asian carers, including male carers and senior staff. We were told that the managers are generally able to allocate an appropriate carer, both in terms of ethnic background and gender.
- 70 Social Services provide an Asian Meals service in the Loughborough area. It has also been part of a Department of Health funded research project into the needs of black elders in the Thurmaston and Syston areas and is in the process of developing an Asian meals service for those areas, using a private contractor.

#### Weaknesses

- 71 Social Services has eligibility criteria for meals and laundry. However, the eligibility of current laundry service users is not always reviewed. We were also given some examples of people receiving mobile meals who no longer appeared to be eligible. If Social Services do not review people who only receive the Mobile Meals or laundry services, people may become dependent on services they no longer need.
- 72 We were told that the needs of some minority groups were not well met in some areas, e.g. a vegetarian meal may consist of potato and a vegetable. People told us that older people from black and minority ethnic groups are not always aware of the services that would help them.
- 73 By common consent, the limit on the laundry service to 8 items is historical and related to the capacity of the laundries and the availability of transport, rather than to need.

## User views

### Strengths

- 74 Leicestershire Social Services commissioned the Nuffield Institute for Health to consult with users of its Home Care service about their satisfaction and areas for improvement. The consultation took the form of questionnaires for users of the Home Care services (independent and in-house) and their carers. This was followed up by individual and group interviews with a sample of users to obtain more qualitative information. Social Services also consulted users of the meals service and laundry service as part of the review.
- 75 The consultations revealed that 94% of users were either satisfied or very satisfied with the Home Care services. Similarly high levels of satisfaction were reported for Mobile Meals and Laundry.
- 76 Significantly, the survey found few differences in the levels of satisfaction between in-house and independent Home Care services. The “attitude of workers”, “appearance”, “competence” and “training” were rated between good and excellent. “Reliability of the worker”, “convenience of time of visit”, “the length of time the worker stays” received average to good ratings.
- 77 We met a small number of users of the services, all of whom said they were satisfied with the laundry, meals, and home care services they received.
- 78 These high levels of satisfaction have to be considered against a common finding that vulnerable elderly clients are known to be reluctant to complain, and may have low expectations of the standard of services they receive. However, we noted the Nuffield Institute’s comment that:
- “ there was much evidence of care workers respecting users’ wishes to be as independent as possible.....”*

### Weaknesses

- 79 The Nuffield survey and interviews revealed some areas of dissatisfaction with domiciliary care services. The main areas of concern were:
- ♦ Continuity – the number of different home care staff visiting a household.
  - ♦ Reliability – whether the carer arrives at the agreed time and stays as long as they should.

- ♦ Lack of flexibility for carers to do essential tasks if they are not on their “task-list”.
- ♦ Dissatisfaction with the quality of Mobile Meals by those used to Home Care preparing a meal for them.
- ♦ The adequacy of arrangements in place after hospital discharge.
- ♦ “Who to contact about what”. This appeared to be more difficult to understand if the provider was an independent one.

80 The users’ comments identify many of the limitations in the current Home Care services and arrangements.

81 We noted some of the Nuffield’s overall comments:

*“.... there are indications (home care) could be doing more to ensure people regain confidence and ability to their optimum level.”*

82 In evaluating the criticisms against the overall satisfaction ratings we also noted the following:

*“the home care service was seen as the main support... to ensure users were able to remain living in their own at home.....”*

*The findings “reflect surveys of home care in other localities and the voice of the user in published research. No service is going to get things right all of the time.”*

## Efficiency

### Strength

83 The Planning and Contracting Unit has recently led the development of quarterly “provider forums” between Home Care suppliers, the in-house Home Care managers and social workers commissioning the packages of care. The aim is to share information about common difficulties (e.g. recruitment in some parts of the County), and to develop co-operation in areas such as staff training.

### Weaknesses

84 The review identified a number of inefficiencies in the current delivery of services:

- ♦ The majority of Home Care hours is purchased from independent organisations on a “spot-purchase” basis. SSD has a few “cost



and volume” contracts, which guarantee the supply of a specified price and number of hours. Demand generally exceeds the number of hours included in these contracts. Many of the independent providers supply a relatively small number of hours of care, with only 5 of the 33 independent providers supplying more than 5,000 hours per month.

- ◆ There are usually several suppliers providing Home Care services in sheltered housing schemes where there is a high concentration of service users. Housing officers told us that this makes it more difficult for them to know which Home Care supplier to contact if carers do not arrive or they have other concerns.
- ◆ The number of Home Care providers and the lack of capacity means that social workers spend time telephoning around different suppliers, until one can be found with capacity to provide the package of care. Some action was taken during the review to address this, and some Districts have now employed a member of staff to undertake this task. However, the system also means that packages of care may be set up on a first-come first served basis without any means of taking account of the urgency or priority of the service user’s circumstances. We learnt that some work is being undertaken outside the review to consider improvements.
- ◆ A charge of £1.75p is made for each meal provided to a user through the mobile meals service. Mobile meals can only be paid for in cash and the driver collects the money. This is time consuming and poses a risk to staff who are carrying and handling the money.

## Performance Monitoring

- 85 Social Services has to manage growing levels of demand on domiciliary care services (as a result of people living longer and the aim of supporting people in their homes), within limited budgets. We looked to see how Leicestershire monitored the performance of its domiciliary care services.

## Strengths

- 86 Social Services has an established system of monitoring both usage and performance of its services and produces a quarterly bulletin for staff and councillors. The bulletin includes performance against national performance indicators, information on the use of home care, meals and laundry, day care, residential and nursing home care. Trends and budgets are monitored.



- 87 The Planning and Contracting Unit has a set of standards, which all suppliers have to meet. It has introduced a system of performance monitoring forms, which are used by social workers and review officers to report concerns about quality and standards. The Contracts officers gave us examples of how they have used this information to deal with concerns about suppliers. This involved a problem-solving approach to agree on the ways of improving the situation.
- 88 The Unit staff impressed us with their positive attitude and commitment to improving the quality and reliability of services through the effective monitoring and management of contracts. They identified the improvements they were trying to make to provide a more pro-active system of monitoring. They recognised they had learnt a lot about working with the independent sector over recent years, but could still get better.
- 89 The contractual arrangements for meals provision are monitored by a separate unit. We found that there are both quality and nutritional standards for meals. Again we were impressed by the attitude of the staff. We found that practical solutions were sought to ensure a suitable meal was provided wherever this was needed.

### Weaknesses

- 90 Performance monitoring forms are not consistently completed and returned by social workers. This means the monitoring of quality of service from home care providers is not as robust as it could be.
- 91 To summarise our findings on whether LCC SSD domiciliary care services were meeting the council's aims we found:
- ♦ The trend is that more, very frail people are being supported at home by providing more intensive domiciliary care services.
  - ♦ Users report high levels of satisfaction with all three services overall.
  - ♦ The mixed economy of home care provision has increased the supply of home care.
  - ♦ The Council has put in place measures to manage the performance of those supplying the services and to assure the quality of its services to vulnerable users.
  - ♦ It is piloting new ways of working to promote independence and increase the choice of services for users.

- ♦ Users identify areas for improvement and the review identified some weaknesses in the quality of services and areas of inefficiency.

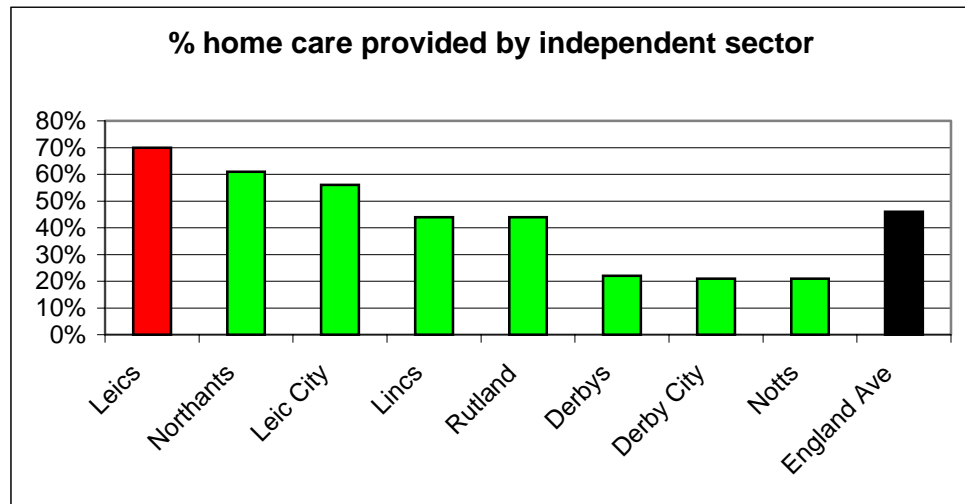
92 Having considered users' views and the quality, efficiency and effectiveness of the services in meeting the council's aims, we looked at how Leicestershire's domiciliary care services compared with those of other councils and providers.

### How do the services compare?

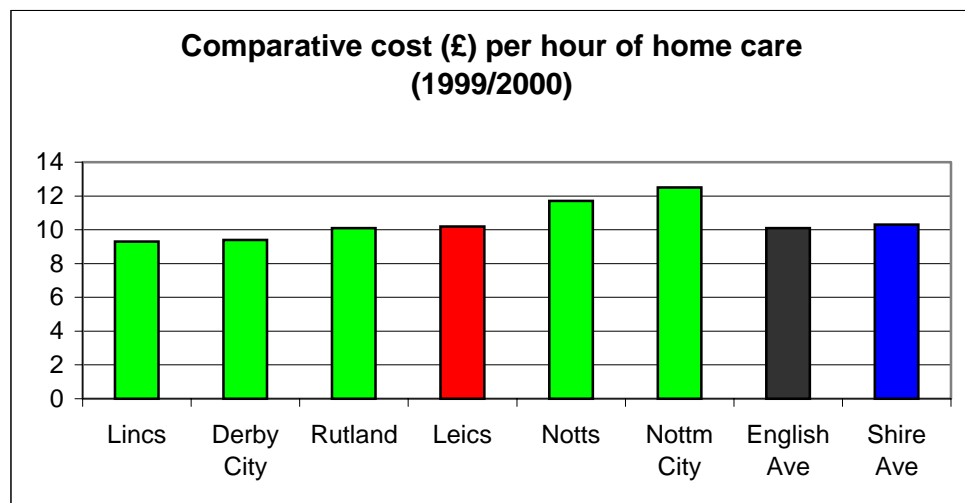
93 In order to judge the quality of a service, it is important to compare performance against other suppliers. The aim is not an exact comparison, but an exploration of how similar services perform in order to identify significant differences, the reasons for them and the extent to which improvements are required. Leicestershire compared the costs of its in-house services with near neighbours and independent suppliers. In addition, national comparative indicators are available to monitor local performance against government policies to promote independence.

### Home Care

- 94 Leicestershire's in-house Home Care service costs approximately £4.00 per hour more than the local independent providers. Social Services has taken some steps to reduce its in-house costs through changes in the terms and conditions of staff and reductions in the enhanced rates paid for unsocial hours. However, some of its proposals went to arbitration and the outcome was a decision to restore the previous arrangements.
- 95 The reasons for the differences in costs have been examined. We were told that differences in the payment for travel, in training offered to staff and rates of pay, account for some of the difference. The costs of the independent sector providers are likely to rise as a result of changes in national employment legislation and the rise in the minimum wage. However, in-house costs may rise as a result of job evaluation. Nationally costs of home care are set to rise across all providers due to the implementation of higher care standards by the government.
- 96 The proportion of home care supplied by the independent sector in Leicestershire is higher than its near-neighbours.



- 97 The lower costs of the independent sector means that Leicestershire has a lower unit cost for home care overall. Its costs are comparable with most of its neighbours and lower than the Shire average.



- 98 In 2000/01 Leicestershire reduced the cost from £10.20 in 99/00 to £9.70.
- 99 Leicestershire performs well against some of the national performance indicators related to home care. One indicator tries to measure how well social services departments perform in maintaining people at home by comparing intensive home care as a proportion of intensive home care and residential care. Leicestershire is achieving a top quartile performance in this area with a figure of 24% in 1999/00 compared with a top quartile figure of 23%.

- 100 It also achieves top quartile performance in the cost of “intensive social care” for adults and older people with a figure of £291 (2001/02 estimate) compared with a top quartile figure of £293.
- 101 It does not perform so well in other national performance indicators. Only 60 per thousand older people over 65 years are helped to live at home compared with a best quartile figure of 100 per thousand. The numbers of physically disabled helped to live at home is also not near the top quartile.

## Meals

- 102 Leicestershire looked at the cost of its Mobile Meals compared with nearby County Councils. It found that at £3.10 per meal, its costs were higher than the average of £2.42.
- 103 The review also compared Leicestershire’s meals service with the service elsewhere. It found that frozen meals are an option used successfully by other Social Services Departments. Consultation had shown that current users getting a hot meal did not favour any change. However, other councils have introduced change despite similar levels of opposition initially. Users grew to favour frozen meals once they had tried them.
- 104 To summarise our findings on how LCC domiciliary care services compare with others, we concluded that their home care costs compare well with near neighbours and the services perform well against some key national performance indicators. There is scope to improve performance in other areas and to reduce costs in its in-house home care service, Mobile Meals and laundry service.

## Conclusions

- 105 On how good Leicestershire’s domiciliary care services are, we concluded overall that:
- ♦ The council’s aims for its services are clear and challenging and match the overall national priority of seeking to support vulnerable adults and elderly people to live at home. The aims are challenging given the increase in the numbers of older people and the difficulty of providing services in rural areas and areas where it is difficult to recruit staff. The trend in the council’s service delivery shows that it is meeting its aims of supporting more, very frail, people at home by providing more intensive domiciliary care services.
  - ♦ Users reported high levels of satisfaction with all three services overall. The Council has developed a mixed economy of home care suppliers and this has enabled it to increase the supply of

home care, whilst controlling costs. It has put in place measures to manage the performance of those supplying the services and to assure the quality of its services to vulnerable users. It is piloting new ways of working to promote independence and increase the choice of services for users.

- ◆ Users identify areas for improvement and the review identified some areas of inefficiency. For example, the quality, flexibility and availability of the mobile meals service in some areas is poor and the laundry service, whilst well-liked and valued by its users is inflexible.
- ◆ Home care costs compare well with near neighbours and the services perform well against some key national performance indicators. There is scope to improve performance in other areas and reduce costs in its in-house home care service, Mobile Meals and laundry service.
- ◆ We judged that the meals and laundry services provided an adequate service to the people of Leicestershire. However, Leicestershire home care services have many strengths and are the key services for maintaining the most frail and vulnerable people at home. The home care service accounts for 91% of the service being reviewed. Taking this into account we judged Leicestershire's domiciliary services as "good" overall.

### 3 Findings: Will the services improve?

#### Is the Best Value Review driving improvement?

- 106 The Best Value Review is the mechanism for ensuring authorities' continuous improvement in the services they provide. It is a tool for authorities to analyse their current performance and to set themselves challenging targets for the improvements they will achieve.
- 107 The Best Value review focused on the Council's strategic and policy frameworks for providing domiciliary care services. Its purpose was to look at gaps in provision, delivery of services in rural areas, the types of contracts being used and the costs and quality of services. It also focused on the role of the local authority's own in-house domiciliary services in the context of best value.
- 108 We considered that Leicestershire's best value review involved a thorough examination of its domiciliary care services. The application of the "4 Cs" led to the identification of most of the weaknesses set out above.

- 109 The Council challenged the current methods of service delivery, particularly in its laundry service (which had not been reviewed for many years), its Mobile Meals service and in-house home care service. In particular, it:
- ♦ Used feedback from service users to identify problems with the quality and delivery of services.
  - ♦ Talked to its partners in the voluntary, health and housing services about what could be improved.
  - ♦ Identified gaps and weaknesses in the current services.
  - ♦ Examined its costs, what lay behind them, and scope for reductions.
  - ♦ Considered whether services should continue to be provided (laundry), and the range of options for how each service could be provided. It looked at practice elsewhere.
- 110 The Review Group made recommendations to the Council based on the balance of needs and views of service users, issues of cost and efficiency, and effectiveness in meeting national priorities and policies. The factors that were weighed up were:
- ♦ In relation to meals and laundry services, high levels of satisfaction, but limited flexibility, inefficiency and comparatively high costs. There were also areas of the County where the current ways of providing the services were difficult and not cost-effective.
  - ♦ In relation to home care, high levels of satisfaction with both in-house and independent provision, higher in-house costs, the risk of having no in-house service to fall back on if, for example, a provider failed and the need to have the capacity to innovate and try new ways of working.
- 111 Social Services undertook extensive consultation with users through the Nuffield Institute, and also conducted surveys of Mobile Meals and Laundry users. It held consultation meetings with partners (NHS and Housing) and representatives of the independent sector. The consultation processes helped the review team to identify and prioritise areas for improvement and how improvements could be made. For example, the Council identified that it should rationalise the number of home care providers providing care in sheltered housing schemes where it had a high number of users. This would both create savings in time and travel and make it easier for Housing Scheme Managers to know who to contact if there were difficulties or

problems. It consulted its staff, partner agencies such as the NHS and Housing Authorities, and its independent service providers.

- 112 Leicestershire compared its performance with near neighbours and explored alternative methods of service delivery for its meals and laundry services. These included:
- ♦ Providing a frozen meals service, or using special vans in which chilled meals could be “regenerated” during delivery.
  - ♦ Informal discussions with a number of commercial laundries about what they might provide.
- 113 It used the comparisons to identify scope for savings and to inform decisions about options for service delivery.
- 114 Leicestershire has already engaged with independent providers and opened up most of its domiciliary care services to external competition. In the review, it compared the costs and performance of its in-house services with the independent sector and had discussions with them about what specialist home care services, meals and laundry services the independent sector might be able to provide.
- 115 As a result of the best value review, the Council identified options for future methods of service delivery and undertook cost-benefit, and risk analyses of each of these. It has decided to talk to the independent sector and test the market for the provision of the laundry service. It will use competition to select future providers for its mobile meals service. The review led to the decisions about the future delivery of all types of domiciliary care services that are set out below.

### How good is the improvement plan?

- 116 A Best Value Review should produce an improvement plan that sets out what needs to improve, why and how that improvement will be delivered. It should contain targets that are not only challenging but also designed to demonstrate and ensure the continuous improvement to put the service amongst the best 25% of councils within 5 years.
- 117 At the time of our inspection, LCC SSD had not yet produced a single, consolidated improvement plan, although the Council’s Cabinet had agreed the weaknesses of the current services and the main areas for improvement. The SSD was in the process of seeking staff’s and external partners’ views on the proposed improvements. It had identified local performance indicators to measure improvements. The Cabinet had agreed the financial implications of



the review, and responsibility for each area of improvement was known. We found that quite detailed implementation plans are in place for some aspects of the work, and in the process of development for others.

118 The review has led to the following major improvements being planned:

- ♦ A new strategic framework for the delivery of home care services. This confirms the mixed economy of provision but envisages the development of greater specialisation in providing the service to users in order to deliver key aspects of national and local policies (for example, “re-ablement” of people discharged from hospital care, and maintenance of existing service user’s independence).
- ♦ The maintenance of the in-house home care service at least in the short term, whilst continuing to seek to control its costs. The Review Panel recommended that the role of the in-house service should be targeted at rehabilitation activities, rapid response and hospital discharge.
- ♦ A service agreement for the in-house home care service to place them on a more equal footing with external providers in delivering individual service user’s requirements to specified standards of quality and cost.
- ♦ Contracting with a single home care provider for each sheltered housing scheme to overcome the confusion for housing officers and users about “who to contact about what”, and to increase the efficiency of the service.
- ♦ Testing the market for a laundry service with a view to out-sourcing this service.
- ♦ Developing a frozen meals service, in addition to the present hot meals service. This will increase the range and choice of meals and so overcome some of the weaknesses of the present service. Savings made on transport will be re-invested to improve the quality and choice of the hot meal service. All current service users are to be assessed for their suitability for a frozen meal service. A new “welfare catering” contract will be open to competition.

119 In addition to improvements resulting from the review, we learnt that the Council had decided to extend the “Re-ablement” project across the County. We also learnt that work is taking place to look at internal structures and the time-consuming processes by which social workers set up packages of home care.



- 120 Despite the Council's failure to produce a single consolidated improvement plan by the time of our visit, we concluded that it had agreed the major areas of improvement, subject to comment by external partners, and that these addressed the weaknesses identified by the review.
- 121 We conclude that all the current activity to make improvements should be brought together in a single, published improvement plan that can be monitored by councillors and the public, through the Council's Best Value Performance Plan.

### Will the Council deliver the improvements?

- 122 Inspectors look for evidence that a council will deliver what it has set out in the Improvement Plan. We look for a track record of managing change within the council and ideally within the service itself. The plan should also have sufficient support from councillors, management, staff, service users and other stakeholders, particularly those responsible for delivering it.
- 123 We found a level of caution amongst Cabinet members about moving forward with the review decisions rapidly. In addition, the review has taken longer than planned, consultation processes have been extended, and the full Council cannot consider the final report until September 2001. On the other hand, we found that Cabinet members were committed to the changes being proposed.
- 124 Over the last seven years, Social Services has built up its knowledge and experience of working with the independent sector and negotiating and managing contractual arrangements. It already has 75% of its home care services provided by independent suppliers, and 85% of its Mobile Meals. We considered that its staff have the skills and knowledge and support services available to implement its plans for procuring and managing contracts with independent providers.
- 125 Social Services has established systems for monitoring activity and performance of its services. The Council has not yet shown that its new political structures are effective in monitoring improvements from best value reviews, as this is the first review the Council has completed. However, we were satisfied that the structures are in place and that councillors are committed to overseeing the best value processes. We consider that the outcome of recent elections, which provide an administration with overall political control for the first time in twenty years, increases the probability that there will be a clear set of priorities and political direction in the future.

- 126 Finally, we were encouraged by the extent of planning for implementation of the proposals that we found. This included an understanding of the workload implications and resources that would be required to implement the improvements.

## Conclusion

- 127 In making the judgement about whether Leicestershire County Council will significantly improve its domiciliary care services we conclude that:
- ♦ It has undertaken a thorough review, which addresses the 4 Cs and has identified weaknesses in the current services and options for change.
  - ♦ It has made decisions at Cabinet level about the options that it intends to pursue, subject to ratification by the new Council.
  - ♦ Performance indicators have been developed and detailed planning for implementation has begun in some areas.
  - ♦ LCC SSD has the relevant skills and experience to deliver the improvements.
- 128 However, the Council does not have a consistent record of implementing changes and the plans will not get full council agreement until September 2001. There is, as yet, no single, consolidated, published improvement plan which details all the improvements, targets and responsibilities for delivery and by which the public can monitor the Council's delivery of the best value improvements.
- 129 Nonetheless, we conclude on balance that the Council will probably make the improvements.

## 4 Appendix: What did the inspectors do?

The purpose of best value inspection is to make two judgements. The first is how good is the service being inspected? The second is, how likely is it to improve? We carried out a range of different activities to enable us to reach our judgements.

### Documents examined

Before going on site we reviewed a range of documents which had been provided in advance by the Council for us. This included:

- ◆ Best Value Review Panel reports and minutes
- ◆ Leicestershire CC Home Care services in 1999 – a survey of users views
- ◆ Nuffield Institute for Health Jan 2000
- ◆ Draft Project Plan – BVR of Community Meals. Draft Implementation Plan
- ◆ Minutes of meeting to prepare implementation plan for Domiciliary Care services (7.3.2001)
- ◆ Leicestershire CC Best Value Performance Plan 2000/01
- ◆ Leicestershire CC Policies and Guidance
- ◆ Consultation – a best practice guide for departments
- ◆ Complaints, comments and commendations
- ◆ Complaints procedures
- ◆ Service planning under Best Value
- ◆ Leicestershire CC Community Care Plan
- ◆ Better Care, Higher Standards – A Charter for Leicestershire 2000/2002
- ◆ Leicestershire SSD Joint Review Position Statement
- ◆ Leicestershire SSD Consultation Strategy
- ◆ Leicestershire SSD Community Care Practice Guidance

- ♦ Leicestershire SSD and Leicestershire Health Authority Promoting Independence Grant Plans
- ♦ Leicestershire SSD Home Care Business Plan 2000/03 and updates
- ♦ Leicestershire SSD Joint Review Report
- ♦ Leicestershire SSD Joint Review Action Plan
- ♦ Leicestershire SSD Management information Bulletins

National Publications:

- ♦ National Service Framework for Older People
- ♦ Fairer Charging Policies for Home Care and other non-residential Social Services

Reality checks undertaken

When we went on site we carried out a number of checks in order to get a picture of how good the service is. These included:

- ♦ Visit to a luncheon club, seeing service users and volunteers at the Charnwood Community Council Luncheon Club.
- ♦ Talking to social workers and managers about arranging domiciliary care services.
- ♦ Collecting information leaflets, and packs of information given to users.
- ♦ Seeing home care monitoring forms and records.
- ♦ Talking to representatives of local Housing Authorities.

## Interviews conducted

We also met a range of different people involved in developing managing and delivering the services:

- ◆ Director of Social Services
- ◆ Senior Assistant Director
- ◆ Assistant Director – Provider Services
- ◆ Head of Planning and Performance Review
- ◆ Planning Officer – Performance Review
- ◆ Assistant Chief Executive
- ◆ Policy Officer (Chief Executive's Dept ) (Best Value)
- ◆ Principal Officer (Resources)
- ◆ Principal Assistant (Transport and Catering)
- ◆ Home Care Team Managers
- ◆ Leicestershire SSD Home Care Assistants (3)
- ◆ Representative of NW Leicestershire Primary Care Group
- ◆ WRVS Project Manager
- ◆ Charnwood Community Council Catering Manager
- ◆ Independent Sector Home Care Managers (3)
- ◆ Independent Sector Home Care Assistants (3)
- ◆ Head of Finance
- ◆ Principal Accountant
- ◆ Complaints Officer
- ◆ Members of the Planning and Contracting Unit
- ◆ Senior Commissioning Officer

- ◆ Contracts Officer
- ◆ Planning Officer
- ◆ Service Manager (Home Care) (in-house service)
- ◆ Team Manager (Home Care)
- ◆ Service Manager and Team Managers (Adult Commissioning)
- ◆ Assistant County Treasurer
- ◆ Technical Officer (Treasury)
- ◆ Leader of the Council
- ◆ 3 Cabinet members including portfolio holders for “Improving health” corporate objective
- ◆ Chair of the Scrutiny Committee/ Chair of Best Value Review
- ◆ Trade Union representatives